Apollo Home Healthcare Limited

Apollo Home Healthcare Limited - North Office

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

Apollo Home Healthcare Limited - North Office provides personal and nursing care to children and adults who live in their own homes with their families. Most people had complex care and health needs and receive an around the clock service. There were 8 people using the service when we inspected

The inspection took place on 27 November 2018. The registered provider was given short notice of the visit to make sure key staff was available to assist in the inspection.

The service had a registered manager. 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.

This was the first inspection of the service since it was registered in July 2017. We rated the service as Good.

Everyone said the care staff were kind, considerate, respected people and always maintained their dignity.

Most of the people we spoke with and their relatives said they were happy with the service. They said staff ensured their needs were met. By contrast a small number were not happy, as they felt they could not rely on the service. They told us Apollo struggled to replace staff, if they were unable to attend at short notice.

We found staff had good knowledge of how to spot the signs of abuse and of what action to take to protect people. Risks were well managed and people received their medicines safely. The recruitment process helped to minimise the risk of unsuitable staff being employed.

People were assisted to have good nutrition and had access to health care services where needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff told us they enjoyed working for the service and received good support and training.

People received individualised, person centred care that met their needs. People's privacy and confidentiality were maintained as records were held securely. People were confident to raise any concerns and complaints and most said things got sorted out. The management team were aware of any concerns people had and it was evident that a lot of work was put into resolving these.

The quality monitoring systems and the management structure ensured there was effective management, review and oversight. A system was in place for checking the quality of the service. People were consulted about the quality of the service and their views were used drive improvement. There was a commitment to continuous learning and improving the service and the service worked well in partnership with others to ensure people's needs were met

Further information is in the detailed findings in the full version of the report.

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.

Risks were identified and documentation reflected how the risks was managed.
Staff had good knowledge on how to safeguard people from abuse.
There were enough, suitable staff, who were recruited safely.

Is the service effective?

Good

The service was effective.

The service helped to make sure people had access to healthcare services when needed.
Staff were well trained and supported.

Is the service caring?

Good

The service was caring.

People told us staff were very kind and caring.
Staff maintained people's privacy and dignity and involved people in their care.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and people were involved in planning their care. Care plans enabled staff to provide personalised care and support.
People knew how to make a complaint and felt able to complain if they needed to.

Is the service well-led?

Good

The service was well led.

The registered provider had systems in place to make sure the service operated to an expected standard. These were well organised and effective and included consulting with people who used the service.

Apollo Home Healthcare Limited - North Office

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.

The inspection included a visit to the agency's office on 27 November 2018. We gave the service short notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that the registered manager would be at the office.

Before the inspection we looked at all the information that we had about the service. This included information from members of the public and notifications received from the registered manager. A notification is information about important events which the provider is required to send to us.

The inspection team consisted of one adult social care inspector and one expert-by-experience. An expert-by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

On 27 November 2018 we visited the agency's branch office and spoke with the registered manager and the operations manager, the provider's quality and compliance lead and a branch consultant. We also spoke with four members of care staff by telephone. When we visited the office, we reviewed a range of records about people's care and how the domiciliary care agency was managed. These included three people's care records, medicine administration record (MARs), staff training, support and employment records, meeting records, quality assurance checks and audits and findings from questionnaires the registered provider had sent to people.

Due to the complex needs of the adults and children using the service it was not possible to communicate

by telephone with everyone using the service. We spoke and small number of people who used the service and five people's relatives regarding the care and support provided by the service. In the period after the inspection we spoke with three care staff by telephone. We also contacted three health and social care professionals to gain their views of the service.

Good

Is the service safe?

Our findings

Overall, the service made sure there were sufficient numbers of suitable staff to support people to stay safe and meet their needs. Everyone praised the care staff highly. Most of the people and relatives we spoke with spoke very positively about their experience of the reliability of staff. They were very pleased with the call times and duration of calls. They told us care staff were very rarely late and always stayed for the allotted time. One relative said, "They [office staff] send out a rota the week before, for the next week. We did have a rolling rota, but staff changed and we are just building back to a new rolling rota. They are very good at checking if things change, such as after school clubs."

People told us they usually had a regular group of care staff, which was good for building relationships and for continuity of care. For instance, one person said, "I have the same team. There are about six of them and they take it in turns." However, a small number of those we spoke with felt they could not always rely on the service, saying replacement staff were sometimes not provided, if staff were unable to attend at short notice. One relative commented, "There are sometimes I think they could have sorted out things better. If a carer tells them they can't do a shift, they don't always sort it out quick enough. Otherwise, they've been great, they will work around me". Another relative said the service was not flexible enough. They told us, "I'm now happy with my two carers, it's the organisation I am not happy with. Staff like to arrange things themselves with the rota, but Apollo won't let them do that."

