

Apollo Home Healthcare Limited

# North West Office - Apollo Home Healthcare Limited

## Inspection report

Independence House  
Adelaide Street  
Heywood  
Lancashire  
OL10 4HF

Tel: 01706248086

Website: [www.apollohomehealthcare.com](http://www.apollohomehealthcare.com)

Date of inspection visit:

07 April 2016

08 April 2016

Date of publication:

25 May 2016

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This was an announced inspection which took place on 7 and 8 April 2016. In line with our current methodology we contacted the service two days before our inspection and told them of our plans to carry out a comprehensive inspection. This was because the location provides a domiciliary care service and we needed to be sure that the registered manager would be at the office.

North West Office - Apollo Home Healthcare Limited is a Domiciliary Care service that provides personal care to people in their own homes. At the time of the inspection there were 26 people using the service. This was the first inspection of this service.

The service has a registered manager who was present on the day of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service told us they felt safe. Policies and procedures were in place to safeguard people from abuse and staff had received training in safeguarding adults. Staff were able to tell us how to identify and respond to allegations of abuse. They were also aware of the responsibility to 'whistle blow' on colleagues who they thought might be delivering poor care to people. Staff told us they were confident the managers of the service would deal effectively with any safeguarding issues they raised.

There was a robust and safe system of recruitment in place which helped protect people who used the service from unsuitable staff. Staff received the induction, training, support and supervision they required to ensure they had the skills and knowledge needed to carry out their roles effectively.

When a person who used the service needed specialised medical equipment to be used for example a tracheostomy, each staff member was given specific training for each person and assessed as competent before they used the equipment unsupervised.

Care records were very detailed and contained sufficient information to guide staff in how to provide the support people required and how to maintain and promote people's independence. They contained information about what was important to the person, their needs wishes and preferences. Risk assessments were in place which gave guidance on how to minimise and manage any identified risks. Care records were reviewed regularly to ensure they reflected people's current support needs.

We found there were safe systems in place for managing people's medicines.

The service had good systems in place for the prevention and control of infection. Systems were in place to deal with accidents, incidents and emergencies that could affect the provision of care.

People's rights and choices were respected. We found appropriate arrangements were in place to assess whether people were able to consent to their care. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). These provide legal safeguards for people who may be unable to make their own decisions.

People we spoke with told us that the service was reliable and that visits were never missed. They told us they always received the care they were assessed for. We found the service was reliable and had a good system in place to alert if staff were late for a visit. Visits were planned and organised well and staff had enough time to provide people with the support they required. Each person helped choose the staff that supported them. Each person had a small team of staff that supported them so that there was continuity of care and the staff and people got to know and trust each other.

The service placed great importance on supporting people with their nutritional needs. People we spoke with said that the service worked with all health care professionals involved in their care.

People we spoke with and their relatives told us the staff and managers of the service were caring. We saw that staff were respectful, caring and had a good rapport with the people who used the service and their relatives.

The registered manager and staff we spoke with were enthusiastic and committed to providing person centred care to the people they supported. They knew people very well and were able to tell us what was important to the people, their preferences, likes and dislikes and the support they required.

People who used the service, their relatives and staff spoke positively and affectionately about the registered manager.

Staff told us that they enjoyed working for the service and felt very supported by the registered manager and other managers within the service. The service had a range of policies and procedures to help guide staff on good practice.

We found there was a robust system of quality assurance. There were a number of weekly and monthly checks and audits. We saw that any issues were highlighted and any action taken was documented. The providers and managers within the service also held monthly risk, safety and governance meetings where any issues found were discussed and actions taken to prevent reoccurrence or improve the quality of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People who used the service and their relatives told us they felt safe with the service. Staff were trained in safeguarding adults and were aware of how to identify and respond to allegations of abuse. Staff were aware of the whistleblowing (reporting poor practice) policy and how to raise any concerns.

Recruitment processes were safe, robust and helped protect people from the risk of unsuitable staff.

We found there were safe systems in place for managing people's medicines.

### Is the service effective?

Good ●

The service was effective.

People told us the service was reliable. Visits were well planned and organised.

People's rights and choices were respected. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff gained people's consent before care or support was provided.

Staff received the induction, training and supervision they required to ensure they were able to carry out their roles effectively. Staff were given specific training for any medical equipment and were assessed for competency before they worked unsupervised.

### Is the service caring?

Good ●

The service was caring.

