

Mr Peter Cole

Amandacare

Inspection report

17 Crook Log
Bexleyheath
Kent
DA6 8DZ

Tel: 02083043826
Website: www.amandacare.co.uk

Date of inspection visit:
18 January 2021
25 January 2021

Date of publication:
10 February 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Amandacare is a domiciliary care agency that provides personal care and support for people living in the London Borough of Bexley and its surrounding areas. Not everyone using Amandacare receives a regulated activity. CQC only inspects the service being received by people provided with personal care; that is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection the service was providing personal care and support to 19 people.

People's experience of using this service

People and their relatives spoke positively about staff and told us they were very happy with the service they received. There were safeguarding policies and procedures in place and staff had a clear understanding of these procedures and the actions to take if they had any concerns. Recruitment checks took place before staff started work and there were enough staff to meet people's needs safely. Risks to people were assessed, documented, reviewed and monitored to ensure their needs were safely met. The service had procedures in place to reduce the risk of infections and staff had enough personal protective equipment.

Assessments of people's needs were carried out before they started using the service. People received support to maintain good health. People were supported to maintain a balanced diet where this was part of their plan of care. 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 support this practice. People were treated in a kind and caring manner and were consulted about their care. People knew how to make a complaint if they were unhappy with the service.

There were effective systems in place to assess and monitor the quality of service that people received. The provider took people's views into account on a regular basis and feedback was used to help improve the service. The provider worked well with health and social care professionals.

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

Rating at last inspection

The last rating for this service was requires improvement (published 19 June 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned focused inspection based on the previous rating. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked

at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Amandacare on our website at www.cqc.org.uk.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Amandacare

Detailed findings

Background to this inspection

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

Inspection team

The inspection was carried out by one inspector and an 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.

Service and service type

Amandacare is a domiciliary care agency. It provides personal care and support to people with varying needs living within their own homes. At the time of our inspection the service did not have a manager registered with the Care Quality Commission in post. A registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided. The owner/provider was managing the service.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection to ensure the owner/provider and staff would be present and available to speak with.

What we did before the inspection

We checked the information we had about the service including notifications they had sent us. A notification is information about incidents or events that providers are required to inform us about. We asked the local authority commissioning and safeguarding teams for any information they had about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We met and spoke with the owner/manager and two office staff. Following the office visit we spoke with three care staff by telephone. We also spoke with 19 people and or their relatives by telephone to seek their feedback on the service. We reviewed a range of records including five people's care plans and records and four staff recruitment and training records. We also reviewed records used in managing the service for example, policies and procedures, monitoring records and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records related to the management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires Improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection medicines were not always managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made improvements and was no longer in breach of regulation 12.

- Where required people were supported safely to manage and administer their medicines. All the people who required support with their medicines commented positively about the support they received. One relative commented, "They [staff] have to moisturise [relative's] legs, it's in the care plan. They [staff] do it every time." Another relative said, "I know if they [staff] have any little concerns, they will call me. [Relative] does their own medication but they [staff] notice if [relative] hasn't taken it."
- Medicines were managed and monitored safely by staff where support was required. Care plans detailed people's prescribed medicines and any known risks/allergies. Staff completed medicines administration records which we saw were regularly monitored and audited by office staff to ensure safe practice. Any issues or learning identified was addressed and discussed with staff.
- Training records confirmed that staff had received training and competency assessments in administering medicines to ensure continued safe practice.

Assessing risk, safety monitoring and management

At our last inspection risks relating to the health and safety of people using the service were not always appropriately assessed, documented and reviewed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made improvements and was no longer in breach of regulation 12.

- Risks to people were assessed, documented and reviewed to ensure their needs were safely met. People and their relatives spoke positively about how the service assessed and supported them to manage and monitor their individual risks. One person said, "Someone came out to the house and we did a thorough risk assessment. They [staff] sent me the care plan and I changed a few things, so they sent me a revised one." Another relative commented, "I was very happy with all the risk assessments. They [staff] were very detailed and flagged up all the hazards in the home, including flammable creams and bleach." A third relative told us, "They [staff] came out and looked at the risks. They [staff] were concerned initially that [relative] needed a handrail over the bath for when [relative] showers, but [relative] didn't want that. So, they [staff] discussed

it with social services and now [relative] has a board over the bath, which [relative] is happy with. I know [relative] is safe."

- Care plans contained detailed assessments of risks to people's health and well-being. This provided staff with up to date information about how individuals identified risks should be managed to help keep them safe. For example, supporting people with the use of equipment such as hoists and walking aids to ensure safe transfers and mobility. Risks were also safely recorded, managed and reviewed in areas such as, personal care, nutrition and hydration, choking and falls.
- Staff we spoke with knew people very well and understood their needs and risks and how best to reduce the risk of avoidable harm. One member of staff commented, "Most of us have worked for the provider for several years and so we know everyone very well and how best to keep them safe. The training we get is very good. We work with different professionals such as moving and handling assessors to ensure we are using equipment correctly such as hoists and slings. People are always kept as safe as possible."
- Risk assessments were completed to ensure people's home environments were safe. For example, checks were completed ensuring smoke alarms in place were working correctly and electrical appliances were safe to use.

