

Amethyst Home Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We conducted an announced inspection of Amethyst Homecare on 26 January 2017.

At the previous inspection in March 2016, we found a breach of the regulations in relation to the arrangements in place to protect people from avoidable harm. The provider sent us an action plan setting out the steps they would take to make the required improvements. These actions have now been completed.

Amethyst Homecare provides care and support to older adults in their own homes. At the time of our inspection there were five people receiving care and support from the service. Two people were receiving 24 hour care and support.

People were satisfied with the standard of care and support they received. The staff were kind and caring, and always respected people's privacy and dignity. Staff had developed caring and friendly relationships with people. The registered manager and staff were knowledgeable about the personal care needs of the people they supported.

The registered manager and staff knew what constituted abuse and who to report it to if they suspected people were at risk. They had received training in safeguarding adults. People were protected from avoidable harm because staff had access to appropriate guidance to ensure identified risks to people were effectively managed.

People were supported to stay healthy. If staff had any concerns about a person's health, appropriate professional advice and support was sought. People were supported to eat healthily, where the agency was responsible for this. Staff also took account of people's food and drink preferences when they prepared meals.

Staff had not been trained to administer medicines and there were no arrangements in place to check their competency to do so. This meant there was a risk of people not receiving their medicines safely.

The provider operated safe recruitment practices which were consistently applied. Appropriate checks were carried out on staff before they were allowed to work with people. There were enough staff to meet people's needs.

People felt informed and involved in making decisions about their care and treatment. They also knew who to contact if they had any concerns and felt comfortable doing so.

There was a lack of effective systems in place to assess and monitor the quality of care people received.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation

to the lack of systems in place to ensure people received their medicines safely, the lack of staff supervision and the ineffective systems in place to assess and monitor the quality of care people received. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

Some aspects of the service were not safe.

There was a lack of appropriate procedures in place to help ensure people received their medicines safely.

Relevant checks were carried out before staff began to work with people and there was a sufficient number of staff to help keep people safe.

Staff knew how to protect people from abuse and followed procedures which helped to protect people from avoidable harm.

Is the service effective?

Requires Improvement ●

Some aspects of the service were not effective.

Staff were not adequately supported through regular supervision.

Staff understood the main principles of the Mental Capacity Act 2005 and knew how it applied to people in their care.

People were supported to have enough to eat and drink, and maintain good health.

Is the service caring?

Good ●

The service was caring.

Staff were caring and treated people with kindness and respect. People received care in a way that maintained their privacy and dignity.

People felt able to express their views and were involved in making decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People had care plans that were person-centred and documented their preferences. People received care that met their needs.

People knew how to make a complaint.

Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well-led.

There was a lack of systems in place to monitor and assess the quality of care people received.

People told us the registered manager was approachable. Staff understood their role and responsibilities and felt supported.

Amethyst Home Care 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 inspection took place on 26 January 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be at the registered office. The inspection was conducted by a single inspector.

Before the inspection we reviewed all the information we held about the service. This included routine notifications, safeguarding concerns and the previous inspection report.

At the time of our inspection there were five people using the service. We spoke with two people using the service, three people's relatives, two staff members and the registered manager.

We looked at four people's care files and two staff files which included their recruitment and supervision records and training certificates. We looked at the service's policies and procedures and the systems in place to assess and monitor the quality of care people received.

Is the service safe?

Our findings

Three of the five people using the service required staff support to take their medicines. However, staff had not been trained to administer medicines and there was not a system in place to check their competency to do so. There was no information on people's care files about their medicines, at what time or in what dosage they should be administered. There was also a lack of information regarding any special precautions, for example, whether the medicine should be taken with food. It was unclear from looking at people's care plans whether they were prompted to take their medicines or whether staff were responsible for giving the medicines. The lack of staff training in administering medicines, competency checks and information regarding medicines in people's care files meant there was a risk of people receiving their medicines in a way that was inappropriate or unsafe.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection in March 2016, we found that care was not always planned and delivered to ensure people were protected against foreseeable harm. Risk assessments were not conducted which meant that people's care plans did not always give staff information on the risks people faced or how to manage them. During this inspection, we found that people were protected from avoidable harm. Risk assessments were carried out by the registered manager. Where risks were identified, they were discussed with people and where appropriate their relatives. Care plans gave staff information on how to manage the risks identified. Staff were aware of the specific risks to each person and what they should do to protect them from harm. Staff had been trained in health and safety and emergency first aid.

