

Apollo Home Healthcare Limited

East Midlands Office - Apollo Home Healthcare Limited

Inspection report

Unit 20 Culley Court
Orton Southgate
Peterborough
Cambridgeshire
PE2 6WA

Tel: 07739633351

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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

East Midlands Office - Apollo Home Healthcare Limited provides personal and nursing care to children and adult who live at home with their families. There were 13 people using the service when we visited.

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.

Staff were knowledgeable and aware of their responsibilities about reporting any harm. There were sufficient numbers of staff to provide people with care safely and recruitment procedures ensured that only suitable staff were employed. Risk assessments were in place and actions were taken to reduce any identified risks. Arrangements were in place to ensure that people were supported with the safe management of their prescribed medicines.

Staff were supported and trained to do their job and attended additional training so that people with specific care needs were fully met. In addition, staff received training regarding the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This legislation sets out how to proceed when people do not have mental capacity and what guidelines must be followed to ensure that people's freedoms are not unlawfully restricted.

The staff were in contact with a wide range of health care professionals to ensure that people's health care and support needs were met. Assessments were completed prior to the care package commencing to ensure that people's care and support would be safely provided.

Relatives told us that their family member's privacy and dignity was respected and that care and support was provided in a caring and a patient way.

A complaints procedure was in place and complaints had been responded to. Relatives and staff were involved in the development of the service, with arrangements in place to listen to what they had to say.

The provider had quality assurance processes and procedures in place to monitor the quality and safety of people's care. Staff were able to make suggestions in relation to the support and care provided.

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.

Staff were aware of their roles and responsibilities in reducing people's risk of harm.

Recruitment procedures and staffing levels ensured care was provided to meet people's needs.

People were supported to safely take their prescribed medicines.

Is the service effective?

Good 

The service was effective.

The provider had ensured that a programme of required training for staff was in place to ensure people received care which met their individual needs.

Staff were supported to carry out the expected standard of care for people.

People's health and nutritional needs were met.

Is the service caring?

Good 

The service was caring.

Care was provided in a caring and respectful way.

People's rights to privacy, dignity and independence were valued.

Staff knew people needs well and their preferences and routines.

Is the service responsive?

Good 

The service was responsive.

People and their families were actively involved in reviewing their care needs and this was carried out on a regular basis.

People were supported by staff to access the local community or be involved in it.

Relatives were aware of the complaints procedure and were able to raise their concerns with the management staff.

Is the service well-led?

The service was well-led.

Robust procedures were in place to monitor and review the safety and quality of people's care and support.

Staff were supported and were enabled to raise concerns and issues with the registered manager and provider.

Relatives and staff were involved in the development of the service, with arrangements in place to listen to what they had to say.

Good ●

East Midlands Office - Apollo Home Healthcare Limited

Detailed findings

Background to this inspection

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

This announced inspection took place on 11 January 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and the registered manager is sometimes out of the office supporting staff or visiting people who use the service: we needed to be sure that they would be in. The inspection was carried out by one inspector.

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

During the inspection we visited the service's office, spoke with five relatives of adults and children who used the service. We spoke with the registered manager, area manager, nominated individual [a person who represents the registered provider], an office based nurse and a branch consultant. We also spoke with four members of care staff by telephone. We spoke with four healthcare professionals who commissioned care from the service. We looked at four people's care records and records in relation to the management of the service and the management of staff

Is the service safe?

Our findings

Due to the complex needs of adults and children using the service it was not possible to verbally communicate with them. However, we spoke with a number of relatives regarding the care and support being provided by the service. A relative said. "I feel that [family member] is looked after well and staff are careful when providing their care."

The registered manager and staff were aware of their roles and responsibilities in relation to protecting people from harm. We saw evidence that where safeguarding concerns had been raised these had been appropriately investigated and resolved with appropriate actions taken. There were reporting procedures in place for both children and adults for staff to follow. The staff we spoke with told us they would not hesitate in raising any incidents or concerns with the registered manager. We saw that the contact details for reporting safeguarding incidents to the local authority were available in the service's office and that staff had received this information during their induction. Staff we spoke with were aware of the safeguarding reporting procedures. One staff member said "I have had safeguarding training and I would always report any incident of abuse without hesitation."

Detailed and up to date risk assessments were in place and staff were aware of their roles and responsibilities in keeping people safe when they were providing care. Examples of risk assessments included safe manual handling procedures, assessments of any environmental risks and risks regarding the administration of prescribed medicines.

