Amegreen Complex Homecare Limited

Amegreen Complex Homecare Buckinghamshire

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?	Outstanding ☆

Summary of findings

Overall summary

This announced inspection took place on the 21 and 22 November 2016. The previous inspection of this service took place in June 2014 where it was found to be compliant with the regulations.

Amegreen Complex Homecare is a domiciliary care service that supports adults and children in their own homes. They also provide specialist care to people who have complex medical needs. At the time of our inspection 24 people were using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe using the service. The provider had systems in place to assess the risks to people and their environment. Where risks were identified these had been minimised. The risks to people, staff and families were kept under constant review.

There were sufficient numbers of staff to ensure people's needs were met. Plans were in place to recruit additional staff to ensure there was sufficient cover in the absence of permanent staff. This was important due to the complex needs of some people using the service.

Staff were suitably trained and the training was monitored and kept up to date to ensure people received appropriate and safe care. Staff received training in how to safeguard people from abuse. They knew the indicators of abuse and how to report concerns. Where people required assistance with medicines, these were administered by trained staff. Specialist training was available to staff in areas such as tracheostomy care and ventilation. Competency checks were carried out on staff to make sure they were practicing correctly. This ensured staff had the necessary skills to care for people safely.

Staff were supported through supervision, appraisals, team meetings and training. They spoke positively about the support they received from the registered manager and the senior staff.

Staff understood the Mental Capacity Act 2005 and how this influenced their work with people.

Staff were described as caring, friendly and loving. It was clear positive relationships had been built between people and staff. Staff knew how to encourage people to be as independent as possible and understood the benefits of this on people's wellbeing. Communication between staff and people was positive. People gave examples of how staff had worked over and above the expected time to support them in times of need.

Comprehensive assessments took place prior to care being offered. Care plans reflected people's needs. Staff were knowledgeable about people's needs and also about their preferences and how they wished care

to be provided.

People knew how to raise a complaint. People told us that when they had raised an issue with the provider it had been dealt with quickly and appropriately. People were also able to feedback to the provider about the quality of care provided.

The service was well managed. Systems were in place to review the service and make improvements where necessary. The registered manager supported staff and made themselves available to assist them individually or to work with people when needed. Staff understood the aim of the service and worked together to accomplish providing good quality and effective care.

The registered manager kept up to date with current practice and implemented this within the current service provision.

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.

People were protected from the risks of abuse as staff were suitably trained and policies were in place to safeguard people.

Risks were identified and minimised. Risks were kept under constant review in order to keep people safe

Is the service effective?

Good

The service was effective.

People's health was monitored and when necessary external professionals were contacted to provide support to people on maintaining good health.

Staff understood the Mental Capacity Act 2005 and how this applied to their role.

Is the service caring?

Good

The service was caring.

People were supported by staff who demonstrated a caring nature and who were knowledgeable about people's needs and the care required.

People were able to communicate with staff in a way that was meaningful to them.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed. Care plans and risk assessments described the care they needed and minimised hazards.

People knew how to raise concerns. When people had raised concerns these were dealt with quickly and appropriately.

Is the service well-led?

Outstanding ☆

The service was well led.

Staff told us the management were supportive and they worked well as a team. There was an open and honest culture which enabled good communication and a positive working environment.

The registered manager had systems in place to monitor the quality of the service and took appropriate action to improve the standards when necessary.

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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 inspection took place on 21 and 22 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with our inspection. At the time of the inspection the service was providing support to 24 people, both children and adults in their own homes.

The inspection team consisted of an 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.

Prior to and after the inspection, we reviewed previous inspection reports and other information we held about the home including notifications. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about.

Before the inspection, we asked the provider to complete 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 improvements they plan to make. We reviewed the completed PIR and used this to inform our inspection.