Learning lessons when things go wrong

At our last inspection accidents and incidents were not always recorded, safely managed or analysed to determine trends or themes and learning was not always disseminated to staff. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made improvements and was no longer in breach of regulation 12.

- Accidents and incidents were monitored regularly to identify themes and trends as a way of preventing reoccurrence. Any lessons learnt were shared with the staff team through staff meetings, supervisions and frequent staff communications to ensure improvements required could be implemented.
- There were systems in place to oversee and support learning from accidents, incidents and safeguarding. Staff identified risks to ensure people were safe and understood the importance of reporting and recording accidents and incidents. Records demonstrated that staff took appropriate actions to address accidents and incidents including seeking support from health care professionals and referring to local authorities and the CQC where required.

Systems and processes to safeguard people from the risk of abuse

- People spoke positively about the care they received and told us they felt safe. One person commented, "I feel safe because I have the same carers most of the time and they are trained to use the hoist. They know me and my routine and would take note if I had any concerns."
- Policies and procedures to help keep people safe were up to date and staff knew how to identify any safeguarding concerns and how to act on them appropriately. We saw that where safeguarding concerns had been raised the provider worked effectively with local authorities and health and social care professionals to address concerns.

Staffing and recruitment

- Robust recruitment procedures were in place. Staff recruitment records included completed application forms, applicant's full employment history, employment references, Disclosure and Barring Service (DBS) checks, health declarations and proof of identification. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.
- There were enough staff to meet people's needs and people told us they had regular staff who visited

them, who arrived on time and stayed for the full length of their calls. Comments included, "I have absolutely no problems at all with Amandacare. They [staff] always come on time, we know who's coming, and they [staff] will offer to do more if they have time. I'm very, very pleased with them", and, "We are absolutely delighted with Amandacare. They [staff] are very professional, punctual and totally reliable. If [relative] has any problems, they [staff] contact me straight away. I know [relative] is happy and safe. I'm comforted that [relative] is in very good hands."

Preventing and controlling infection

- The provider had an infection control policy and systems in place to minimise the risk of infections.
- Personal protective equipment (PPE) such as facemasks, aprons and gloves were made available to staff and staff confirmed this. Training records confirmed that staff had completed training on infection control and food hygiene.

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.

At the last inspection this key question was rated as requires Improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we made a recommend to the provider to seek and provide training to staff that is specific to their role. At this inspection we found the provider had made improvements to ensure staff received appropriate training to meet the needs of the people they supported.

- Staff had appropriate knowledge and skills to meet people's individual needs. The provider supported staff through an induction programme, supervision and an on-going appropriate training programme.
- Staff were knowledgeable about the people they supported and received appropriate training to meet their needs. For example, training in areas such as health and safety, nutrition and hydration and medicines management amongst others.
- People and their relatives told us they felt staff were knowledgeable and very skilled. One relative said, "I feel [relative] is very safe because they [staff] are well trained, confident, polite, and all round very good. They [staff] never forget to do [relatives] eye drops." Another relative told us, "I can't fault them [staff]. We have the same carer who knows how to do the PEG feeds and can do the medicines. They are very reliable and gets on well with [relative]. [Relative] really looks forward to the carer going in. I was pleased that the carer came in and did some training on the PEG feeds at first."

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

- People's needs were assessed before they started using the service. Staff met with people to discuss and assess their needs, wishes and aims. This ensured that the support requested met people's individual needs and wishes appropriately.
- People's needs were reviewed on a regular basis to ensure the care they received met their needs and desired outcomes.

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

- People's nutrition and hydration needs and preferences were met and supported by staff where this was part of their plan of care.
- Care plans documented people's nutritional needs, support required with meal preparation, support with eating and drinking and any known allergies or dietary requirements.
- Staff received appropriate training and were aware of people's dietary needs, risks and preferences.

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care

- People received support to access services when required to maintain good health and well-being.
- The service worked in partnership with health and social care professionals to ensure people's physical and mental well-being. For example, GP's, district nurses and the local authority.
- Staff documented the support provided to people at each visit to ensure others involved in people's care received up to date information about their wellbeing. One relative told us, "They [staff] keep a log of [relatives] health and let me know what's happening so I can contact the Doctor if needed."

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.

We checked whether the service was working within the principles of the MCA.

