Apollo Home Healthcare Limited

# North West Office- Apollo Home Healthcare Ltd

## Inspection report

1A
The Quadrant, Green Lane
Heywood
OL10 1NG

Tel: 01706248086

Date of inspection visit:
14 November 2018

Date of publication:
20 December 2018

## 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

North West Office - Apollo Home Healthcare Limited is a Domiciliary Care service that provides complex care to both adults and children in their own homes. At the time of the inspection there were 50 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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 registered manager had held the position since April 2017.

Staff we spoke with were aware of 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.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults. There were sufficient staff to meet people's needs.

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 were trained in infection control topics and issued with personal protective equipment to help prevent the spread of infection.

The service was working within the legal requirements of The Mental Capacity Act 2005 (MCA).

People received a nutritious diet and were encouraged to plan their diet, shop and where possible were supported to make their own meals.

Staff received an induction and were supported when they commenced employment to become competent to work with vulnerable people. Staff were trained and supervised to feel confident within their roles. Staff were encouraged to take further training in health and social care topics such as a diploma.

We visited three people in their own homes and saw staff knew people well and had a kind and caring attitude.

There were systems and equipment provided to people who were not able to communicate verbally to ensure their needs were met.

Where it was part of a person's care package people had a range of activities they could attend which were suitable to their age, gender and beliefs.

There was a relevant complaints procedure. We saw where a complaint was made the service responded to find a suitable solution.

Care plans and risk assessments were in place, regularly reviewed and gave staff guidance to meet people's needs.

Staff thought the service was well-led and the two people we talked to thought staff, including managers, were approachable. On the home visits we saw the deputy manager was well known to people who used the service and family members.

There were systems to check the quality of service provision to help management maintain and improve standards.

The service liaised well with other organisations to help meet people's health and social care needs.

## 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.

There were safe systems for the administration of medicines and staff had their competency checked.

Risk assessments helped ensure any risks to people's health and well-being were managed.

Safeguarding policies, procedures and staff training helped protect people from abuse.

### Is the service effective?

Good

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People who used the service were supported to take a nutritious diet.

Induction, training and supervision gave staff the knowledge and support they needed to satisfactorily support the people who used the service.

### Is the service caring?

Good

The service was caring.

People who used the service told us staff were trustworthy, reliable and friendly.

We observed there were good interactions between staff and people who used the service.

We saw the service explored ways to communicate with people to ensure their needs were catered to.

### Is the service responsive?

Good

The service was responsive.

There was a suitable complaints procedure for people to voice their concerns.

If it was part of their care package people were able to join in activities suitable to their age, gender, culture, religious beliefs and ethnicity.

Plans of care were developed with people who used the service or where necessary family members, were individualised and kept up to date.

## Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality of care and service provision at this care agency.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

Staff told us they felt supported and managers were approachable.

# North West Office- Apollo Home Healthcare Ltd

**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 and was conducted by one adult social care inspector on the 14 November 2018. The inspection was announced in line with our guidance to ensure there was someone in the office.

We requested and received 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 any improvements they plan to make. We used this information to help plan the inspection.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. Notifications tell us about any incidents or events that affect people who use the service. We also asked Rochdale Healthwatch and local authority for their views; they did not have any concerns about the service.

We spoke with three people who used the service, two relatives, the deputy manager, the commercial director, clinical lead and three care staff members.

During our inspection we observed the support provided by staff in the homes we visited. We looked at the care records of three people and medicines administration records for eight people who used the service. We also looked at the recruitment, training and supervision records for four members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

# Is the service safe?

## Our findings

A relative told us, "I can trust the staff when they come here and think we are kept safe. They are very reliable. If there are any problems with visits they let us know. I trust the staff 100%. People who used the service said, "They are very reliable, never late and I feel safe with the staff" and "I trust the staff who come in my home." People thought staff were reliable in attending visits which showed there were sufficient staff to meet people's needs.

From looking at the training records and talking to staff we saw that staff had been trained in protecting people from abuse. Staff had access to a safeguarding policy and procedure. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service also had copies of social services safeguarding policies and procedures to follow in the areas they worked in, which meant staff had access to a local safeguarding team for advice and the contact details to report any incidents. There was a whistle blowing policy, which is a commitment by the service to encourage staff to report genuine concerns with no recriminations. Staff we spoke with were aware of what safeguarding and whistle blowing meant and were prepared to report poor practice.