We sent out 113 questionnaires to people who used the service, relatives and friends, staff and community professionals. We received 47 responses from those who knew the service. We spoke with 10 staff, the

registered manager, two relatives and four people

We reviewed a range of records about people's care and how the service was managed. These included care records for four people, medicine administration record (MAR) sheets and other records relating to the management of the service. We examined staff training records and support and employment records for three staff. Other documents we viewed included quality assurance audits, minutes of meetings with staff, and incident reports amongst others.

Good

Is the service safe?

Our findings

From the questionnaire we sent to people the three people who responded told us they felt safe from abuse and or harm from their care and support workers. People spoke positively about the staff team, and how this reassured them about their security. One person said "I have a live in carer and other support. They (staff) are all well trained in spinal injuries and I have got to know them. They have become friends."

Generally people felt there was enough staff to meet their needs. Comments included, "One has just left but the new girl shadowed. They haven't ever let me down," "X tries to keep a regular team I have both male and female, they are all delightful." Some people told us when staff left there was sometimes a delay in recruiting new staff. We spoke with the registered manager about this. They explained that due to the specialist needs of the people they cared for, they could only employ staff with specific skills and a caring attitude. The staff they employed had to have the specialist knowledge to care for people. They told us they had increased the staffing in the recruitments team and now have a full time staff member dealing with rotas and shift cover. It was their role to ensure the right staff with the skills and knowledge were deployed to the people who needed their support. Where there was a staff shortage due to staff absences the senior staff stood in or agency staff were used. Their aim was to recruit 17% over the required cover to ensure there were sufficiently trained staff to cover for staff absences. The recruitment process for these staff was underway.

People's safety and well-being had been considered by the service and steps had been taken to ensure that any risk of harm had been assessed. Environmental risk assessments were in place alongside risk assessments related to the care provided for people. When new people joined the service they were given a leaflet named, 'Your guide to fire safety' this was produced by the fire service. Fire risk assessments were carried out in people's homes prior to staff working there, this included possible ignition sources, overloaded sockets and personal emergency evacuation plans for individuals. If concerns were identified the fire service were asked to assess and make the necessary recommendations.

Because of the complex needs of the people using the service, it was imperative that staff were skilled and knowledgeable about how to care for people. We saw that only staff who had completed the correct specialist training and were deemed as competent were assigned to work with people who had specific health needs.

Due to the nature of the support required by people with complex health needs it was vital the provider ensured staff were trained and had guidance on how to manage emergency situations. One person had a tracheostomy, this is an opening created at the front of the neck so a tube can be inserted into the windpipe (trachea) to help a person breathe. If a problem occurred with the tracheostomy, staff had to know how to carry out emergency procedures to ensure the person was able to breathe. To ensure the correct equipment was available to staff, an emergency bag contained all the necessary resources needed. A photograph was taken of the bag and its contents. This enabled staff to ensure the bag was well stocked and everything necessary was available in the event of an emergency. The handover sheet required staff to check the contents and to sign to show the bag was still packaged as per the photograph.

We were told about another person whose health needs were complex. The provider had liaised with ambulance control that in an emergency the person would be taken straight to the appropriate ward and would bypass the emergency department. This was because time was a critical factor in their emergency care. Stickers had been placed on the house and the car to ensure ambulance crew along with the family and care staff were aware of this requirement.

Other risks related to care were also assessed. These included falls risk assessments, bed rail safety, moving and handling, paediatrics pressure ulcer risk assessments, along with the screening tool for the assessment of malnutrition in paediatrics amongst others. Adult equivalent were also used where appropriate. Risk assessments were in place for the use of specialist equipment such as suction, and Percutaneous endoscopic gastrostomy (PEG). A peg is a way of passing food, medicines and fluid into the body via a tube which is passed through the skin into the stomach. This ensured the risk of injury or harm was minimised.

The provider held senior management meetings each month to look at the risks associated with the provision of care. The provider had a risk register. This showed which people were at risk, and what actions needed be taken to minimise the risk. It named the responsible manager and gave a timescale of when the action was going to be completed. These were reviewed monthly in the clinical governance meeting along with any safeguarding concerns and clinical incidents that had occurred.