We saw that there were guidelines and a medicines policy for staff regarding the administration of medicines. There was detailed documentation in care plans which detailed the level of support required and also whether the person's family would be responsible for the administration of people's medicines. Samples of medicine administration records we looked at had been completed accurately by staff where required. Any changes in medicines were recorded and reviewed by a member of the service's management team. Staff told us that they had attended annual training in administering medicines and that one of the nursing staff carried out regular competency check to ensure that their practice was safe. The records we saw confirmed that satisfactory ongoing competency checks had been made.

Each person had a dedicated team of staff who knew the individual's care needs and received specific training to safely provide the required care. Records showed the provider had identified how many staff were required to carry out each task safely. This was especially regarding safe manual handling requirements. People and their relatives told us that there were sufficient numbers of staff to safely provide the required care and support. However, one relative told us that there had been a number of new care staff and they were not sure if all of these staff were fully aware of the care that they were to provide.

The service had an incident and accident reporting process regarding the action to take following such events. Records included a description of the incident and any injury, action taken by staff and recommendations from managers to prevent reoccurrence. We were told this was reviewed by the providers to look for any patterns or themes and to help improve safety across all their services.

There were infection control procedures in place to protect people from the risks associated with cross infection. Staff wore personal protective equipment (PPE) where required. Staff confirmed they had access to a supply of PPE such as gloves and aprons to use when necessary.

Families of people receiving care were sent rotas for the forthcoming month. Where a staff shortage occurred each package had a bespoke contingency plan to ensure the best options were in place. This included parents agreeing to cover, use of bank staff and occasionally the use of an external agency staff known to the person and who also had the required training to meet their individual care and support needs.

Relatives told us that staff arrived on time for their care visits. Staff told us that they had to contact the office based staff if they were running late to inform the family, of the person that care was to be provided for, of any lateness. Relatives that we spoke with said that there had been no missed care calls. Relatives we spoke with told us that they knew which staff would be visiting to provide the required care. However, one relative told us that not all care calls had been able to be covered as the staff needed to receive the specific training to meet their family member's needs.

Staff were recruited to meet the specific needs of each person using the service. New staff were introduced to the family and person requiring care and this was then followed by staff receiving a bespoke training in relation to the person's care needs. We saw that recruitment procedures were in place to ensure that only suitably experienced staff members were employed. We saw the personnel records of three members of care staff and they demonstrated that satisfactory recruitment checks had been carried out. Examples included evidence of completed application forms, satisfactory work references, proof of identity, and a satisfactory criminal records check via the Disclosure and Barring Service (DBS). A member of staff said, "My recruitment was very thorough and I had to provide references and a DBS before I could start working." Another member of staff told us that their recruitment and induction had been very good and that they had received a range of specific training before they commenced working. The registered manager told us that any gaps in employment were pursued during the prospective employee's interview. The registered manager also confirmed that all recruitment checks were completed before care staff commenced working and providing care.

Staff received a detailed hand book which outlined the provider's policies so that they were aware of their role and responsibilities. This was confirmed to be the case by staff we spoke with.

Is the service effective?

Our findings

Relatives spoke positively about the care staff and were satisfied with the care and support their family member received. One relative said, "The carers are brilliant and professional and ensure all care for [family member] is provided." Another relative told us that, "The staff are thorough and they make sure everything is done - we have a wonderful care team who deliver individual and professional care."

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.

There was training in place for staff regarding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This was confirmed by staff we spoke with. The registered manager was aware of the local authority's contact details regarding further information about this area. The registered manager informed us that one person currently using the service had been assessed via the court of protection in conjunction with the relevant local authority regarding a DoLS application.

The registered manager told us that there was a programme in place to ensure that staff training was kept up to date. Training records showed, and staff confirmed that they received training on an ongoing basis. Examples included; safeguarding, manual handling, infection control, health and safety, epilepsy and administration of prescribed medicines. Each person using the service had a profile recorded which detailed the required knowledge and competencies that staff must have before they were allowed to provide them with their care.

Specific training was in place regarding people's individual and specific care needs. Examples included; tracheostomy care, suction equipment, the use of moving and handling equipment, catheter care, the use of nebuliser and ventilator equipment and artificial feeding including the administration of prescribed medicines. Where people required specific care staff had completed ongoing training and this was confirmed in a sample of staff training records we saw. Staff we spoke with told us that they worked closely with each family to ensure a coordinated approach was in place. Staff confirmed that they did not provide care until the bespoke training had been completed and their competency was assessed by a member of the provider's management team. Training records confirmed this to be the case. New care staff also told us they received a detailed induction and training prior to commencing work with people. New staff shadowed more experienced staff before working confidently on their own to ensure people's safety.