We discussed this with the management team. They explained it would not be possible to coordinate the whole service, or to keep track of the care provided to people, if the service did not retain overall control of planning staff rotas. The management team were aware of the issues people told us about. We saw evidence that they worked with people and their care managers to try to resolve any such issues. This was also confirmed by one person we spoke with, who said there was a 'bumpy start to the care package for their family member, but things had improved recently. Staff we spoke with said there were enough staff to meet people's needs, although some said not receiving rotas very far in advance could be an irritant.

We looked at staff recruitment records. Staff had been recruited safely to make sure they were suitable to work with people. The registered provider had made sure they obtained all the necessary pre-employment checks, prior to staff starting work. These included written references, and satisfactory Disclosure and Barring Service (DBS) checks. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

There had been one instance, when the service was very newly registered, when the provider's recruitment policy had not been properly followed, as a staff member had started work without all the necessary checks. It was clear that this was picked up quickly by the management team, had been dealt with appropriately, lessons had been learned and safeguards put in place to prevent any recurrences.

We found that risks relevant to people's care were assessed and their safety was monitored and managed so they are supported to stay safe. The staff we spoke with were knowledgeable about people's needs. Risks were documented, with up to date risk assessments and care plans in place, to manage the risks. However,

there was room to improve the risk assessments, to make them more person centred and to better reflect the involvement and decisions of people and those close to them about managing the risks in their lives.

Where people were provided with support with their medicines, people were happy with the service they received. For instance, one relative said, "Carers give all the medication. They are competent with this." People's care records included sections about their medicines and how they should be supported with managing and taking these. We saw the medication administration records (MAR) were in place in people's homes for staff to complete. One relative explained. Another relative explained, "[Medicines are] all highlighted on the MARS sheet. There is a weekly medication check where the [care staff] check the cupboard, check the label and check the stock is rotated. Every three weeks they check and re-order."

Staff received medication training and their competence was observed and monitored when first administering medicines. Spot checks were also undertaken of staff's competence in the handling of medicines. Spot checks are checks undertaken of staff's performance to ensure they are adhering to good practice and are suitably trained and skilled to meet the requirements of their roles. The management of medicines was effectively audited. Where any issues, such as missing signatures on the MARs, had been picked up and audit records reflected theses were addressed effectively with the individual staff concerned.

The registered manager and staff were aware of their roles and responsibilities in protecting people from harm. There were reporting procedures in place for both children and adults for staff to follow and it was evident that concerns were reported and addressed appropriately. Staff we spoke with were trained in safeguarding (protecting people who use care services from abuse) and had good knowledge of how to spot the signs of abuse and of what action to take to protect people.

There were effective systems in place to monitor accidents or incidents and it was evident that all members of the management team were keen to learn lessons, to prevent recurrences. The registered manager made sure measures were put in place to reduce the likelihood of similar incidents being repeated in the service. This showed the service was looking at ways to drive improvement and learned lessons when things went wrong.

People were protected from the risks of infections. Staff were encouraged to use personal protective equipment (PPE) when supporting people with tasks where there could be a risk of infection, such as personal care. People told us staff used PPE, when appropriate. For instance, one relative said, "Staff use gloves and aprons. They use hand gels. They are clean and their hair is tied back, no nail varnish, no jewellery. Should anybody forget, we only have to contact the office and they will remind them."

Good

Is the service effective?

Our findings

The service made sure that staff had the skills, knowledge and experience to deliver effective care. Staff told us they enjoyed working for the service and confirmed they had completed relevant training. The registered manager told us new staff completed an induction which included training tailored to meet staff's needs. The staff we spoke with confirmed this. They confirmed they had up to date training in all the mandatory subjects, such as health and safety, safeguarding people and moving and handling. The records we saw confirmed this. The service employed nurses who provided specialist training to staff and oversaw their delivery of this care to people.

Most people we spoke with felt staff were well trained and knew how to support people well. For instance, one person said, "They seem to have broad training and specific training to me. They do shadow shifts with the regular member of staff before they start." One person's relative said, "[Staff] did part of their training in our home with the Apollo nurse, so I could see they were confident."

Staff told us they received support, through supervisions and appraisal. We saw there were well organised systems and records, which made sure staff received training and updates, supervision, spot checks and appraisals in a timely way.