Staff knew how to report concerns of abuse. In discussions with them they were able to identify indicators of abuse. One staff member told us how important it was to know the person they were caring for well. In this way they could tell if there were any changes physically or emotionally. Another told us of the importance of listening to people and being aware of any changes in their demeanour. The quality and compliance officer had completed enhanced safeguarding training. Where safeguarding concerns had been raised these had been acted on appropriately and reported to the local authority safeguarding team and the Care Quality Commission.

Recruitment systems were in place to ensure people were protected as far as possible from unsuitable staff. Checks included Disclosure and Barring Service checks, written references, health declarations, and proof of identity and of address. Where information was provided in the course of applying for work, which may have thrown doubt on the candidate's suitability, these were followed up by the provider.

Where people required assistance with medicines these were administered by trained staff. Staff competency was checked by senior staff. Audits were carried out by the quality and compliance officer to ensure medicines were being administered safely. Where people were supported to take their medicines their comments included. "They (staff) are very bright, there are never any issue with my medication. It's all entered on the chart." Another person said "I always used to medicate myself but have handed that aspect over. I had no issues, they are very competent." A number of staff had completed enhanced medicines training which included areas such as medicines and recovery medicines for people with epilepsy.

Good

Is the service effective?

Our findings

People and relatives told us staff were skilled to do their jobs. Comments included "Oh yes, they are very well trained" and "They are very competent… I am confident with them all. It's a pretty close team."

Staff received training relevant to their role and were supported by a hierarchy of senior staff including client managers or care coordinators, regional operations managers and the registered manager. Other senior roles included paediatric lead nurse, and quality and compliance officer amongst others.

The provider employed a Human resources administrator whose role it was to identify gaps in staff learning and organise training. The training matrix showed 98% of staff members had up to date training in the areas deemed mandatory by the provider. These included health and safety training and medication training amongst others. Additional competency based non mandatory training was also provided to staff. The topic was aligned to the individual needs of people, for example ventilation, oxygen delivery and tracheostomy care, amongst others. We cross referenced the needs of individuals with the training the staff received. We found all the staff had appropriate training in place to meet the needs of the individuals they supported.

New staff were undertaking a detailed induction programme, following the Skills for Care 'Care Certificate' framework. The care certificate is a recognised set of standards that health and social care workers adhere to in their daily work. This involved observations of staff performance and tests of their knowledge and skills. In doing so the provider could be assured that staff received the correct information to carry out their role and their knowledge and skills could be assessed.

Staff were supported through supervision, appraisals, team meetings, induction and training. The provider's supervision policy stated staff would receive supervision on six occasions over a 12 month period. Records showed staff received regular supervision. Documents showed staff were observed in their role and their competencies were checked to ensure they were carrying out care in a safe way. Staff told us they found supervision and appraisals useful, one staff member told us "It is nice to get positive feedback. Even if it isn't positive it is said in a positive way. If you want anything extra, she (registered manager) would find out about it for you." Staff told us they felt listened to and supported. One staff member told us the registered manager was "Very approachable to staff at all levels, everyone is treated the same. Her door is always open and she is happy to have a chat about anything." Another staff member told us "Support is genuinely there in abundance, everyone supports each other."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Domiciliary care services must apply to the Court of Protection for legal authorisation to deprive a person of their liberty.

Where it was appropriate to their role staff had received training in the MCA. Staff were able to describe to us how the Act applied to their role. At the time of the inspection no person was being deprived of their liberty. Documents showed for some children that used the service their relatives had met with professionals involved in their care to discuss and agree future plans. Some people receiving care from the provider had the mental capacity to make their own decisions. Their consent to receive care was documented in their care plans.

Where people required support with food and nutrition this was provided by staff. Their feedback included comments such as "Yes she cooks for me it's more than adequate." "They cook and shop for me, I have no problems, food is well prepared," "The food is good, all local produce." Where necessary people's nutrition and hydration was monitored. Specialist screening tools were used to monitor and assess the risks associated with malnutrition and dehydration in both adults and children. Where required specialist support was requested to assist people to maintain their health such as dieticians or tissue viability nurses. Through speaking to people and reviewing records we found the staff had developed good links with other health care professionals and specialist services. This helped people to received prompt, co-ordinated and effective care.