People we spoke with and their relatives told us the staff and managers of the service were caring and helpful.

Staff were respectful, caring and had a good rapport with the people who used the service and their relatives.

The registered manager and staff we spoke with knew people well. They were enthusiastic and committed to providing person centred care to the people they supported.

### Is the service responsive?

Good ●

The service was responsive.

Care plans and risk assessments were very detailed. They contained information about people's needs, wishes and preferences. They provided staff with the information they needed to promote people's independence and support people appropriately.

People who used the service helped to choose the staff who supported them. Staff were organised into small teams for each person so there was continuity of care and people got to know each other well.

### Is the service well-led?

Good ●

The service was well-led.

People who used the service, their relatives and staff spoke positively and affectionately about the registered manager.

Staff enjoyed working for the service and felt very supported in their roles.

There was a robust system for monitoring and reviewing the quality of the service.

# North West Office - Apollo Home Healthcare Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This was an announced inspection which took place on 7 and 8 April 2016. In line with our current methodology we contacted the service two days before our inspection and told them of our plans to carry out a comprehensive inspection. This was because the location provides a domiciliary care service and we needed to be sure that the registered manager would be at the office. The inspection team consisted of one inspector and one inspection manager.

Before the inspection we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. Before the inspection we reviewed the PIR and looked at information we held about the service and provider, including notifications the provider had sent us. We also asked the local authority, Rochdale and Bury Health watch and Heywood, Middleton and Rochdale Clinical Commissioning Group for their views on the service; they raised no concerns.

Most people who use the service live in their own homes and have complex health needs. During our inspection we spoke with one person who used the service and four relatives, the registered manager, the commercial director, five care staff and one registered nurse.

We looked at a range of records relating to how the service was managed; these included; medicines administration records, the care records of three people who used the service, three staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

# Is the service safe?

## Our findings

People who used the service and their relatives told us they felt safe with North West Office - Apollo Home Healthcare Limited. One relative told us they felt the person who used the service was; "Absolutely safe" and said that staff were "Reliable, honest and trustworthy" another said the service was "Very safe."

We found that suitable arrangements were in place for safeguarding people who used the service from abuse. Policies and procedures relating to adults and children were in place; these provided staff with guidance on identifying and responding to the signs and allegations of abuse. Training records we looked at showed us staff had received training in safeguarding. The registered manager and staff we spoke with were aware of the signs of abuse, what they would do if they witnessed it and who it should be reported to. Staff we spoke with told us they were very confident the registered manager would deal with any issues they raised. One staff member said of managers at the service; "They make sure everything is safe, they make sure we are safe"

The service had a whistleblowing policy. This told staff how they would be supported if they reported abuse or other issues of concern. It also gave staff contact details of other organisations they could contact if they were not happy with how the service had dealt with their concern. Staff we spoke with were aware of the company's policy.

We saw that a robust and safe system of recruitment was in place. We looked at three staff files. The staff files we saw contained a full employment history, contract of employment, job descriptions and two professional references and proof of address and identity. We were told by the registered manager that interview questions were value based to ensure that when recruiting, the service can look for staff who are genuinely caring and are as passionate as they are about the care provided. We saw that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

There was a system for regularly checking any nurses were up to date and remained validated with the Nursing and Midwifery Council (NMC). We were shown the electronic shift booking system. This would not allow staff to be booked into shifts if they did not have a DBS or were not validated by NMC. We saw policies and procedures on staff qualities and qualifications, recruitment, sickness, disciplinary, training, supervision and appraisal.

We looked at three people's care records. They contained very detailed risk assessments that guided staff on what action they might need to take to identify, manage and minimise risks in order to promote people's safety and independence. We saw these included manual handling, medication, use of medical equipment, infection control. Records also contained assessments of environmental risks in people's homes. These included; access to the property, lighting, furniture, floor coverings and electrical equipment such as electric blankets, kettles, vacuum cleaners and toasters.

We saw that Personal Emergency Evacuation Plans (PEEPS) had been completed. Where people had restricted independent mobility these guided staff and emergency services in the support the person would need in the event of a fire. Records we saw showed that all staff had received training in completion of risk assessments.

We found there were safe systems in place for managing people's medicines. We saw medicines management policies and procedures were in place. These gave guidance to staff about the storage, administration and disposal of medicines. The registered manager and staff we spoke with told us that staff received training and competency assessments before they could administer medicines. Records we looked at showed all staff were trained in medicines administration and regular competency checks were carried out by senior staff, including spot checks of records and medicines in people's homes.

