

Apollo Home Healthcare Limited

Merseyside Office - Apollo Home Healthcare Limited

Inspection report

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17 January 2020

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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

Merseyside Office - Apollo Home Healthcare Limited Merseyside is a domiciliary care agency specialising in providing personal and nursing care for people of all ages with complex healthcare needs living in their own homes. There were seven people using the service at the time of the inspection.

People's experience of using this service and what we found

There were processes in place to protect people from the risk of abuse and harm. Risks people faced were identified and control measures were in place to keep people safe. The recruitment of staff was safe, and people were supported by the right amount of suitably skilled and experienced staff. Medicines were used safely. There were systems in place for reporting accidents and incidents and learning from them.

An assessment of people's needs, and choices was completed and a care plan on how to meet their needs was developed. The plans provided clear instructions for staff on how to provide effective care and support to people and they were kept under review and up to date. People's needs were met by staff who received good support and the training they needed for their role. People's dietary and healthcare needs were understood and met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with kindness and compassion and their privacy, dignity and independence was promoted and respected. Staff had formed trusting and positive relationships with people and their family members. People and family members were involved in decisions about the care and support provided and they felt able to openly express their views and opinions.

Care was planned and delivered in a personalised way. Family members commented positively on how personalised their relatives' care was. Staff had a good understanding of how people communicated, and what they were communicating. The provider's complaints procedure was shared with people and family members. Family members were confident about complaining if they needed to.

The leadership of the service promoted a positive culture that was person-centred. We received positive feedback about the management of the service. The registered manager and other senior staff were described as inclusive, approachable and supportive. There was good team work and good partnership working with external professionals. Checks were effectively used to monitor and improve the quality and safety of the service.

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

Rating at last inspection

This was the first inspection of the service since it was registered with us on 13 December 2018.

Why we inspected

This was a planned inspection as the service had yet to be rated since it registered with the CQC.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 exceptionally 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 

Merseyside 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal and nursing care to adults and children living in their own homes. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

The service had a manager registered with the CQC. 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.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure someone would be in the office to support the inspection.

Inspection activity started on 19 December and ended on 17 January 2020. We visited the office location on 19 December 2019.

What we did before the inspection

Before the inspection, we looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events

which the service is required to send us by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also contacted local authority commissioners and asked them for their views about the service. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

During our visit to the registered office we spoke with the registered manager, regional operational lead and office consultant. We looked at three people's care records and a selection of medication and medication administration (MARs). We looked at other records including quality monitoring records, recruitment and training records for three staff and other records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke over the telephone with two family members and two staff.

Is the service safe?

Our findings

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

This was the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were safe systems and processes in place to protect people from the risk of abuse.
- Staff had completed safeguarding training. They knew the different types and indicators of abuse and they were confident about reporting any concerns about people's safety.
- Family members told us they had a lot of trust in staff and that they were confident that staff treated their relative well. Their comments included; "I have a lot of trust in staff" and "[Relative] is safe with staff."

Assessing risk, safety monitoring and management

- Risks to people were identified through assessments and measures were in place to minimise the risk of harm to people and others.
- Regular safety checks were carried out on people's home environment and equipment, and staff monitored these closely. A family member told us; "They [staff] check equipment to make sure it is safe to use."
- Staff had completed training in topics of health and safety and they understood their responsibilities for keeping people safe. A family member told us they were confident that staff could deal with an emergency.
- The service operated an on-call system and had a business continuity plan for managing emergency situations. Staff and family members confirmed they had details of the on-call arrangements.

Staffing and recruitment

- People received care and support from the right amount of suitably skilled and experience staff.
- Family members told us staff were punctual and always stayed with their relative for the agreed time.
- Applicants provided information about their skills and experience and they underwent a series of pre-employment checks to make sure they were fit and suitable for the job.
- Family members were involved in the selection of staff. One family member told us; "We have meet and greet meetings with new staff, we can ask them questions to help us decide if they are suitable to work with [relative]."

Using medicines safely

- Medicines were safely managed. Medication administration records (MARs) were kept up to date with instructions for use and when medicines were given.
- Medicines management policies and procedures and other best practice guidance was available to staff to help inform their practice. Staff also had the support of a trained nurse to provide advice and guidance where needed.
- Staff with responsibilities for managing medicines had completed training and underwent regular

competency checks.

Preventing and controlling infection

- Staff had completed training in the prevention and controlling of infection and had access to best practice guidance to help support their practice.
- Family members confirmed staff followed good infection control practices to minimise the spread of infection.

Learning lessons when things go wrong

- There was a system in place for recording any accidents and incidents which occurred at the service and for learning lessons to help prevent the risk of these issues reoccurring.
- Records showed lessons were learnt following an incident which occurred within the service.

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.

This was the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs, and choices were assessed, and a care plan was developed based on outcomes of assessments.
- Staff followed professional guidance to achieve good outcomes for people.
- Family members told us their relative received effective care and support. Their comments included; "Staff have a very good knowledge of [relative] and provide him with all the care he needs."