Good

Is the service caring?

Our findings

People using the service described the staff as "friendly, loving and caring" and "They are bright and careful, they speak well they have no faults."

People and relatives told us they were involved in planning the care provided. Comments included. "There was a full review in the beginning. Both the staff and the management have been very helpful in putting things together," "Everything is talked through with me and the staff". One relative told us, "I am totally involved in her care and planning".

Staff understood their role and the importance of providing good quality care. They described this as "It is a very bespoke service for each client. We go in and talk a lot to the families until we understand what it is they want." Another staff member told us "Person centred care is what everything evolves around. Involving that person whether they can make decisions or not." A third member of staff described the support they offered as "Letting people know they are in control, we are there to help… You picture yourself in their situation. If they want something done, it is done. You always ask permission and check that it is ok."

People were supported to be as independent as possible. Staff knew the importance of treating people with respect and protecting their dignity. They gave us examples of how they did this by "I shut the bathroom door and the curtains when I am carrying out personal care." Another staff member told us they respected people by listening to what they had to say and acting on information. Another told us they encouraged one person's independence by encouraging them to contact the GP themselves, and supporting the person to manage appointments and ensuring the person's lap top and phone charger were accessible. This was because these were important tools for the person to maintain their independence.

Staff members told us how they allowed people to make choices and decisions about aspects of their lives and their care. One staff member told us "I tell him what I am doing, he double checks and then gives his approval. He likes to be in charge." Another stated "Clients are skilled in managing their own conditions, they will help guide you." A staff member who worked with children told us it was important to listen to the child and let them make choices about their play, they said "If they wanted to play with a different toy, I will respect their choices and their feelings." This meant that people using the service regardless of their age or ability were able to make choices that were listened to by staff.

We understood from staff some people had limited means of communication. However care plans reflected how people could communicate. For example one staff member told us and gave a demonstration of the words they had learnt in Makaton. Makaton uses signs and symbols to help people communicate. This helped them to communicate with a child, who was also learning the signs. Another person's care plan documented the person used a clicking noise to alert staff to the fact they had difficulty breathing. When discussing the needs of people with staff they were aware of how to communicate with people and their individual needs. People spoke positively about the ability of staff to communicate effectively with them, one person said "Great communication, no explanations are ever needed."

When people and relatives were asked if staff did anything over and above what was required we received these comments. "They have stayed late to help me with her. They are affectionate and very caring." "She was hospitalised recently and they made sure someone was here for me the whole time." "One will bring in cakes and goes shopping in her own time. She has also stayed on in her own time." "One came from the school she attended she supports X very well. She is very caring and will do whatever X needs to keep her happy." This demonstrated the caring nature of the staff and the provider.

Good

Is the service responsive?

Our findings

People and relatives told us prior to care commencing an assessment of the person's needs took place; this involved family members where appropriate. Documents verified this. Once the contents of the assessment had been agreed as accurate by the person and the funding authority, risk assessments and care plans were produced. The risks and care plans for each person were individualised to reflect each person's specific needs. People and relatives commented on the care plans they said "Yes and even at her age she has her likes and dislikes. Yes it reflects her needs accurately," "Yes they all work to the plan". We were told people's care plans were reviewed regularly and especially if people's needs changed. People told us, "They have always kept my reviews up to date. Everything is taken into consideration. Staff are excellent," "I am due for a review in a couple of months." This ensured people received appropriate care that matched their needs.

Where people wanted to they were supported to engage in social activities and hobbies by staff. People and relatives told us, "When I can be bothered, we go to the Gym, wheelchair rugby and of course shopping," "I like to have a flutter on the horses and enjoy going out in the van" and "I have written two books and I enjoy oil painting, they (staff) are patient with my likes and dislikes." This helped protect people from social isolation.