People told us they felt safe receiving care from the service and knew what to do if they had any concerns about their safety. People commented, "I feel safe with [staff member]" and "I have no concerns. I would speak to [the manager] if I had any worries." A relative told us, "[The person] would tell us if somebody was rude or behaved inappropriately and we would deal with it."

People felt safe because they knew they could expect staff to arrive on time and stay for the time allocated. Staff did not miss visits and were rarely late. One person told us, "They are always on time and I don't think they've ever missed a visit." A relative told us, "I think they are reliable." People and their relatives knew who to contact in the event that staff did not arrive on time.

People received care and support from the right number of staff. The number of staff required to deliver care to people safely was assessed when people first began to use the service and also when a change in need was identified.

Staff understood their obligation to protect people from abuse. Staff commented, "That is the most important part of the job, making sure the people we look after are safe" and "We take their safety very seriously." The provider had policies and procedures in place to guide staff on how to protect people from abuse and staff were familiar with these procedures. Staff had been trained in safeguarding adults. They

demonstrated good knowledge on how to recognise abuse and report any concerns within the service and externally.

The provider operated safe recruitment practices and appropriate checks were carried out before staff were allowed to work with people alone. Records indicated that the provider's recruitment practices were consistently applied. Staff were only recruited after an interview to assess their suitability for the role, receipt of satisfactory references, proof of identity and the right to work in the UK and criminal record checks had been carried out. Staff were also required to complete a health questionnaire which enabled the provider to check that they were physically and mentally fit to care for people. This minimised the risk of people being cared for by staff who were unsuitable for the role.

Is the service effective?

Our findings

Staff were not adequately supported by the provider through regular supervision and there was not a system in place which was consistently applied to ensure staff maintained their competence to carry out their role. One staff member had not had a supervision meeting since they started to work for the provider. Another staff member had attended supervision meetings but not regularly. Consequently, the provider was unable to monitor staff effectiveness and staff did not get the opportunity to reflect on and learn from their practice or receive personal support and effective professional development. This meant there was a risk of people receiving care and support from staff who did not have the knowledge, experience or skills to do so effectively.

The provider's failure to provide appropriate support and supervision to enable staff to carry out the duties they were employed to perform is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received an induction when they began to work for the provider during which they were introduced to the main policies and procedures and received some basic training relevant to their roles. Staff told us and records confirmed that they received training such as safeguarding adults, health and safety and infection control. Staff were able to tell us how they applied their learning in their role day-to-day such as, ensuring they wore appropriate personal, protective equipment while supporting people with personal 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. We checked whether the service was working within the principles of the MCA. The registered manager and staff were familiar with the general requirements of the Mental Capacity Act (MCA) 2005. Although no applications had needed to be made, the registered manager told us they would liaise with the person's GP and obtain the support of the local authority if they considered a person should be deprived of their liberty in order to get the care and treatment they needed.

People were encouraged to eat and drink sufficient amounts to meet their needs, where the service was responsible for this. Staff obtained information from people and their relatives about their dietary needs and how they wished to be supported with this. This information was documented in people's care plans, as well as how people preferred their meals to be prepared. Where appropriate, staff recorded how they supported people with their meals. These records indicated the meals prepared by staff were based on people's specific preferences and choices.

Staff supported people to maintain good health. Care plans contained information about the support

people required to manage their health conditions. Staff monitored people's health and well-being. When staff were concerned about a person's health, the person was promptly referred to appropriate healthcare professional.

Is the service caring?

Our findings

People made positive comments about the staff and told us they were kind and caring. Comments included, "I'm very happy with the carers" and "[Staff members] are very kind to me." A relative told us, "We are very happy [the staff member] is so good to [the person]. They have developed a very close bond."

There was continuity of care because people were usually supported by the same team of staff who were familiar to them and covered for each other during periods of absence. This helped people to feel comfortable with the staff. One person told us, "I have the same girl all the time." A relative commented, "Having the same carers who have got to know [the person] well has made having carers coming in a lot easier."

Staff had a positive attitude to their work and told us they enjoyed caring for people. This was demonstrated in the caring way staff spoke about the people they supported. A staff member told us, "I treat [the person] the way I would like to be treated."