Staff support: induction, training, skills and experience

- Staff received the support and training they needed to carry out their role effectively.
- Staff completed an induction on commencing work at the service and continued with an ongoing programme of training relevant to their role and people's needs. Staff told us they received all the training they needed. Staff comments included; "Up to date with training. The training is of good quality."
- Family members told staff were well trained. Their comments included; "New staff shadow staff who are familiar with [relative] before they are accepted to provide his care and support" and "They [staff] have had the training they need".
- Staff told us they felt well supported and were given opportunities to discuss their work and any training needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People received the support they needed to maintain a healthy and balance diet.
- The support people needed was recorded in their care plans, this included guidance on the use of artificial feeding devices. A family member told us; "[Relative] is fed by use of a PEG tube (Percutaneous endoscopic gastrostomy), staff are knowledgeable about this."

Supporting people to live healthier lives, access healthcare services and support

- Where people required support from healthcare professionals this was arranged.
- Any support people needed from staff with their healthcare needs or with accessing other healthcare professions was recorded in their care plan.
- Family members told us their relative received good healthcare and that staff had a good understanding of their relative's healthcare needs. Their comments included; "They [staff] know if something is not right [with relatives health] and will let me know right away."

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Staff had completed MCA training and had access to information and guidance to help support their practice. They understood people's right to make decisions unless assessed as otherwise.
- Information was held in people's care files detailing decisions made on people's behalf and those involved.
- Staff obtained people's consent before providing them with any care and support.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people with respect, kindness and compassion.
- Care plans included important information staff needed to know and do to respect people's lifestyle choices.
- Family members complimented staff on how they treated their relative. Their comments included; "Staff are caring and compassionate they show [relative] a lot of love, they make [relative] happy. They check [relative] is comfortable."
- Family members told us staff had formed positive and trusting relationships with their relative and other family members.
- We heard examples where staff had shown kindness to people and their families by going above and beyond their duties. A family member told us on occasions staff had stayed over their working hours to help out during difficult times."
- Staff recognised when people needed emotional support and provided it in a caring and sensitive way. A family member told us: "They [staff] know when [relative] is upset and use diversion techniques such as reading a book or massages to help relax [relative]."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy, dignity and independence. A family member told us; "They [staff] care for [relative] in a dignified way, they reassure [relative] when carrying out personal care."
- Family members told us staff promoted their relative's independence as much as possible. One family member said; "[Staff name] will hold up two pairs of pyjamas and ask [relative] which ones they would like to wear, staff are very patient with [relative], never rush them to make choices."

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

- People and family members were given opportunities to express their views and be involved in the care provided.
- Family members told us they felt involved and that their views and opinions mattered. A family member told us they were fully involved in decisions about [relative's] care through regular face to face meetings and telephone conversations.
- The service provided people with information about independent advocacy services and other support services who they could access if they needed independent advice and support.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- A personalised care plan was developed for each person with their involvement or where appropriate, relevant others such as family members.
- Care plans included people's personal history, individual preferences and interests, and staff understood these and gave people as much control over their own lives as possible.
- Family members told us their relative's care plan was very personalised. A family member told us; "It [relative's care plan] is reflective of their needs and wishes, includes their likes and dislikes, not generic, all about [relative]."
- Care plans were regularly reviewed and quickly updated following any changes in people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and were recorded in their care plans.
- Information was available in different formats where this was required.
- Staff had a good understanding of people's communication needs. Family members told us that staff communicated well with their relative. One family member told us; "Staff communicate well with [relative] they are non-verbal, but staff recognise what they are communicating through facial expressions, noises and gestures."

Improving care quality in response to complaints or concerns

- People and relevant others including family members were given a copy of the provider's complaints procedure.
- No complaints had been made about the service, however the registered manager confirmed complaints would be fully investigated and used to improve the quality of the service.
- Family members were confident about complaining should they need to.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a positive culture which was person centred and inclusive of all.
- Family members were involved in planning their relative's care and support and people experienced good outcomes.
- Staff told us they enjoyed their job and felt well supported, listened to and valued. Their comments included; "Feel, involved and very well supported. Really enjoy my job it is very rewarding."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There registered manager had a clear understanding of their role and responsibilities in line with regulatory requirements. They knew when to notify CQC about incidents and events which occurred at the service.
- Staff performance, learning and development was monitored through observations and regular contact with managers and senior staff with management responsibilities.
- The registered manager and staff understood their responsibilities for ensuring risks were quickly identified and mitigated. Risks to people's health, safety and wellbeing was effectively managed through ongoing monitoring of the service.
- The registered manager attended quarterly organisational risk and governance meetings when operation, clinical and quality matters were discussed, and learning was shared.
- The registered manager and staff understood their responsibilities to act in an open and transparent way by being open and honest with people when an incident occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service was open and inclusive and fully considered equality characteristics.
- People, family members and others were provided with opportunities to provide feedback about the service through surveys, review meetings and regular discussions with managers and senior staff.
- Family member and staff felt involved and said there were good lines of communication. Their comments included; "Good communication, we are kept in the loop" and "Communication is good, and we are included in everything about [relative]. I can pick up the phone anytime to office and nothing is a problem."

- There was a positive approach to working in partnership with others including Clinical Commissioning Groups (CCG) and other health and social care professionals.

Continuous learning and improving care

- There were effective systems in place for checking and improving the quality and safety of the service.
- Action plans were developed for areas identified as needing to improve and the actions were completed in a timely way.
- The registered manager completed training and continuously sourced information to update their knowledge and learning.