We saw that where necessary the service used their disciplinary procedures to take action against poor practice and where a safeguarding had been reported the service acted quickly to protect the person. A family member said, "The girls dealt with the problem lately really well. They contacted all the right people." This showed the service responded to safeguarding incidents.

A staff member said, "I oversee care packages. We look at the hours a service user needs and arrange the staffing. We initially select a staff member but we introduce them to the service user to make sure there is a satisfactory match. Service users have a say in who is employed to look after them." The system for matching staff to people who used the service ensured there was a compatible relationship between the them both.

We looked at four staff files and found recruitment was robust. The staff files contained a criminal records check called a Disclosure and Barring Service check (DBS). This check also examined if prospective staff had at any time been regarded as unsuitable to work with vulnerable adults. The files also contained two written references, an application form (where any gaps in employment could be investigated) and proof of address and identity. Trained nurses had to demonstrate their registration was updated yearly. The checks ensured staff were safe to work with vulnerable people.

We saw in the three plans of care that we looked at that there were risk assessments for personal care needs such as nutrition, the use of specialised equipment, moving and handling and accessing the community. We also saw there was an assessment for the safety of the property to ensure staff were safe. Staff analysed the risk, what staff needed to do to minimise the risk and the goal to be achieved. Risk assessments were to keep people safe and not restrict their lifestyles.

The service had a business continuity plan which set out how the service would function in the event of any

emergency such as a fire, loss of utilities or inclement weather. The plan highlighted the numbers for key staff and other organisations to help get services up and running as soon as possible.

All accidents and incidents were recorded by staff and audited by management to see if any triggers could be spotted and reduce further incidents.

People who live in their own homes are generally responsible for infection prevention and control. Staff were trained in infection prevention and control and we saw that staff used personal protective equipment (PPE) to prevent the spread of bacteria. Staff had access to a copy of the National Institute of Health and Clinical Excellence (NICE) guidelines for infection prevention and control which is considered to be best practice. Staff were trained to use specialised equipment, including how to keep it clean and how to ensure any procedures were undertaken safely.

There were policies and procedures to guide staff in the safe administration of medicines. The service also had a copy of the NICE guidelines available to staff which is considered best practice information for the management of medicines. People being looked after in their own homes can often self-administer their medicines or just require prompting. The majority of people who used this service could not self-administer due to their complex health needs and rely on competently trained staff or family members to do this. We saw from the training records that all staff had completed training for medicines administration and had their competencies checked regularly to ensure they were administering medicines safely. Staff we spoke with confirmed they had their competencies checked by managers as did one person who used the service who had seen the process.

The medicines administration records (MAR) we looked at were completed correctly and did not show any errors or omissions. Medicines administration was recorded in the plans of care. We saw the information told staff what level of assistance was required and how the person wanted the support. We also saw there were details in people's care plans for any pain relief, what it was for, how often it could be given in a twenty four hour period and the correct dose to be given. Medicines administration was safe.

The service was run from an office which contained sufficient equipment to provide a good service. This included computers with email access and telephones to keep in contact with staff. The fire system was checked regularly and office staff had a procedure to follow in the event of a fire.

We asked the service what lessons they had learned to aid good practice. We were told information had been improved around incidents and accidents, including sharing ideas with other organisations.

Good

# Is the service effective?

## Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had been trained in the MCA and DoLS. The person in charge said they would liaise with social services for a person who did not have mental capacity but the local authority would take the lead in any deprivations of liberty.

We saw the service were involved in multi-organisation meetings to determine the care people required, including for any person who did not have the mental capacity to fully understand why they needed the support. Each person had a mental capacity assessment in their plans of care which would inform staff if a person had mental capacity or not. We saw that people who had capacity had signed their agreement to their care and treatment.

A staff member we spoke with said, "I completed the induction here and also completed the care certificate." We saw that staff new to the care industry completed the care certificate which is a nationally recognised standard and involves teaching staff all basic mandatory training. All staff had to undertake the agencies induction which included key policies and procedures, being matched with the right person who used the service and supported until they were confident and competent to work with people who used the service.

A relative said, "The staff appear to be very well trained. We have some new staff and it is working really well. The new staff were helped by experienced staff." A person who used the service told us, "The staff know what they are doing. They are definitely well trained." Staff members we spoke with said, "We get plenty of training opportunities. I am updating my moving and handling training next week" and "I have updated my training following the induction."

