Acorns to Mighty Oaks Ltd

AMO Care

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

About the service:
Acorns to Mighty Oaks (AMO Care) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to younger disabled adults. At the time of inspection four people were using the service but only one person was receiving the regulated activity for personal care.

People's experience of using this service:
There were enough staff on duty to provide safe care to people. Systems were in place to protect people and to provide safe care. Arrangements for managing people's medicines were safe.
Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks. Staff knew the needs of the people they supported to provide individual care and records reflected the care provided.

People were involved in decisions about their 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 supported this practice.

Information was accessible to involve people in decision making about their lives.

People had food and drink to meet their needs. There were opportunities for people to follow their interests and hobbies. They were supported to be part of the local community.

Staff were well-supported. A system for supervision, appraisals and an induction programme was in place which developed their understanding of people and their routines. Staff also received specialised training to ensure they could support people safely and carry out their roles effectively.

There were opportunities for people, relatives and staff to give their views about the service. The provider undertook a range of audits to check on the quality of care provided.

More information is in the full report

Why we inspected:
This was a planned inspection that took place on 24 January 2019. This was the first inspection of the service since it was registered in 2014. People did not start using the regulated activity until May 2018.

Follow up:
We will continue to monitor the service through the information we receive.

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 caring?

Good

The service was caring

Details are in our caring 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.

AMO Care

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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:
One inspector carried out this inspection.

Service and service type:
AMO Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to younger disabled adults. At the time of inspection one person was receiving the regulated activity for personal care.

The service had a manager registered with the Care Quality Commission, who was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection:
We gave the service 24 hours' notice of the inspection visit because it is a small service. We needed to be sure that the manager would be in the office.

What we did:
Before the inspection we reviewed information we had received about the service since it started providing personal care in 2018. This included details about incidents the provider must notify us about, such as abuse. We contacted commissioners and other professionals to gather their views about the service.

During the inspection:
We spoke with the registered manager, who was also the provider, the operations manager and office manager.

We reviewed a range of records. This included one person's care records. We also looked at three staff files around staff recruitment and the training records of staff. We reviewed records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Following the inspection, we spoke with one relative and two staff members. We reviewed an updated Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

● The registered manager was aware of their duty to raise or report any safeguarding incidents to ensure people were kept safe.

● Staff had a good understanding of safeguarding. They had access to a whistle blowing policy which detailed how to report any concerns. They told us they would report any concerns to the person-in-charge.

Assessing risk, safety monitoring and management:

● Risk assessments were in place that included risks specific to the person using the service and to the staff supporting them. These included environmental risks and any risks due to the health and support needs of the person such as for distressed behaviour. A staff member said, "I do feel safe and supported."

● Care plans contained explanations of the measures for staff to follow to keep people safe, including how to respond when people experienced behaviours that may challenge others.

● Staff were knowledgeable about how to support people effectively. The registered manager told us about the planned positive behaviour management [PBS] training for staff. This would give staff more understanding of why people may behave in certain ways.

Staffing and recruitment

●The service provided 24 hour care to some people. Staffing levels were calculated according to people's needs. There were enough staff to support people safely and to ensure people's needs could be met, including staff support for participating in activities and outings. A relative told us, "I do think [Name] is kept safe." Staff told us they felt safe providing support. Senior staff were contactable after hours if advice and guidance was required. A staff member commented, "Someone is always available, or if they don't pick up the telephone they will get straight back to you."

●Systems were in place to ensure only suitable people were employed. Robust recruitment processes were in place which included appropriate vetting procedures to ensure only suitable staff were recruited.

Using medicines safely

● Systems were in place for people to receive their medicines in a safe way. Medicines care plans provided details of how people received their medicines including "when required" medicines were administered.

Preventing and controlling infection

● Staff received training in infection control and protective equipment was available for use as required to help reduce the spread of infection and make them aware of best practice.

Learning lessons when things go wrong

● A system was in place to record and monitor incidents to ensure people were supported safely. Any incidents were analysed to identify trends and patterns to reduce the likelihood of their re-occurrence.

Good

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

● Care was holistic and included support for all areas of assessed need. Comprehensive assessments were carried out to identify people's support needs. They included information about their medical conditions, dietary requirements, safety, communication and other aspects of their daily lives.

Staff support: induction, training, skills and experience.

● Staff had completed a comprehensive induction and a training programme was in place that included training in safe working practices. Staff member's comments included, "I have done the Care Certificate and am planning to do mental health training", "I did a course about visual impairment and it really made me think, not just about [Name]'s support, but about what we take for granted", "There are opportunities for progression, I am a team leader" and "There are training opportunities, you can say what training you are interested in." The registered manager told us some of the training in safe working practices was not topic specific and was included within the Care Certificate. Certificates showed some staff had received the training in previous recent employment. However, stand alone training such as for safeguarding and safe handling of medicines had not been provided to all staff, to help ensure they had more in-depth knowledge. We received information straight after the inspection to show that this training had now been arranged for all staff. Staff received supervision and appraisal. One staff member told us, "The operations manager does my supervision and I just had an appraisal last month." They told us they felt supported. Staff member's comments included, "[Name], the registered manager is very approachable" and "Management are available, friendly and supportive."

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

● People had food and drink to meet their needs. People's care records included nutrition care plans and these identified requirements such as the need for a weight reducing and culturally specific diet.

Staff working with other agencies to provide consistent, effective, timely care.

● Care records showed people were referred for any specialist advice and support from different health professionals in a timely way. Staff followed their advice to ensure people's care and treatment needs were met.