Staff understood how to respect people's privacy, dignity and choices. People told us their privacy was respected at all times when staff were in their home. One person told us, "They are respectful in the way they speak to me." Staff gave us examples of how they maintained people's privacy and dignity. One staff member told us, "I try my best to make [the person] feel comfortable particularly when assisting with personal care, otherwise they could feel awkward."

People and their relatives felt listened to. The registered manager was in regular contact with people and/or their relatives to ensure they were involved in decisions about their care. People who needed support to communicate their needs were encouraged to include their family members or other representatives in discussions about their care. A relative commented, "[The registered manager] is excellent at keeping in contact with us. [The person] is getting the best possible care because we're all working as a team." The registered manager told us, "People need to feel they are in control."

People were supported and encouraged to be as independent as they could be when they received care and support from staff. People's care records showed that staff prompted people to carry out the tasks they were able to, so that people retained as much control as possible. One person was responsible for taking their own medication. Staff reminded them to do so and checked they had.

Is the service responsive?

Our findings

People were satisfied with the quality of care they received. One person commented, "I have no complaints, they do everything I ask." Another person told us, "I'm happy with my carers." Relatives also made positive comments about the care and support their loved ones received. One relative told us, "It's a good service, we couldn't be happier with the care [the person] receives." Another said, "I'm happy because I can see [the person] is being looked after properly and is happy."

People and their relatives actively participated in planning the care and support people needed. Records confirmed people were supported to contribute to the planning and delivery of their care. Where appropriate their family members were also involved in making decisions about the support people needed. A relative said, "I am very involved in [the person's] care."

The registered manager used information from assessments of people's care and support needs to develop a support plan which set out how these needs would be met. This enabled staff to provide personalised care. Staff knew people well and how they preferred their care to be provided. Staff spoke knowledgeably about people's life histories, their likes and dislikes, their interests and habits. People's support plans were reviewed with their input, when a change in their circumstances was identified.

People's social needs were taken into account. People were supported to maintain relationships with those that mattered to them. This helped to ensure that people did not become socially isolated.

People and their relatives felt able to express their views. People told us staff were approachable and that they felt comfortable making comments and suggestions about the care they received. The provider had arrangements in place so that people's concerns and complaints would be dealt with appropriately. The provider's complaints procedure was readily available to people and explained how any complaint they made would be dealt with by the service. The registered manager was responsible for ensuring people's complaints were fully investigated and that people received a satisfactory response to the concerns they raised. People and their relatives felt able to complain and were confident their complaint would be dealt with appropriately. One person told us, "I have spoken to them about certain things I was not happy about and they did their best to sort it out quickly."

Is the service well-led?

Our findings

The provider did not establish and operate effective systems or processes to assess, monitor and improve the quality and safety of the service provided. There was not a system in place for getting feedback from people using the service on the quality of care they received, or a system to check on the care staff were providing. Some people using the service required 24 hour care but the provider had not visited these people to check whether staff practices were appropriate and safe, or to get their feedback on the quality of care they received.

Staff members responsible for providing 24 hour care did not receive regular supervision and there was not a system in place to ensure that staff had all the necessary training relevant to their role such as, administering medicines and understanding the Mental Capacity 2005. There was not a system in place for checking whether staff were arriving on time and staying for the time allotted. This meant there was a risk of people receiving care and support which was inappropriate or unsafe and the provider being unaware of it.

The lack of systems in place to assess and monitor the quality of care people received amounts to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt the service was well organised and well-run. People and staff told us the registered manager was approachable. People commented, "The manager is accommodating" and "I think she is aware of everything." A relative told us, "I can speak to the manager at any time. She is friendly and approachable." The registered manager had good knowledge of the people using the service and this helped her to understand individual's changing needs.

At induction staff were made aware of their role and responsibilities, the code of conduct and the policies relevant to their role. Staff knew their roles and responsibilities. They were well motivated and knew what was expected of them by the management. There was a clear staff and management structure at the service which people, their relatives and staff understood. People knew who to speak to if they needed to escalate any concerns.

There were appropriate policies and procedures in place to guide staff on good practice. These were up to date and regularly reviewed. We requested a variety of records relating to people using the service, staff and management of the service. People's care and medical records were well organised. People's personal information was kept in a secure place and only accessible by staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not provide safe care and treatment to service users through the proper and safe management of medicines.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not establish and operate effective systems or processes to assess, monitor and improve the quality and safety of the service provided.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not ensure that staff received appropriate support and supervision as is necessary to enable them to carry out the duties they are employed to perform.