

Apollo Home Healthcare Limited

West Midlands Office - Apollo Home Healthcare Limited

Inspection report

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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

About the service: Apollo Home Healthcare Limited, West Midlands Office is a domiciliary care service registered to provide care to people with complex needs of all ages living in their own homes. The service provided personal care to 23 adults and 18 children at the time of our inspection.

People's experience of using this service: People and relatives told us staff were kind and caring in their approach. People told us staff had the expertise to provide effective care.

Care plans were person-centred and provided staff with the information they needed to provide care and support in a way that met people's needs and preferences.

Staff knew how to protect vulnerable people and had safeguarding policies and procedures to guide them, which included the contact details of the local authority to report to.

There was a medicines policy and guidance for staff around safe administration. Staff had undertaken medicines training and competency checks were regularly undertaken. Medicines were administered as prescribed.

Staff assessed risks to people's health, safety and wellbeing and put plans in place to manage these risks.

People told us they would feel confident to raise any complaints they might have. We saw complaints were identified, investigated and used to improve the service.

Most of the feedback we received about Apollo Home Healthcare was very positive and the service was delivering high quality care to many people using the service.

People/relatives told us that they were disappointed that calls had sometimes been cancelled at short notice due to staff sickness. The service had an individualised agreement with families to plan for cancelled calls.

We have recommended that Apollo Home Healthcare Limited, West Midlands Office review staff sickness contingency planning to improve consistency of care for people using the service.

There were processes in place to monitor the safety and quality of the service.

The service had a registered manager in post at the time of our inspection.

The management team demonstrated a good understanding of all aspects of managing the service such as safeguarding procedures and medicines management.

People, relatives and staff were engaged by the service via surveys so that everyone could contribute to the development of the service. There was a credible strategy in place with plans for multiple new improvements and updates at the service. This was being implemented by the management team who were proactive in considering how the service could be improved.

Most people, staff and relatives spoke positively about the registered manager and management team.

The service met the characteristics of Good in all areas.

More information is in the full report.

Rating at last inspection: At the last inspection the service was rated as Good (15 July 2016).

Why we inspected: This was a planned inspection to check that this service remained Good.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for services rated Good.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

West Midlands Office - Apollo Home Healthcare Limited

Detailed findings

Background to this inspection

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

Inspection team: This inspection was carried out by one adult social care inspector.

Service and service type: Apollo Home Healthcare Limited, West Midlands Office is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because we needed to be sure that staff would be in the office to support the inspection.

Inspection site visit activity started on 5 March 2019 and ended on 8 March 2019. We visited the office location on 5 March 2019 to see the registered manager and management team; and to review care records and policies and procedures. We made calls to people using the service and relatives on 8 March 2019.

What we did: We reviewed information we had received about the service and we contacted the local authority safeguarding and commissioning teams to gather information about the service. They raised no concerns about the care and support people received from Apollo Home Healthcare Limited. We used this

information to plan our inspection.

During our inspection we spoke with seven members of staff including the management team, one person using the service and five relatives. We also spoke with four health and social care professionals that had experienced working with the service.

We reviewed a range of records. This included care records, information relating to staff recruitment and supervision and the training records for all staff. We also reviewed records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People and relatives told us they felt safe. One person said, "I know I can trust staff to do the right thing." A relative told us, "I feel that Apollo staff provide safe care to [Relative] or I wouldn't be able to relax having them in our home."
- Staff told us that they had effective safeguarding training and could explain the safeguarding processes in detail.
- Staff were confident that action would be taken if they raised any concerns relating to potential abuse. One member of care staff said, "I wouldn't hesitate to speak to report anything I was worried about, I know it would be looked into straight away."
- The provider had effective safeguarding and whistleblowing systems and policies in place.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management.

- People's needs and abilities had been assessed in a pre-assessment plan. The potential risks to each person's health, safety and welfare had been identified.
- Risk assessments were detailed within categories, for example, nutrition, mobility, the environment and were individualised. The risk level and actions to reduce the risk were clearly documented.
- Risks to people were regularly assessed and safely managed. For example, one person had a risk assessment for tissue viability which had been reviewed within the last six months. The risk assessment considered the existing risk, control measures and further actions.

Staffing and recruitment.

- The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers.
- People/relatives told us they would prefer a larger number of staff on their team to ensure they were not left without support at short notice. The registered manager told us, "Our recruitment team are constantly screening and recruiting for new and existing packages. We are also offering contracts to some staff to improve our staffing network."
- Staff had completed induction training in line with the providers policies and had competency checks to ensure they understood the training provided.

Using medicines safely.

- Risk assessments relating to medicines were carried out where people needed support from staff.
- Medicines were stored securely in people's homes.

- People's independence to manage their own medicines was maintained if safe to do so. Any changes to this was done with people's full consent.
- People/relatives told us they were happy with the support relating to medicines.
- Records showed that medication was administered as prescribed and Medicines administration record sheets (MARS) were transcribed by registered nurses and had oversight of managers through an auditing process to help ensure medicines were given safely as prescribed.