We looked at three months medicines administration records for three people. We found that all records were completed to confirm the person had received their medicines as prescribed. Where medication had not been given, for example when someone had been admitted to hospital, the reason was clearly documented; We saw that medicines files were regularly audited by managers within the service to ensure accurate records were being kept.

The service had an infection control policy; this gave staff guidance on preventing the spread of infection, effective handwashing, handling and disposal of clinical waste and use of personal protective equipment (PPE) including disposable gloves and aprons. Staff we spoke with told us PPE was always available and used. During our inspection we saw that PPE was used when staff were supporting people.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. Records we looked at showed that accidents and incident were recorded. This included a description of the incident and any injury, action taken by staff and recommendations from managers to prevent reoccurrence. We were also shown a central log which recorded all accidents which had occurred in the service. . We were told this was reviewed by the providers to look for any patterns or themes and to help improve safety across all their services.

We looked to see what arrangements were in place in the event of an emergency that could affect the provision of care The service had a business continuity plan. This informed managers and staff what to do if there was an incident or emergency that could disrupt the service or endanger people who used the service. This included severe weather, theft or vandalism, loss of gas or electricity, loss of computer systems, restricted access to office building, illness or outbreak of infectious disease.

The offices were on the second floor, accessible via stairs. The registered manager told us the service was able to use a downstairs room for meetings if any visitors were unable to use the stairs. The service had recently bought their electrical equipment (computers and screens); the registered manager was aware of the need to have them checked in line with current regulations. The building was owned by a landlord. There was a fire alarm, extinguishers and emergency lighting for use in the event of a fire. The alarms and emergency lighting were tested frequently to ensure they were in good working order. Extinguishers were serviced regularly by a suitable company. The registered manager told us any faults or repairs were quickly attended to.



## Is the service effective?

### Our findings

People we spoke with told us that the service was reliable and that visits were never missed. Relatives said "They have never missed a visit", "They never let me down even when I ask for something unexpectedly" and "They are very reliable." People we spoke with told us that if staff were going to be late either the staff member or staff from the office would telephone to let them know. One said "If ever they are late they ring to let us know they are on their way." People told us they always received the care they were assessed for and two carers were always provided where it had been assessed as needed. One relative told us "I want consistency, that's why I like them." An organisation who commissioned the service told us they were very reliable.

Records we saw showed that sufficient staff were available to provide people with the support they needed. The registered manager told us the service had an electronic system that alerted the managers of the service if a visit was more than 15 minutes late. If a staff member was late they would contact the staff member, the person who used the service and arrange another staff member to cover if needed. This system allowed the provider to be sure that people received the support and time commissioned.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible

We checked whether the service was working within the principles of the MCA. We found the service was working within the principles of MCA and people's rights and choices were respected. Care records we looked at contained evidence the service had identified whether a person could consent to their care. We saw they had been signed by the person or, where appropriate their representative, to indicate they agreed to the planned care. Records also guided staff on the support people might need to enable them to make certain decisions. One staff member we spoke with said "I would never do anything without discussing it with [person who used service] or family." People we spoke with and our observations during the inspection confirmed staff sought people's consent before supporting them.

The registered manager told us staff completed an induction programme and completed the care certificate. We saw this included completing an induction checklist, a work book, attending training and completing tests of their knowledge and competency. Staff also worked alongside experienced staff until they were confident and assessed as competent to work on their own. A relative we spoke with said "They always shadow and there are always two staff until they are confident"

Records we looked at showed that staff received the training they needed to enable them to carry out their role. This training included control of substances hazardous to health ( COSHH), deprivation of Liberty safeguards ( DOLS), MCA, equality and diversity, fire safety, basic life support, first aid, food hygiene and

safety, nutrition and diet, infection control, health and safety, moving and handling, medicines management, supporting people who have challenging behaviour and person centred care. The registered manager told us that the service had an electronic system that alerted managers when staff needed updates in training.

Staff spoke very positively about the training they received. They told us they received specific training every time a new piece of medical equipment was introduced for a person that used the service. "We have lots of training, if anything changes they do training and competencies before you can use it" and "If staff need more time to become confident, they are given it, no problem." A relative said "They always make sure they are competent, and sign them off."

Care records we looked at showed that when staff started to work with a person who used the service they were trained to use equipment that they needed to support their health needs and were assessed for competency before they worked with the person on their own. We saw this included, use of suction machine, tracheostomy care, stoma care, oxygen therapy and use of ventilators.