Training included all mandatory training such as safeguarding, moving and handling, food and nutrition. The service cared mostly for people who required more complex care and we saw that staff were trained in the use of all the equipment used by the people they looked after. This included ventilators, catheters and specialist feeding equipment. A staff member said, "We get complex care training. The training is enough to do the job and some of the bespoke training is amazing."

The service had an agreement with a NHS facility where they could go and receive training around the specific needs of people in hospital which also gave staff skills for looking after other people with similar conditions. This helped shorten a person's stay in hospital and ensured there was a smooth transition between hospital and home.

Staff we spoke with told us, "We have our supervision three monthly. I can bring up anything I want to say"; "We complete supervision every 12 weeks and a yearly appraisal here in the office" and "At my last appraisal I asked for workshops to build knowledge around topics like care planning or reporting accident and incidents and it was arranged." Staff received formal supervision but this was a two way process and staff could bring up any topics they wished including their training needs.

The service also conducted spot checks. A staff member told us what this meant and said, "We see service users together with staff. We look at a particular care task to ensure that the staff are doing everything correctly. We also discuss the care package with the service user. If there were issues we would have more meetings with people until it was working well and then reduce the frequency." There were systems to show staff competency and see how effective people's care was for them.

A person who used the service said, "They look after my nutritional needs." People's nutritional requirements were recorded in the plans of care. The plans told us the level of care people required and if any specialised equipment was required. Staff were trained to use the equipment which included enteral feeding (being fed by a catheter tube). We saw that the service took advice and support from professionals such as a speech and language therapist (SALT). This ensured people got the diet they needed.

Staff had been trained in safe food hygiene and nutrition. Where people were responsible for maintaining their own diet staff told us they would offer good advice to promote healthy eating.

The office was located on the outskirts of Heywood. There was a large office where the agency operated the day to day running of the business, a training room, other rooms for private meetings and facilities for staff comfort.

Each person had access to their own GP and to a wide range of professionals and specialists. This included specialist learning disability nurses, speech and language therapists and hospital consultants.

Good

# Is the service caring?

## Our findings

We visited three people in their own homes with their permission. People who used the service told us, "I am up to scratch. Everything is smashing" and "The staff are fantastic. They are very caring." Relatives said, "The staff are very good. They are pleasant and kind and look after my family member very well. I am very happy with the support. The care staff I have go above and beyond what they have to do" and "The company are extremely helpful. I cannot say how good the staff are. They are really, really good. They have become part of the family. They are here twenty four seven and my relative they look after loves them too. The staff are all very kind." People who used the service and the family members we spoke with thought staff were very good.

Staff we spoke with said, "It is a good agency to work for. I am happy in my work" and "I like working for this company and we are supportive of each other."

We saw that people and staff had a good rapport and staff knew the people they supported very well. Staff had time to talk to people about their interests and we observed staff were respectful but also had a laugh with the people they cared for.

We looked at the ways the service communicated with people who could not respond verbally. The service used computer aids, known communication systems such as Makaton and other visual signs and cards which people could point to and show staff what they wanted. People's known communication preference was recorded in the plans of care. One person we visited was not able to communicate easily and we saw how well staff understood the person. Some staff were able to lip read.

People we spoke with said they had choices in what they did or what they wore. This helped people live a more independent lifestyle. We saw that choices and wishes were recorded in the plans of care which showed the service delivered person centred care. The service was developing paperwork which would get more information about a person's wishes and preferences. We did not see any breaches to privacy and staff were discreet whenever they assisted a person.

We saw all records were held securely and staff were trained about confidentiality and data protection topics including the use of social media. This helped keep people's care and support private.

We saw the equality and diversity of people was also recorded in the plans of care. This included a person's religion. The service took people to a place of worship if required. People could choose the gender of staff if they had a preference and the service could provide meals for people from an ethnic background. People who used the service helped pick the staff who looked after them to ensure they were compatible with their health and social needs.

People were able to access an advocacy service. An advocate is a professional person who acts independently to protect people's rights and ensure any decisions taken for the person are the least restrictive. One family member was using the advocacy service to help them make decisions about the care

package for their relative.

Good

# Is the service responsive?

## Our findings

A person who used the service told us, "I was in a care home. Staff from the agency came to the home to see how I was looked after." Prior to a person using the service they were assessed by a member of staff from the agency. The service also liaised with other organisations to gain the information they needed to ensure they were able to meet the person's needs. In complex medical cases the staff from the agency went to see how the person's care was managed which ensured a smooth transition between services.