Preventing and controlling infection.

- Staff had completed infection control training.
- Unannounced spot check visits were completed by the manager to ensure care staff followed the infection control procedures and used personal protective equipment (PPE) when carrying out personal care, food preparation and handling.
- Staff told us they had access to PPE which was stored at the office.

Learning lessons when things go wrong.

- The provider showed us a copy of the accident form that staff would complete in the event of any injury, significant incidents or near misses. We saw this prompted staff to consider any 'lessons learned'.
- Incidents and accidents were regularly audited to check for trends or patterns, to mitigate further risks.
- Staff completed an incident workshop and risk assessment training to improve safety across the service and learn from previous events.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and most people's feedback confirmed this.

Staff working together to provide consistent, effective, timely care.

- Most people, relatives and staff told us that there was continuity of care. People had visits from regular staff. One person said, "I always know who is coming, if it is someone new I am told beforehand." A relative told us, "We have a regular team that come in and I feel confident in the support we receive."
- Three people/relatives told us that they were disappointed that calls had been cancelled at short notice due to staff sickness.
- Two health and social care professionals told us that Apollo Home Healthcare had on occasion been unable to fulfil visits due to staff sickness which had been problematic for people using the service. The registered manager told us, "All packages have a contingency plan in place which families agree on prior to the package starting. This is reviewed as part of the care plan review every six months or alternatively if families wish to. We are also currently looking at recruiting contracted workers and rapid response roles to cover short falls and last-minute cancellations. They would be trained and competent with many service users and required to travel and support at short notice."

We recommend that the service review their staff sickness contingency planning to improve consistency of care for people using the service.

Staff support: induction, training, skills and experience.

- Staff received training, support and induction to enable them to meet people's needs. All staff were up to date with the mandatory training and bespoke training was provided on request.
- Three people/relatives told us that a lack of suitably trained staff had resulted in delays to a care package commencing. One said, "Because we were waiting for staff to have their competency assessed to carry out certain medical tasks this meant that there was a delay in the package commencing and meant more time spent in hospital. The service could not keep to the time frame they agreed."
- The registered manager responded. They told us, "We have a robust sign off process for our workers and safety is paramount. We want to ensure we are providing safe practice therefore we will not sign a worker off as competent unless we feel it is safe to do so, this is due to the complexity of needs for that service user. Other reasons may include the family not feeling that the staff member is ready to be signed off to work independently or the worker themselves not feeling ready."
- The office had a specialist training area where training was provided in-house by the nursing team. We saw a broad range of equipment was available to support the training in areas such as; tracheostomy and ventilation, enteral feeding (PEG), spinal cord injury and epilepsy.
- One staff member we spoke with told us they felt they had received adequate training to meet the needs of the people they were supporting, they said, "The induction is thorough and we don't start working independently until we feel confident and have our competencies assessed and the specialised training is

amazing. I felt really well prepared for my role."

- People using the service felt staff were competent. One relative we spoke with told us they had confidence in all the care staff, they said "Staff appear to be highly trained and can meet [relatives] needs in full."
- A health and social care professional told us, "Apollo Home Healthcare have continued to strive to cover this care package, despite certain challenges, train staff up appropriately to manage complex physical health needs and work patiently with the family."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were assessed before the service began to provide support and people confirmed this. Assessments were carried out by a nurse and care consultant. The pre-assessment included their physical and medical, social and emotional support needs.
- Staff confirmed they received information about people new to the service and were always introduced to the person by a manager before they went to them to provide care. The registered manager and staff were confident that any needs associated with people's protected characteristics would be met.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed.
- Staff applied learning effectively in line with best practice, which led to effective outcomes for people and supported a good quality of life.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support.

- People were supported appropriately with eating and drinking.
- We saw people's preferences and requirements were recorded within people's files and staff had carried out training bespoke to individuals where people required more specialist support.
- Where required staff recorded how much and what a person drank. This information was then used to ensure appropriate healthcare was sought if needed.
- People's risk assessments considered whether there were any risks in relation to eating and drinking.
- When people needed referring to other health care professionals such as GP's or district nurses, staff understood their responsibility to ensure they passed the information on to relatives and managers. Alternatively, staff assisted the person to call for support themselves.

Ensuring consent to care and treatment in line with law and guidance.

- 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We saw that care files contained details about people's capacity to make decisions.
- Care plans were developed with people and their relatives. People/relatives had agreed with the content and had signed to receive care and treatment.
- Staff ensured people/relatives were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Staff told us that if they had any concerns about decision making they would pass this on to the management team.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People and relatives told us staff were caring. One person/relative told us, "We have wonderful carers who we are very happy with, their flexibility and willingness to step in at short notice has kept our package going." Another person/relative said, "I feel confident in the staff, they do care and I would recommend the service."
- A health and social care professional told us, "I have found Apollo Home Healthcare to be very flexible to try and meet people's needs."
- Staff told us they used care plans to find out about people to get to know the person and build positive relations with them. One staff member said, "The quality of the care plans is great, all the information in there that staff need."
- Staff were respectful when speaking about people and were considerate of the equality and diversity needs of people including protected characteristics. Staff actively considered people's cultural or religious preferences.
- All new staff received training in equality, diversity and inclusion as part of their induction and shadowed a more experienced member of staff until they were assessed as competent to work independently.