The registered manager told us that relatives of people who used the service were also invited to attend training about the equipment their family member used. One relative told us "They let me go on tracheostomy training, it really helped."

The registered manager told us that staff received supervisions at least every 12 weeks, an annual appraisal and also attended team meetings. Records we looked at confirmed that staff received regular supervisions and an annual appraisal. The annual appraisal included a self-assessment staff were asked to complete where they rated their own performance. Staff we spoke with felt supported.

We saw that the service placed great importance on supporting people with their nutritional needs. Staff were trained in food hygiene and nutrition as part of their induction.

We saw that a person's nutritional needs were recorded in their care records and where needed records were kept of fluid and food that people had received. If any special needs were noted there was guidance for staff to follow.

Care records showed that people had access to a range of health care professionals including G.P consultants and district nurses. People we spoke with said that the service worked with all health care professionals involved in their care. One relative told us; "They work with all the professionals, they work together, it's a team around [my relative]"

# Is the service caring?

## Our findings

People we spoke with and their relatives told us the staff and managers of the service were caring. One relative said of the staff "They are very caring, really good." They said staff were "Very helpful" Relatives told us "They go one step beyond" and " They go the extra mile"

With permission we visited two people who used the service at their homes. We observed how staff interacted with them. We saw that staff were respectful, caring and had a good rapport with the people who used the service and their relatives. One relative told us "They are fantastic with me and [relative]". Another said, "I love them all they are fantastic, like my little family" and "[My relative] loves everyone that comes"

We saw that staff acted in an unhurried manner and took time to ask what the person who used the service wanted and then explained to the person what they were going to do in response.

We were told that at the assessment stage people who were going to use the service were given profiles of staff so that they could pick staff with similar interests if they wanted to. Relatives we spoke with told us that the registered manager tried to match people and their families with staff that they would get on with. One relative told us "They chose the staff well". Another said, "I expected problems when we started, with someone being in your house all the time, but there were none." Another said that if ever they asked for staff to be changed for any reason the service responded quickly. One person told us " We had a couple of staff that didn't fit with us, they changed them straight away"

We found the service was flexible and we saw that alternative ways of providing person centred support were explored where needed. The registered manager told us that one person who used the service had a sibling who missed them if they were out with their staff support. The service had arranged for the persons sibling to accompany them on trips out

The registered manager and staff we spoke with were enthusiastic and committed to providing person centred care to the people they supported. They knew people well and were able to tell us what was important to people, their preferences, likes and dislikes and the support they required. We saw that staff understood people's non- verbal communication and responded immediately. A relative told us "my [relative] responds well to them, they know when something is wrong with [relative]."

Policies and procedures we reviewed included protecting people's confidential information and showed the service placed importance on ensuring people's rights, privacy and dignity were respected. We saw staff had received information about confidentiality and data protection to guide them on keeping peoples personal information safe. All care records in the office were stored securely to maintain people's confidentiality.

## Is the service responsive?

### Our findings

The registered manager told us that before someone started to use the service one of the managers from the service or the branch nurse went to visit people in their home to complete an assessment. This assessment covered all aspects of their health and social care requirements. Part of the assessment process considered any specialised equipment that may be needed and what training staff would require. We were told that this could sometimes take more than one meeting. Relative told us "[the registered manager] came a couple of times. She asked lots of questions". Another said " We had a few meetings, they asked lots of things"

Care records we looked at contained assessments which were detailed and showed what support the person required and how the service planned to provide it. The assessment process ensured agency staff could meet people's needs. We saw that the assessments were used to develop care plans and risk assessments.

Care records we looked at were very detailed and person centred. They contained care plans and risk assessments and gave information about things that were important to the person. This included mobility, health needs, routines, preferences, likes and dislikes, medicines, how they wanted to be supported with their personal care, equipment that staff needed to use, how best to communicate with the person and supporting people in the community. It also included information on how staff could promote and maintain people's independence, including what personal care they could do for themselves and what things they liked to do independently. We saw that care records were reviewed regularly to ensure they still reflected people's needs.

We were told that each person who used the service was supported by a small team of staff. Staff told us this arrangement helped staff build up a commitment to the people they were supporting and to each other as a staff team. One staff member told us of the small team they worked with. "This is a cracking team." Relatives we spoke with told us they liked how this was organised as it allowed them to get to know staff and helped build up trust. People we spoke with told us they always knew in advance which staff would be coming and always had staff who knew them.