People's needs and choices were assessed. The records we saw showed the provider undertook a thorough assessment with people before they started providing the service. It was evident that people's care and support was delivered was in line with current legislation and guidance. The health and social care professionals we spoke with also confirmed this.

People were supported to have enough fluid and a balanced diet. Most people receiving the service had PEGs. A PEG allows nutrition, fluids and medications to be put directly into the stomach, bypassing the mouth. Where people were provided with support with this, staff were appropriately trained and people were happy with the service.

People were supported to have access to healthcare services and receive ongoing healthcare support. People's health needs were well recorded in their care plans. Where people were provided with this support, people were happy with the service. For instance, one person's relative told us the health of their family member could deteriorate very quickly. They said, "[Staff] have to check and be tuned in, they react straight away if there is a problem."

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

Apollo Home Healthcare provides care to people in their own homes therefore, any application to deprive a

person using the service of their liberty must be made to the Court of Protection. The registered manager and operations manager had a good understanding of the MCA. We were informed that staff completed training in this subject and staff we spoke with also understood the principles of the Act. We found that people were assumed to have mental capacity to make decisions, unless there was evidence to suggest otherwise, in line with current guidance.

People, their representatives and staff confirmed that consent was gained from people before staff carried out personal care. Staff respected people's choices. For instance, one person's relative said, "I always say to them [staff] when they do their training talk to [family member] and they will be able to answer you, they all do." Another relative confirmed that staff checked their family member was are happy to receive personal care. They said, "It has to be age appropriate. Anything they're going to do they will always tell [family member]. They're great with [family member] and have a lot of fun with them, but they are really professional"

Where possible, care plans were signed by people to show their consent to care had been obtained. Although, there was room to improve the way people's consent was recorded when, due to disability or illness, they were unable to provide a signature. We discussed ways to capture people's consent with the registered manager and quality lead, who were very receptive to this suggestion.

Good

Is the service caring?

Our findings

All the people we spoke with provided us with evidence that this was a caring service. Everyone praised the staff and told us they were very kind and caring. This was also confirmed by the healthcare professionals we contacted. One person who used the service said, "We have a good rapport, we joke. They have a sense of humour. Sometimes I need my own space. They are sensitive to my needs." They added, "They do over and above." One relative we spoke with said, "[Staff] speak to [family member] in a lovely way. With Christmas coming up, they are singing with [family member]. They are really kind, thoughtful and mindful." Another relative told us, "Both our carers are very good natured, they never seem stressed. They have very nice natures."

People and those close to them told us they were involved in planning their care. An initial assessment of need was completed with each person and a care plan created. The care plan showed what was important to people and how best to provide their care. We asked people and their relatives if care staff listened to them and respected their opinions. Everyone confirmed that they did. One person said, "Initially, I had a meeting with a manager, she seemed competent. I've just been booked for a review." One person's relative said, "Yes, we were involved at the beginning when it was agreed Apollo would be the provider. The care plan is very thorough. If there are any changes, they always change the care plan very quickly to reflect the changes."

People received care and support from a consistent staff team, which they all said was very important to them. They said they were introduced to new staff so they could meet them and this helped good communication and positive relationships.

The members of staff we spoke with showed regard for the people they provided care to. It was evident that staff invested time in building positive relationships with people, and their families. From our conversations with staff it was clear that they cared about people, knew their likes and dislikes and made sure people's preferences for their care were respected.

People's individuality and diversity was respected and recognised by staff. The registered provider was an equal opportunities employer and the team included staff from different backgrounds, cultures, genders and sexual identities. This, along with relevant training helped to make sure the staff team had a good understanding of, and valued people's diversity.

Staff spoke about people respectfully. They told us how they would ensure people's privacy and dignity, particularly when providing personal care. We asked people if staff treated them with dignity and respect. People said they did. For instance, one person's relative told us, "Staff always knock. When changing [family member] they always have something covering [family member] up. We have a very clear policy that [family member] must be covered at all times. [Family member's] dignity is important to everyone."

The management team protected people's rights in relation to how information about them was kept and used. For instance, the provider promoted awareness in the staff team about recent data protection

legislation. People's right to privacy and confidentiality was proactively promoted by staff and people's written and electronic information were kept securely. Staff we spoke with were clear about the importance of maintaining confidentiality.

Good

Is the service responsive?

Our findings

The people we spoke with told us the care staff provided personalised care and support that was responsive to people's needs. This was also confirmed by the healthcare professionals we contacted. One person's relative said, "They're extremely kind," and another person said, "I am very happy with the service."