Supporting people to express their views and be involved in making decisions about their care.

- People/relatives confirmed care staff listened to them, involved them in decisions and respected their views.
- Care plans were reviewed regularly and as and when a person's needs changed. The person and relatives were involved in reviews of their care plan if this was required. One person/relative told us, "Changes are always discussed with us and the service sort things out if we think something needs to be updated."
- None of the people who used the service at the time of our inspection had an advocate, but the provider explained they would share information about local advocacy organisations, with anyone who they felt may benefit from independent support with decision making.

Respecting and promoting people's privacy, dignity and independence.

- People were supported by staff who were attentive, kind and caring. Staff had a good understanding of people's needs and wishes. Staff ensured people's privacy and dignity was maintained. A relative told us, "Staff seem to consider [Name's] privacy and dignity."
- Consideration to privacy and dignity was embedded throughout each care plan we saw.
- The provider was proactive in ensuring that they complied with Accessible Information Standards. These are standards introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The service adapted information to meet people's needs, for example information about the service had been produced in large print for one person who used

the service.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- The provider developed a care plan for each person, which contained sections about different aspects of their care. The service had also produced adult and children versions of an 'all about me' booklet that captured people's life history, goals and preferences.
- Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One person/relative told us, "The small team we have are fantastic and carry out their role really well."
- Care plans included people's personal information, people's routines and support needs. They were up to date and reviews took place regularly with people. A staff member told us, "Care plans have lots of detail in them to ensure people get the right care and treatment."
- People had individualised lists of care activities in their care plans and staff recorded at each visit that tasks had been done.
- People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met.
- Where it was part of someone's support plan, staff supported people to access activities and facilities in the community. A health and social care professional told us, "From a children's perspective Apollo are very open to new referrals and extremely responsive and honest whether they are able to support with regard to capacity and staffing."

Improving care quality in response to complaints or concerns.

- There was an appropriate complaints management system in place. Complaints were handled in the correct way and a response was sent in a timely manner.
- A complaints register was in place that included details of the complaint and action taken, which provided oversight to the management team.
- Staff were aware of how to manage complaints. They told us that the management team took complaints seriously and this would be reviewed and investigated. A health and social care professional told us, "Clients sometimes report shifts are missed due to a carer not being able to deliver the shift." The service captured missed visits on a system to monitor this.
- People and relatives told us they knew how to raise complaints. One person told us, "Any issues I have had have been sorted out at the office. I just ring them."

End of life care and support.

- The service was not currently supporting anyone coming to the end of their lives. However, the management team assured us that they would continue to support people if they were able to meet their needs and would provide specialist training for staff as required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Most people/relatives and health and social care professionals told us that Apollo Home Healthcare Limited communicated with them effectively. However, one person/relative using the service and one health and social care professional told us that Apollo Home Healthcare had not communicated with them effectively regarding staffing problems.
- Feedback from stakeholders was gathered by post, email, online or over the telephone regularly. Stakeholder meetings were scheduled for March 2019 to address issues identified in the latest survey in September 2018.
- The service released a six-monthly newsletter to update people/relatives, staff and health and social care professionals about organisational achievements, work supporting local charities, social events, survey results and job vacancies.
- Apollo Home Healthcare Limited demonstrated that they valued their staff with a range of incentives; Giving staff additional annual leave for their birthday, rewarding them with vouchers and a loyalty award scheme and managers received private health cover.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- Most people using the service were very satisfied with the support they received from the service and found it was well-led. A health and social care professional told us, "Staff and management appear very caring and approachable."
- The service had difficulties recruiting and training the number of staff required to fulfil the commitments they had made to some people that used the service. Three people/relatives told us they had not been provided with the number of staff they had agreed with Apollo Home Healthcare Limited. The service was planning to make changes to staff contracts to improve staff retention and availability.
- Care staff were positive about their workplace and complimentary about the support they received from the management team. A staff member said, "There is always someone to speak to in and out of office hours for support."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The service had a registered manager in post. 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.

- The management team worked together to ensure the day to day running of the service, clear contingencies were in place to cover absences although visits could not always be fulfilled due to last minute staff sickness.
- People's confidential information was kept secure at the registered office.
- The registered manager was aware of their responsibility to report events to the CQC by statutory notifications.

Continuous learning and improving care.

- Visits were carried out on people's homes by the management team which enabled them to obtain feedback from people and check the environment, equipment's, medicine management and safety.
- Spot checks were carried out to check staff performance on service delivery and approach when supporting people. Outcomes of spot checks were discussed with staff along with further learning and development.
- Audits were carried out weekly, monthly and annually to check that systems around medicines, care plans and training were robust. This meant that there were systems in place to ensure there was a culture of continuous learning.

Working in partnership with others.

- Records showed that staff communicated effectively with a range of health care professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.