Training was monitored by a member of office based staff and the registered manager in conjunction with the organisation's training department to ensure that staff remained up to date. This was confirmed by staff we spoke with and further evidenced in their training records. Staff told us they received regular supervision and an annual appraisal.

We found that assessments of people's nutrition and any dietary needs and food preferences had been completed as part of their assessment of their care needs. We saw that where people received food via a 'PEG' feed (a means of artificial feeding when oral intake of food is not appropriate) staff had received ongoing training. This training was provided by a specialist trainer to ensure that staff were safe to support people with this specialised practice.

Health care professionals we spoke with told us that they had received good quality information from the registered manager and coordinators when people had health care issues and staff acted on any advice that they had given. The health care professionals made positive comments about the contact they had with the service. They stated that communication and information was of a good standard and that the provider's approach was consistent and professional.

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

Is the service caring?

Our findings

Relatives of adults and children who used the service confirmed that the staff were caring and respectful. For example, one relative said, "They help my [family member] with what they need and ask me if there is anything else needed before they leave - they are very kind." Another relative said, "They look after [family member] very well and never rush them." A relative said, "The staff are very kind and always make sure my [family member] is comfortable and well cared for."

All of the relatives we spoke with told us that care staff respected people's privacy and dignity. Relatives also told us that new staff were introduced to them so that they knew who would be providing their care. Relatives told us that their family member usually had the same care workers providing care and support and usually knew in advance which staff would be visiting them.

We saw that the registered manager had tried to ensure, as much as possible, that individual's preferences were met regarding whether they wished to be supported by male or female staff. People's preferred names were also recorded. This showed us that people's preferences were considered and acted upon. We were told by the registered manager and office staff that care plans were drawn up to ensure that each person was encouraged to maintain as much of their independence as possible. For example, in choosing what they would like to wear and activities they would like. Relatives we spoke with confirmed that this was correct.

Relatives said they were able to choose the care workers they preferred to look after their family member as much as possible, their preferred time of care and how the care should be provided to their family member. One relative said, "The staff are very good and are usually on time and they let me know if they are running late." The registered manager told us that they provided care only where the staff had the required competencies to ensure people's needs were met. This was confirmed by healthcare professionals who commissioned care from the service. This showed that the provider was committed to providing bespoke care tailored to individual needs.

Records showed that staff received training about how to promote and maintain respect and dignity for people and meet their needs in a caring way. Care and support plans reflected people's wishes and preferences and how staff should support them.

However, the care plans we saw were mostly clinical and task based and we discussed with the registered manager that a more person centred style would be more beneficial. The registered manager and the quality assurance manager told us that care plans were being redeveloped to also provide a more person centred approach.

The staff we spoke with displayed a great deal of enthusiasm and affection about their work and the care they provided for people. One member of staff said, "I really enjoy my work and I provide a mixture of personal care - I feel very supported by the management team and enjoy working with families to provide the best care." Another member of staff said, "I love my job and working with people with a variety of

complex care needs."

Is the service responsive?

Our findings

Relatives told us that they had been fully involved in their family members care including planning and reviewing and felt able to make changes where required. For example, one relative said, "My family member's care is regularly reviewed every six months and any changes to calls are made as necessary." Agreements were in place, signed by the person's family, regarding the care and support to be provided.

Assessments of people's healthcare and support needs had been carried out to ensure that the service could provide people with their assessed needs before they used the service. People's preferences were recorded regarding their preferred name and a life history to aid staff in the understanding of each person. These were used to formulate the care plan and outline the care which was to be provided at each visit. We saw that care plans and health and safety risk assessments were audited monthly by the management team for example risks associated with people's mobility.

We saw four care plans during our visit. There were detailed guidelines for care staff to follow regarding each care task and these were regularly updated, for example following when a person had received treatment in hospital admission. We saw that people had a wide variety of complex needs and each care plan was tailored to meet these needs. Examples included assistance with; moving and handling, 'PEG' feeding, tracheostomy care, communication and behaviour guidelines, eating and drinking, epilepsy management, assistance and administration of prescribed medicines and use of oxygen. Staff we spoke with gave examples about the varying types of care that they provided to people such as personal care, 'PEG' feeding, tracheostomy care and assisting people with their medicines.