Staff we spoke with were aware of how important it was to ensure people were involved in any discussions and planning about their care. Records showed that all aspects of people's care and support were planned in partnership with them or those close to them. Information in care plans included people's likes, dislikes, choices and preferences. People told us care staff listened to and respected their opinions and wishes. For instance, one person's relative said, "[The care plan] is updated regularly, any change we always inform [the office staff] they change it and we check it. The care staff read it and sign to say they have read it. We have a communication book, any change of the care plan is put in the book. The carers have to let the office know they have read about the change.

The plans we saw reflected people's physical, mental, emotional and social needs. This included any protected characteristics under the Equality Act 2010. The Act extends protection across a number of protected characteristics, including race, gender, disability, age, sexual orientation, religion or belief.

Staff we spoke with understood people's social and cultural diversity, their values and beliefs. They told us the training they undertook included the principles of equalities and human rights, the Equality Act 2010 and the Human Rights Act 1998. When they discussed people's care with us they did so in a very respectful and compassionate way.

The plans we saw were comprehensive and explained the person's needs and how they should be met. The staff we spoke with could explain to us how they met people's needs. There were systems in place to make sure, that before they provided care to people, any new staff were fully aware of people's needs. Staff recorded the care they provided at each visit and we saw these records were detailed and clearly written.

Staff told us that they knew the people they provided care to very well and knew how to communicate with them. We saw that information was provided in a format accessible for the people who were using the service. The registered manager told us if a person had a sensory disability the service provided information in a format that would meet their needs, to comply with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. One person's relative told us their family member did not communicate verbally and staff understood their non-verbal cues well. They added, "They sing to [family member] and read books to [family member]." Although, they expressed disappointment that the service did not provide Makaton training for staff. Makaton is designed to help people with learning or communication difficulties. It uses signs and symbols, with speech.

There was a complaints procedure and it was evident that the members of all management team were keen to learn lessons and develop the service. We saw that any complaints were investigated and responded to

appropriately. People told us they would be confident to complain, should they need to. They gave examples of changes made in response to their feedback. For instance, one relative told us, "If we say, 'could you do this' [staff] will make sure they do it".

Some of the people we spoke with were not happy with the way the service was coordinated. This was for the most part, because they wished to have more control of the deployment of staff. We discussed these issues with members of the management team and with case managers and it was clear that a lot of work was being put into resolving these issues to people's satisfaction.

Good

Is the service well-led?

Our findings

The service had a registered manager, who was supported in the day to day running of the service by an operations manager and two branch consultants. All the members of the management team we spoke with were passionate about providing high-quality, person-centred care for people. The culture of the service included a strong focus on promoting equality for people they were caring for and within their workforce.

The managers and staff were clear about their roles and understood quality performance, risks and regulatory requirements. We found that there were good, clear systems in place to monitor the effectiveness of the service. For example, audit checks were undertaken of care plans and day to day records of the care delivered. This included where the service was supporting people with their medicines. These written records were checked on a regular basis to ensure they were completed accurately and to identify any concerns. Where shortfalls had been identified, the management team had kept clear records of the action they had taken to address them.

There was also good management oversight of staff training, development and support. This included spot checks of staff's performance to ensure staff were suitably trained and skilled to meet the requirements of their roles. The registered manager was committed to continuous learning and improving the service overall.

We asked people if they thought the service was well managed. Most people said it was. For instance, one person's relative said, "I think so, I haven't had any complaints. They [staff] always answer the phone. As far as I'm aware, they're fine. Their communication is good." Another relative told us, "I think it's done quite well. Although, there were ups and downs when starting off. We now get a weekly telephone call as well."

The registered provider had developed systems to engage and involve people using the service, using a range of methods. This included written questionnaires and regular telephone calls to ask if people were happy with the service. People's feedback was sought during the spot check visits. One person who used the service told us, "I've just been asked to complete performance reviews for my staff." It was clear the registered manager evaluated the feedback about the service and used it to help identify areas for improvement. This showed that the registered manager was committed to listening and improving the service.

Staff knew their roles and responsibilities, felt listened to and valued, and told us they were treated equally. Staff spoke passionately about their work and were committed to providing high quality care. Staff were complimentary about their line managers. The registered manager engaged and shared information with staff in a variety of ways, such as face to face, phone calls, and more formally, through meetings.

The management team were committed to working in partnership with others to make sure people who used the service received effective care. The records were saw confirmed the members of the management team were proactive in engaging with other services. One social care professional told us they found the staff in the service professional and responsive and commented, "I trust them." They said, if there were times

the service was unable to provide a particular aspect of care, there was always a reasonable explanation.

The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008. The registered manager had a system in place to make sure that notifications of such events were submitted to CQC appropriately.