

Mr Peter Cole

Amandacare

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

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 who used the service received personal care. CQC only inspects where people receive personal care. This 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 the inspection the service was providing care for 20 people.

People's experience of using this service

Medicines were not safely managed. Information in relation to medicines in care plans was contradictory and staff had administered one person's medicine without a full assessment of the risks relating to it being in place. Risks in relation to choking and falls were not always assessed, reviewed and the provider did not always have appropriate risk management plans to guide staff on how these risks should be minimised. All other risks were assessed fully. Accidents and incidents were not always recorded, fully investigated or analysed to determine trends or themes and learning was not disseminated to staff.

We found that in two cases staff had not received training specific to their roles. We have made a recommendation about this.

Care plans and risk assessments were not always updated when there was a change in people's needs and there was not always updated guidance in place for staff to follow. The provider's quality monitoring systems were not effective. Internal audits did not identify the issues we found at this inspection.

People said they felt safe and that their needs were met. There were enough staff to meet people's needs in a timely manner. People were protected against the risk of infection. Recruitment checks were robust, and the suitability and competence of staff had been assessed appropriately and recorded. Assessments of people's needs were carried out prior to using the service to ensure their needs could be met. People nutritional needs were being met. Information was available to people in a format to meet their individual communication needs when required. Staff were supported through regular supervisions.

Regular staff meetings were held. The service was not currently supporting people who required end of life care support, but relevant information was recorded in care plans so this was available when people required this support.

The provider worked in partnership with key organisations to ensure people's individual needs were planned. People's rights were upheld with the effective use of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible and in their best interests. Their needs were accurately assessed, understood and communicated.

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 06 March 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment, training and good governance.

Follow up:

We will ask the provider to complete an action plan to show what they will do and by when to improve. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Requires Improvement ●

Amandacare

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team

This inspection was carried out by two inspectors 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 to people living in their own houses or flats.

The service had a registered manager in place. This means that they and the provider 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 February 2020 and ended on 4 March 2020. We visited the office location on 4 March 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 18 people or their relatives to seek their views about the service. We spoke with three care staff, the deputy manager and the registered manager. We reviewed records, including the care records of six people and the recruitment files and training records for four staff members. We also looked at records related to the management of the service such as quality audits, accident and incident records, and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The provider sent us copies of care plans, risk assessments and quality assurance records.



Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

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

Enough improvement has not been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not managed safely. Staff had administered one person's medicine, which had specific risks associated with it, even though the person's care plan had stated their relative did. Although the registered manager told us they had been informed of this the care plan had not been updated and there was no risk assessment in place regarding the administration of the medicine.
- Information in relation to people's medicines was contradictory, which meant there was an increased risk staff may not administer people's medicines as prescribed. One person's care plan stated staff administered their medicines as they were unable to self-administer medicines. However, their care plan stated 'Carers to prompt' the person to take medicines. The care plan, under the section 'Do we need to administer medicines', stated 'No person can do this' which was contradictory guidance.
- Monthly medicine audits did not identify any of the issues found at this inspection, therefore were not effective.

Failure to provide the safe care and treatment in relation to medicines is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has not been made at this inspection and the provider was still in breach of regulation 12.

- Risks to people were not always assessed, identified and reviewed. For example, one person's care plan showed that they were at risk of choking since 2016. Although staff had made attempts to meet with the

person and complete the risk assessment there was no risk assessment or risk management plan in place.

- Although there was basic information in this person's care plan regarding how to manage the risk this did not include essential information such as the types of food or texture that should be avoided to minimise the risk of choking.
- Staff had been instructed to complete an 'assisted cough' if the person choked, although they had been shown how to do this by the person's live in carer from another organisation there was no evidence that this person was a trained professional who was competent to give this training.
- The registered manager told us that there had been no communication with the person's live-in carer or to establish if they the person been seen by a speech and language therapist to assess their choking risk,.
- One person who had a history of falls, had a fall in August 2019 due to 'a blackout.' The person's care plan documented that they needed to be supervised whilst mobilising. However, there was no guidance for staff regarding the action they should take if the person suffered from a blackout. Although when we spoke to staff they were aware of how the person needed to be supported. staff worked independently in people's homes without direct supervision. This meant accurate information for staff was important to ensure people received consistent support,

Failure to provide the safe care and treatment is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager sent us information documenting that risk assessments had been updated.
- The service had carried out risk assessments and had risk management plans in place in relation to nutrition, mobility, personal care, electrical appliance and the environment.