The nurse from the service's management team regularly completed clinical audits. The timescales for these were based on the level of medical interventions required as part of their clinical care plan. People with complex needs had their care subjected to more frequent audits. People's care records were checked for accuracy on a regular basis.

Daily notes were completed by care staff detailing the care and support that they had provided during each care visit. We saw samples of detailed notes which were held in the service's office.

We saw that management staff had regularly recorded reviews of care plans with people and their relatives. The relative of one person said that, "They know [my family member] really well and I am very happy with the care they give."

Relatives were clear about who to speak with if they were unhappy or wished to raise a concern. One relative said, "If I have any concerns the managers in the office are good at sorting it out for me." Relatives that we spoke with told us that their concerns and complaints were dealt with in a timely and professional manner.

A copy of the provider's complaints procedure was included in people's information pack. The complaints policy and procedure included expected time scales for response and guidelines for people on how to complain. The registered manager told us that all complaints were taken seriously, acknowledged and resolved to the person's satisfaction as much as possible. We saw copies of correspondence regarding

concerns that had been raised and found that the provider had responded in line with their complaints procedure.

One relative said, "I feel confident that when I raise any concerns or a problem it will be dealt with properly." Another relative told us that, "The [registered] manager and office staff had dealt with any issues or concerns quickly and efficiently." Another relative said that, "When we raised concerns about some staff this was quickly responded to and we were satisfied with the response from the service." However, one relative we spoke with felt that their concerns had not always been fully dealt with. We discussed this with the registered manager and area manager and they told us that they were meeting with the family and commissioning authority to resolve their concerns.

We spoke with local authority care managers and commissioning officers who had contact with the service. They told us that they found the provider to be responsive to requests and that any queries or concerns had been promptly and thoroughly dealt with.

Is the service well-led?

Our findings

Relatives told us that they had regular contact with members of the service's management team. One relative commented, "I can speak to the [registered] manager and staff at any time." Relatives confirmed that any concerns they raised were properly dealt with. Another relative said "They [office staff] meet with me regularly to check things are alright and the care is reviewed every six months or sooner if things change." However, one relative we spoke with did comment that communication with the office based staff could be better as they felt that they had not had their issues responded to in a timely manner. We discussed this with the registered manager and they stated that this was being followed up with the relatives.

Surveys were sent to people who used the service to gain their opinions regarding the care provided. Relatives told us that they had completed surveys and received courtesy calls from members of the service's management team. The results were audited by head office staff. We saw the 2016 Quality Assurance report compiled from surveys received from people using the service. These contained positive comments about the care and support that was being provided. Any actions for improvement were identified and an action plan was formulated to improve the service. Examples included better communication with the office and greater consistency with care staff.

The registered manager and office based management staff demonstrated that they understood their roles and responsibilities well. Staff told us that they felt the service was well managed. They said they felt supported and that they were able to raise issues and concerns at any time including during out of business hours. They told us that their views and opinions were respected, listened to, valued and acted upon.

There was an open team work culture within the management of the service. Staff told us they enjoyed their work and working for the provider. Staff were aware of the provider's whistle-blowing policy and said that they would not hesitate in reporting any incidents of poor care practice when this arose. One member of staff said, "I feel that I would be confident in reporting any concerns to my [registered] manager and that I would be protected if I did."

Before our inspection we checked the records we held about the service, including notifications. Notifications of significant events such as accidents, incidents and safeguarding concerns. We saw that the registered manager and management team had taken appropriate action to deal with incidents that occurred. The registered manager and management team were committed in responding and investigating any concerns and incidents to drive forward improvements to the service. This was also confirmed by health care professionals we spoke with.

The provider regularly considered the quality of care it provided and took appropriate action where required. This was by speaking with people, their relatives, staff and health care professionals and their views were sought regularly. Competency checks were undertaken to ensure that the quality of care was monitored. This was confirmed by staff that we spoke with.

Audits were completed by members of the management team. These audits included observations of support being provided, care records, reviews of care, discussions with the family of the person receiving care from the service, staffing/recruitment, training and health and safety arrangements. The Operations Director also regularly visited the service to carry out quality audits of key areas including care issues, complaints, staffing and recruitment. This meant the provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service.

The office based staff and care staff worked in partnership with other organisations to ensure people received appropriate care. This was confirmed by comments from health care professionals we spoke with who were in regular contact with the service and felt that concerns and issues were dealt with in a professional manner.