Relatives said, "Staff explain things to me so I know what goes on. I know what my relative likes. We work together" and "What is written on a piece of paper means nothing. The care is the thing that matters and the care is excellent, first rate." A person who used the service told us, "I read the care plan. They went through it with me. I have my reviews and I have also seen the managers complete checks that the care is done well." Plans of care were detailed and contained a person's background history, past family life, their likes and dislikes and any hobbies or interests. The care plans were divided into sections such as needs for communication, mobility, diet and nutrition or personal care. Plans of care gave staff sufficient information to provide effective care.

Care plans were stored on computers. The system was easy to access and helped managers regularly audit the system. The plans of care were reviewed regularly or updated when required to keep staff informed of any changes to a person's care or support.

Relatives we spoke with said, "For any problems I have they are very good with me and you can contact the office when you want" and "I would report any concerns I had. I think they would listen to me. They discuss everything with me. We have had a few glitches but they were sorted out quickly" A person who used the service told us, "They would listen to me if I had any concerns but I do not have any." People received a copy of the complaints procedure. We saw that where a complaint had been made the registered manager investigated the concern to reach a satisfactory resolution. For one recent concern the registered manager had gone to see the person who raised it to discuss what needed to be improved. There was a system to respond to any concerns people had.

A person who used the service told us, "They help me get out and about. I like to go to the rugby and watch the boxing on television. A relative also commented, "Staff help me take my family member out. We like to go shopping." Where it was part of their care package people were assisted to follow their social interests.

The service took people out and also engaged in activities in the home. Some people who used the service were looked after 24 hours a day and staff accompanied them to college or school to ensure their care was provided in any setting. One person told us a staff member had accompanied them on a holiday, which would not have been possible without the support.

Some staff had received end of life training at the local hospice. There was a section in the plans of care to record people's end of life wishes. The deputy manager said this section would be completed with people who used the service if they reached the end of their life but usually it was the family who would make any

necessary arrangements. The service did liaise with other organisations around the complex care of some of the people who used the service and had access to professionals to ensure a person's end of life was as pain free as possible and they received the right care and support.

Good

# Is the service well-led?

## Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We asked people who used the service, relatives and staff how they thought the service was managed. People who used the service told us, "I am very happy with the agency" and "I can call the service during office hours and later if I want. Managers are responsive to my needs. I could see the differences between the two services I have used. This is the better one." Relatives said, "You can contact the office 24 hours a day. The managers are good and listen to what I have to say. They are available to talk to and would come round if I wanted them to" and "I can contact the office at any time and have done so. They have always been responsive to my needs. I am very happy with the service. All of [person's name] relatives are happy with the service."

Staff we spoke with said, "You can ring the office in an emergency to get help. The support is very good from managers"; "It is a good service to work for. The managers are always there and we are supported"; "This is the best service I have ever worked for, very supportive" and "The deputy manager is very good and has a lot of knowledge and the registered manager is very supportive. We can discuss any issues, personal as well as work." All the people we spoke with thought there was a responsive management team.

We saw this year's stakeholder surveys results sent out by the service which were mostly positive. The management team analysed the results and developed an action plan to improve any areas where the results were not as good as they wanted to improve the service.

The service liaised well with other organisations. We saw the service had an agreement with a NHS facility to help with training. Other organisations the service liaised with included meetings with social services departments, stake holders for good practice work groups, health professionals, schools and colleges. The service used information from organisations, for example, the National Institute of Health and Social Care (NICE), which enabled staff to have access to best practice information topics such as excellence in continence care, cerebral palsy, cystic fibrosis and diabetes in children.

We saw there were regular audits of the service. The service conducted audits for the plans of care, health and safety, infection control and cleanliness, medicines administration, the environment, training and development and safeguarding. The audits helped the service gain the information needed to maintain and improve the service.

There was a statement of purpose which told us the main details of the organisation, aims and objectives, the registered manager details, staff training and other information to ensure people knew what the service did or did not provide. We saw the current rating of the service was displayed in the office and on the agencies web site as required by the CQC

We looked at some policies and procedures including safeguarding, complaints, health and safety and infection control. Policies and procedures were updated and gave staff good information to follow good practice.

Staff meetings were held regularly and completed an annual survey to have their say in how they thought the service was performing. From the results we saw that staff felt valued and able to say how they thought the service could improve.

The service sent us notifications as required under the regulations, for example, any incidents or accidents.