People responded positively when asked about complaints. Some people told us they had made complaints. Their comments included, "Yes I did complain but it was nothing serious and was ironed out straight away." "I have no problems, I've known X for a number of years and she is always responsive to any requests or issues," "Yes, there have been times. The management have come in and resolved any issues." People told us they knew how to raise concerns or complaints and they felt confident these would be dealt with appropriately. The registered manager told us and documents verified, if staff wanted to discuss any concerns or issues, this could take place during their supervision. This enabled staff to resolve any issues or raise concerns that may be affecting the way care was being provided. The provider had a complaints policy which referred to complaints as, "Complaints should be seen as a positive contribution, to enable the Company to meet customer's needs." Staff were able to tell us how they would deal with complaints if any were made to them. This enabled the provider to learn from complaints and improve the way the service was run.

People were able to feedback to the service either via the staff, or directly to the registered manager. People told us, "They listen and respect my views without exception" and "Yes, very much so. Have spoken to them and they understand my needs." People spoke positively about their relationship with staff and the management. It was clear there were open channels of communication. The registered manager told us, "I am a great believer in learning from situations." This meant the provider could learn from people's experiences of using the service and how improvements could be made.

Outstanding ☆

Is the service well-led?

Our findings

People, relatives and staff spoke positively about the way the service was managed. When asked if they believed the service was well managed their comments included, "Yes, we were with another agency before, they were horrendously inefficient." "Yes, because they understand people's complex needs," "They came out and did a thorough assessment. They are more than happy to help."

People were encouraged to give feedback on different aspects of the service through a questionnaire. In August 2016 there had been a small response of only five respondents. They were all positive comments. A newly designed questionnaire was due to be rolled out quarterly in a booklet format. Every quarter people or their relatives were to be asked different questions, so that annually the service would have a clear overview of how people felt about the different aspects of the care being provided. Staff told us they were always able to feedback either through supervision or team meetings. One staff member told us the registered manager told them, "If you feel something needs changing let me know." Another staff member told us they were able to give feedback during the senior staff meetings. They told us each staff member was treated in a way that encouraged them to use their initiative and to be innovative. One staff member told us they had an idea that they took to the registered manager, this was put to the team, but was rejected. We reviewed the last staff survey which was carried out in August 2016. Overall the comments were very positive. This showed the registered manager was prepared to listen and discuss with people and staff about how the service could make changes to improve the care to people.

In the PIR the registered manager stated, "Amegreen's vision is to provide the highest quality of care where possible and to support and look after our staff. This is explained at induction and reinforced throughout their employment." We spoke to staff about what they believed the vision of the service was. One staff member told us, "I think the service is well managed, partially because of the company ethos. There is a passion for care; not only for the clients but for staff as well…One person cannot carry the company. The closer we can work as a team and the closer we come together the sooner we will reach that ethos." Another staff member reported, "The vision is to support people to have the best quality of life. Everyone gets the best quality of care, everyone is on board. There is complete involvement of clients about their care." Another comment included, "(The registered manager) has got a personal touch when dealing with staff."

Staff spoke candidly about the registered manager and their skills. They told us "Amegreen is really friendly, everyone gets on. I love my job and working with the children. It is a great place to work, the manager is receptive to our ideas and they listen to us." "This is a really exciting time, I never thought I would still feel so excited about coming to work…It is a warm and welcoming company." "X (The registered manager) is always there for you if you need anything." "If I have ever needed her (registered manager) I text her. She gets back to me as soon as she is free…X (The registered manager) is aiming to do everything perfectly and protect everyone." When we asked staff if they felt proud to work for Amegreen Complex Home Care they told us unanimously they were.