- People's consent had been sought in line with relevant legislation.
- Staff had a good understanding of the MCA and said they supported people to make their own choices when needed. One relative commented, "They are, without question, one of the finest care companies I know. Whenever the carer is there, my relative is full of life. The carer treats relative with respect, takes relative out, asks what relative would like for breakfast and does it. The carer understands relative's needs. The carer will sit with relative going through all the choices until relative waves their hand to the one that they want."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires Improvement. At this inspection this key question has now improved to 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; end of life care and support

At our last inspection people's care plans were not always reviewed regularly and not always updated when there was a change in an individual's need.

At this inspection we found the provider had made improvements and people received responsive personalised care that met their needs and choices.

- Care plans documented people's physical, emotional and mental health needs, history and the things that are important to them and identified any protected characteristics and any support that was required to meet them. Care plans and records were maintained and reviewed by staff on a regular basis to ensure that people received support as agreed and planned for. One person commented, "They [staff] ask me what time I want to get up and what I want to wear. They [staff] take note of me, and they know I like them to put everything back in the right place." A relative told us, "Amandacare gave good, professional service when [relative] had to be assessed prior to going into the care home. Amandacare had kept a very good record of what was happening and liaised well with the new care home. They were superb."
- People's social, cultural and religious preferences were promoted and supported by staff. Staff were aware of individuals' diverse needs and understood people's differing needs, views and beliefs. People and their relatives confirmed they had a regular group of care workers who knew them well.
- Care plans documented people's end of life care wishes where they had chosen to share this for staff reference. Staff received end of life care training to ensure they were able to support people appropriately if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported where requested to meet their social interests and needs and staff supported individuals to protect them from the risk of social isolation and loneliness.
- Care plans documented people's social needs and interests and any support required from staff to meet those 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 were identified and documented in their plan of care to ensure staff had relevant information on how best to support them.
- Staff understood the importance of effective communication when supporting people and the service could produce information in different formats that met people's needs, for example, easy to read versions of the service user guide.

Improving care quality in response to complaints or concerns.

- There were arrangements in place to deal with people's complaints if they were unhappy with the service provided.
- People and their relatives told us they were aware of the complaints procedure and how to make a complaint. One relative told us, "I cannot fault the care. It's reassuring to know that [relative] has reliable, daily care. If I've had any issues, I've called the agency and the manager gets back to me immediately. They've never let us down."
- People were provided information about what to do if they wished to make a complaint and how this would be dealt with by the service. Systems were in place to log and investigate any formal complaints ensuring the service responded to them appropriately.

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.

At the last inspection this key question was rated as requires Improvement.

At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

At our last inspection the provider failed to ensure effective quality assurance systems were in place and people were provided with safe good quality care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made the required improvements and was no longer in breach of regulation 17.

- The service was organised and had a clear staffing structure. Staff told us they felt supported and had respect and confidence in management and the provider. One member of staff said, "I've worked for the provider for many years, they are great, and the team are very friendly. The manager and owner are very supportive and very approachable, the service really is great." Another member of staff commented, "It's a small service so its really personal in the care we provide. They really are supportive and provide us with everything we need from PPE, uniforms and very good training."
- The service had a manager in post. They were also the provider. They were aware of their registration requirements with CQC and the legal requirement to display their CQC rating. The manager understood the importance of quality monitoring and continuous learning and improvement within the service.
- The quality and safety of the service was routinely monitored by senior and office staff and improvements were made where required. Checks and audit systems in place covered areas such as, accidents incidents and safeguarding, medicines, care plans and records and staff training amongst others.

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

- People received personalised care from staff who had the knowledge, skills and experience to carry out their roles and responsibilities. The manager/owner was aware of their responsibilities under the Duty of Candour and acted with openness and transparency throughout our inspection. The Duty of Candour is a regulation that all providers must adhere to.
- Staff told us they had access to support and advice from management and office staff when they needed it.
- People and their relatives spoke positively about the service and told us communication with office staff or the manager was very good and they were able to express their views about the service. One person told us, "They [staff] are very robust in what they do, and I think they are doing a very good job. They [staff] have

good communication with me and my family, which I think is so important." Another person commented, "I am happy with what they're [staff] doing but I'm confident to get on the phone if needed. The manager is keen that the staff going in are happy as well. [Relative] has a lot of confidence in Amandacare. They [staff] do excel at communication."

Working in partnership with others

- The service worked effectively with other organisations and professionals to ensure people received a good service and standard of care. Records showed staff made contact with health and social care professionals including district nurses, local authorities and GPs amongst others when required.

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

- There were systems in place to ensure the service sought the views of people through regular reviews of their care, staff spot checks, telephone monitoring and surveys.
- People and their relatives told us they had frequent contact from the service and were asked for their views about the service they received. Comments included, "There's no inconsistency. The manager is excellent, he always seems to oblige if we need extra help", "Whenever I ring them [staff], they are always there and always helpful. I'm well satisfied with them", and, "I am able to call them [staff] and speak to them while they are at [relatives], which is great."
- The provider valued and listened to the views of staff. We saw and staff told us they had regular opportunities to share their thoughts and ideas at staff meetings, supervision meetings and staff communications.