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

● People were supported to access community health services to have their healthcare needs met. Regular reviews took place to check people's health and welfare. Some people attended a gymnasium to keep fit and to promote positive weight management.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Some people were subject to court of protection orders, as they did not have capacity to make decisions about their care and treatment. The Court of Protection will consider an application from a person's relative to make them a court appointed deputy to be responsible for decisions with regard to their care and welfare and finances where the person does not have mental capacity.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

● Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.

● Detailed care plans were in place that provided guidance about people's religious and cultural preferences, including how they wished to be supported. For example, guidance was available about visits to the Sikh temples and protocol that needed to be observed when the person attended. A staff member commented, [Name]'s care plans are accessible to all staff in the house so we know how to support them."

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

● People were involved in daily decision making. A staff member commented, "We ask [Name] to make a choice of breakfast cereal, they don't need to be shown visually as they know the cereals." Another staff member said, [Name] is given choices and they will decide what they want to do." People's records advised staff how to communicate with the person. Communication care plans were in place that provided information about how people communicated. Records showed that other professionals were involved to provide specialist support and advice to staff. Staff told us one person who had previously used limited verbal communication was now using more verbal communication. One staff member told us, "[Name] will speak slowly making some sentences or using single words. For example, "Is Mummy coming today?"

● Information was provided in ways which people could access and understand and promote their involvement. The provider complied with the Accessible Information Standard, a legal requirement to meet communication needs of people using the service.

Respecting and promoting people's privacy, dignity and independence.

● Support plans were written in a person-centred way, outlining for the staff how to provide individually tailored care and support, that respected people's privacy and dignity. A relative commented, "Staff do respect [Name]. They have a positive attitude and [Name] likes their support, they have bonded particularly with some staff members."

● Staff supported people to be independent. People were encouraged to do as much as they could for themselves. Staff members comments included, "When we go shopping [Name] will push the trolley and put groceries in the trolley" and "I see my role is to support [Name] and help them do things for themselves, to

be more independent."

● Staff received detailed guidance to ensure people's cultures were respected with regard to their dietary preferences and spiritual preferences. For example, not bringing certain foods into a person's house and some staff were learning to cook Punjabi food.

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

● Care and support was personalised and responsive to people's individual needs and interests. It was delivered by a team of consistent staff who knew people well. People, relatives and other appropriate professionals were fully involved in planning how staff would provide care. A relative told us, "The staff team are consistent, we all work fluidly and flexibly to support [Name]."

● Care was planned around people's individualised needs. Care plans took account of people's likes, dislikes and preferences. Care records were bespoke and detailed so staff had clear information about how best to support the person, in the way they wanted and needed. A relative commented, "Staff communicate with me frequently. They keep me informed and let me know how [Name] is each day. I give them information about [Name] and any question I ask they will respond."

● People took part in a range of activities and they were supported to try out new experiences. They were based on their interests. These included baking, walking, shopping, meditation and relaxation, rockwall climbing, rambling, trampolining, hydrotherapy, watching television, playing electronic Wii games and listening to music. A relative said, "[Name] follow activities I suggest and they are also trying other activities with staff." Staff member's comments included, "[Name] has chosen to go to the temple today, yesterday they went rambling", "[Name] loves animals and we introduced them to the Blue Planet programme, which they enjoy" and "[Name] listens to tapes for Mindfulness [relaxation] and they can repeat the words."

• Staff provided support to go out in the community. People attended temple, visited zoos and country parks. They walked or used public transport or car to access activities.

Improving care quality in response to complaints or concerns.

● A complaints policy was available. No complaints had been received.

● Relatives knew how to make a complaint. A relative told us they could get in touch with the registered manager or the operations manager when they had any queries or concerns. They told us, "Communication is very good and I'm kept informed. The provider and staff are getting to know [Name], they are trying their best to support some complex needs."

Good

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.

Good: 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.

● The service was well-led. The provider was also the registered manager.

● Regular audits were completed to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of weekly, monthly and quarterly checks. They included medicines, health and safety, accidents and incidents, personnel and care documentation. Audits were carried out to check appropriate action was taken as required

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

● Robust arrangements were in place to ensure people were the main focus and central to the processes of care planning, assessment and delivery of care. The aims and objectives of the organisation were discussed with staff when they were employed.

● A diverse work force was employed to meet peoples' needs. Staff were matched with people according to their interests. A relative commented, "Staff are caring and respectful to [Name] and work well with me."

● The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required. They understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. No incidents had met the criteria for duty of candour,

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

● The provider promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. Feedback and comments from staff verified that this was the case and that people were supported to become more independent whatever the level of need.

● Staff meetings were held regularly. Meetings provided opportunities for staff to feedback their views and suggestions. Staff members' comments included, "I do feel listened to, communication is good and if you ask something at 1:1 it isn't swept under the carpet, "The registered manager does listen and respond" and " The management team are all approachable and supportive."

● Relatives and people were involved in decisions about care and advocates were also involved where required. A relative commented, "Staff work with me to support [Name], they have a positive attitude. We are a team, like family."

Continuous learning and improving care.

● There was an ethos of continual improvement and keeping up-to-date with best practice in the service. There was a programme of staff training to ensure staff were skilled and competent. Management staff studied for qualifications in management at level five. The provider was part of a local network with other providers, professionals and the local authority and Health Trust and attended meetings to keep up-to-date with initiatives and best practice.

Working in partnership with others

● The service worked well with other agencies and followed advice and guidance to improve outcomes for people. The registered manager, staff and relative gave examples of partnership working with other professionals such as the occupational therapist and psychologist in order to meet people's care and treatment needs and to help people lead a more fulfilled life.