Staff told us about additional support and recognition they received from the senior staff team, including the registered manager. Each member of staff received a card and a voucher on their birthday and at

Christmas. This gesture was appreciated by staff. One staff member told us how they had experienced depression. They told us how the registered manager met with them frequently to check on their welfare and to offer any additional support they required. Another staff member told us if a family member sent in a compliment about a staff member, this was forwarded to the staff member. At Christmas the staff were consulted on a pay rise, following their feedback, the pay rise was elevated. One staff member told us, "I think she (registered manager) is exceptionally good as she cares about people." This was echoed by the staff we spoke with. One staff member summed up the quality of the registered manager by telling us, "One thing I have noticed about this company, it is not just about profit. A lot of credit goes out to X (The registered manager) as I have never seen an MD go out at 10pm at night to cover a shift before. I have seen her give staff lifts to and from work." Staff were clear about how they felt supported by the registered manager.

The registered manager told us how in line with the demand for services, they were developing the staff team. Recent additions included additional hours and personnel in the human resources and recruitment team. They had employed a full time person to manage staff rotas and shift cover and an internal staff trainer. They planned to develop the service by moving premises in the near future, giving staff more room and resources to improve the service and working conditions.

The registered manager had put systems in place to ensure they were aware of how the service was performing and where any improvements could be made. This included monthly audits of areas such as health and safety, care documents, infection control amongst others. Documents showed where audits had been completed action plans were in place, with a record of the responsible person and the due date for completion.

Regular meetings were held to discuss the growth of the business and how staff can contribute to the development of the business. Other meetings included clinical governance meetings and a weekly "Triple R meeting." This related to the recruitment, retention and referrals. During this meeting the registered manager, the regional managers and the client managers discussed the three areas and also what resources were needed by staff to be able to do the job more effectively. This meeting also identified which staff would be introduced to people at the start of their care package. This was determined by the person who was given the opportunity to describe the qualities, gender and previous experience or training required by the staff member who was going to provide their care. Interests sometimes played a part in considering which staff members to put forward. The recruitment team aimed to match staff to people. People were introduced to staff who matched their criteria. People had the ultimate say on their preferred staff member. In following this process the provider aimed to give people control over who supported them.

Recent innovations included wallet sized cards which informed staff on areas such as the six signs of sepsis (blood poisoning), autonomic dysreflexia (an abnormal, overreaction of the involuntary autonomic nervous system to stimulation, including the heart), and epilepsy. The aim was to provide a back up to the training staff received and to be used as an aid memoire if staff had concerns about how to deal with a situation. The cards were also given to people. This allowed people or staff to pass information to ambulance staff or medical staff when the person was unable to verbalise what was happening to them. We understood not all medical staff were trained to understand the needs of people with spinal injuries. By using the card this allowed people to remain in control of the information being shared, knowing it was accurate to their needs. Medical staff have been able to intervene quickly and to escalate where appropriate the person's needs as a medical priority. This kept people safe and ensured they received appropriate care when they needed it.

In the PIR the registered manager identified the accredited schemes and initiatives they were part of. This included The East of England NHS Tracheostomy Working Party. They identified, documented and

promoted good practice for those people with a tracheostomy. They were also members of the Multidisciplinary association of spinal cord injury professionals (MASCIP) and a member of United Kingdom Acquired Brain Injury Forum (UKABIF). They were a recognised provider for the Spinal Injuries Association and members of Milton Keynes and Buckinghamshire Care Association (MKB). The registered manager lectured for the Spinal Injuries Association on case management. Through their involvement in these specialist organisations the registered manager was able to keep up to date with best practice and to implement this into the service.

We understood from the registered manager that during the initial assessment of people, they were able to consider what training, equipment and basic emergency procedures would need to be put in place before a person was able to receive care. This enabled the provider to be confident that the person's care delivery met with the current national standards. The training for staff in tracheostomy care and suctioning has as a result evolved to the highest standard. This has been transferred to staff and as a result staff are able to carry out more tracheostomy changes at home. This prevents people from having to go into hospital or clinics for their tracheostomy to be changed. Amegreen has been recognised as one of the leading providers in tracheostomy care by other organisations who are planning to use Amegreen management to train other providers in this area of care.

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. Amegreen had kept the commission up to date with relevant notifications.