Records we looked at showed that people were assisted to go shopping for food and personal items. We also saw that people's social interests and hobbies were identified. People we spoke with told us they were supported to attend sporting events, concerts and day trips out including parks and seaside resorts. This helped to maintain people's well-being.

We found detailed records were made in daily logs by staff. Staff told us that if people's needs changed they wrote in daily logs, reported to the office and managers would update care records. We saw that people and their relatives had been involved in the reviews.

We found the service had a detailed policy and procedure which told people how they could complain, what the service would do about it and how long this would take. It also gave people details of managers and

other organisations they could contact if they were not happy with how their complaint had been dealt with. The service had a system for recording any complaints and the action the service had taken. The service had not received any formal complaints. The registered manager told us if something was wrong or was not working for someone they or another manager met with the person and reviewed how the care was being provided. People we spoke with knew how to complain and were confident the managers of the service would deal with any issues they raised.

# Is the service well-led?

## Our findings

The service had a registered manager who was present on the day of our inspection.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service and their relatives said of the registered manager, "She's wonderful, very competent", "She's very supportive" and "I like her."

People were complimentary about other managers and the service. One said, "[nurse] likes it done right, she's on the ball. Another told us, "You can always get hold of someone", "It's an excellent service; really good". Another said, "They are so good we have asked for cards so we can recommend them."

We found the registered manager to be knowledgeable, enthusiastic and committed to providing a good quality, person centred service.

Staff spoke positively and affectionately about the registered manager. They described the registered manager as, "A good person and a good manager", "Fair", "Lovely", "Empathetic" and "Approachable." One staff member said, "I love her to pieces." Staff told us "[Registered manager] wants what's best for the person, families and us" and said, "She respects the clients and their families".

Staff told us that they enjoyed working for the service and felt very supported. Comments they made included, "I really enjoy it.", "They value us as staff", "They appreciate you" and "They always thank you." Staff felt that managers took time to offer support. One said, "It's an open door policy you can go to office any time, they make you a brew and sit you down". Another told us, "They ring and check if you are ok." We saw that the service had organised a Christmas party for staff and provided food and a disco, the registered manager told us this gave staff an opportunity to get together in a social setting.

The service had a 24 hour on call system, so that staff and people who used the service could contact a manager at any time. Staff told us the on call system was very good and that they were always able to get hold of a manager. We were told that managers met every morning to discuss any issues that had been dealt with by the on call during the night.

We found there was a robust system of quality assurance. There were a number of weekly and monthly checks and audits including care plans, risk assessments, medicines records, daily records and call visits. We saw that any issues were highlighted and any action taken was documented. The providers and managers within the service also held monthly risk, safety and governance meetings where any issues found were discussed and actions taken to prevent reoccurrence or improve the quality of the service. Records we looked at showed these looked at issues about health and safety, safeguarding, complaints, incident and accidents, training, medicines and staff competencies.

The registered manager told us that regular "spot checks" were carried out by managers and nurses on each member of staff. Records we saw showed that they were very detailed and included looking at uniforms, PPE, identity badge, They also documented how each staff member provided support to people who used the service such as did they seek consent, did they understand the persons medical conditions, did they use equipment properly, infection control principle's and record keeping. People we spoke with told us that they received regular visits from managers and nurses from the service.

We saw that new staff were given a very detailed staff handbook which contained information to help them understand what was expected of them and what needed to be done to provide the support people required and to ensure the safety of people who used the service. It included information about policies and procedures.

We saw that the service had a range of policies and procedures to help guide staff on good practice. The policies we looked at included privacy and confidentiality, safeguarding, whistleblowing, meeting nutritional needs, medicines management, health and safety, accident reporting, DoLS and MCA and infection control.

People who used the service or their families were given documentation including a Statement of Purpose which explained the service's aims, objectives and structure of the service and a service user guide which gave people information about the facilities and services the agency provided. These documents gave people sufficient information to know what they could expect when they used this agency.

Before our inspection we checked the records we held about the service, including notifications. Notifications of significant events such as deaths, accidents, incidents and safeguarding allegations allow us to see if a service has taken appropriate action to ensure people are kept safe. We saw that the servicer had notified us of one such event. We were able to see that the registered manager had taken appropriate action to deal with the incident. The registered manager was able to tell us what other events should be notified and how they would do this.