Learning lessons when things go wrong

- At this inspection accidents and incidents were not always recorded, safely managed or analysed to determine trends or themes and learning was not disseminated to staff.
- Accidents and incidents were not always logged, investigated or analysed to establish themes and trends and this meant learning could be disseminated to staff to prevent future occurrences and there was guidance in place for staff to minimise future incidents.
- One person was supported by one staff member as they were unsteady on their feet and needed support and supervision whilst hoisting, standing or walking. Staff had notified the registered manager of incidents regarding the person's mobility. These incidents were not investigated, and the person's care plan and risk assessment was not updated to reference the incidents and to identify whether or not the person needed additional support. • the provider's accidents and incidents log did not record any of these incidents including any action taken, the outcome and updated guidance for staff. The registered manager told us that they had changed the staff member that supported this person with other carers and there had not been any further incidents.
- One person's care plan recorded that they had suffered from unexplained bruising on four occasion between July 2019 and October 2019. There were no records to show that there had been an investigation into why the person had experienced bruising. There were no documents to show that learning from these incidents had been shared with staff.

Failure to provide the safe care and treatment is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Appropriate recruitment checks took place before new staff started work and staff files contained completed application forms which included details of their employment history and qualifications. Each file also contained evidence confirming references had been sought, proof of identity reviewed, the right to work in the UK and criminal record checks undertaken for each staff member.
- People told us that there were enough staff to meet people's needs in a timely manner. Records we looked at confirmed this. One staff member said, "There are enough staff, there are no problems." Another staff member said, "Yes, there are enough staff."

Preventing and controlling infection

- People were protected against the risk of infection. Staff had completed infection control training and followed safe infection control practices. There were systems in place to manage and prevent infection including policies and procedures which provided staff with guidance on how to minimise or prevent the spread of infections.
- Staff told us they wore personal protective equipment such as aprons and gloves when supporting people. One staff member said, "Yes I always wear aprons and gloves and regularly wash my hands."

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

- People told us that they felt safe using the service. There were appropriate systems in place to safeguard people from the risk of abuse. Staff had received safeguarding training. They knew of the types of abuse that could occur, what to look out for and the process to follow in reporting any allegations of abuse.
- There had not been any reportable safeguarding concerns since the last inspection, but the registered manager understood safeguarding protocols and said they would submit safeguarding notifications when required to the local authority and CQC.

Is the service effective?

Our findings

Effective – this means 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 good. At this inspection this key has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not received training in how to administer a specific type of medicine which could pose risks to people if not taken appropriately. This meant that staff might not have been aware of risks and complications associated with taking this medicine.
- Although staff had received moving and handling training one person required assistance to use a specific type of frame which had not been covered specifically in this training. Staff had been shown how to safely transfer the person by their live-in carer from another agency, but the provider has not kept evidence that this individual was trained and competent to use the frame.

We recommend that the provider seek and implement national guidance around the provision of training to staff which is specific to their role.

- Following the inspection, the registered manager sent us documents to show that staff had received training in hoisting techniques and standing transfer aids and confirmed the care worker always used the standing frame with the live-in carer.
- Records showed staff were supported through induction, supervision and training considered mandatory by the provider. This included safeguarding, infection control, medicines, dementia, moving and handling, nutrition, first aid, mental capacity and health and safety.
- Staff we spoke to confirmed that they were supported through regular supervisions and appraisals. Records we looked at confirmed this. One person said, "I have supervisions regularly, I discuss training, any concerns, my performance and clients." Another staff member said, "I do have supervisions, I can discuss problems, training and clients and I have yearly appraisals."

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.

- The registered manager told us people they currently supported had capacity to make decisions about their own care and treatment. However, if they had any concerns regarding a person's ability to decide they would work with the person and their relatives. As well as any relevant health care professionals to ensure appropriate capacity assessments were undertaken appropriate decisions made in their best interests' in line with the Mental Capacity Act 2005.
- Staff had received training on MCA. They told us they sought consent from people when supporting them and they respected people's decisions. One staff member said, "Yes, I do ask for people's permission and explain what I am going to do." Another staff member said, "I always ask for consent and explain how I'm going to help, so they know what to expect."

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to eat and drink enough. The support people required from staff with eating and drinking was recorded in their care files.
- Staff supported people by heating up oven ready or microwave meals and preparing drinks and sandwiches. One staff member said, "I microwave meals or put them in the oven and prepare breakfast and sandwiches."

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

- Assessments of people's needs were carried out with them before they started using the service. This was to ensure that the service would be able to meet people's care and support needs appropriately.
- People, their relatives, or social workers if appropriate, were involved in the assessment process to ensure the service had a complete understanding of people's needs when developing care and risk management plans.
- These assessments, along with information from the local authority were used to produce individual care plans so that staff had the appropriate information and guidance to meet people's individual needs effectively.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- People told us that they had access to a variety of healthcare services and professionals which included GPs and district nurses.
- Staff told us that should anyone become ill, they would call for an ambulance and inform relatives.

Is the service caring?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Care records included people's personal information relating to their religion and disability. Staff were knowledgeable about people's individual likes, dislikes and preferences. One staff member said, "One person likes doing a puzzle and another person likes word searches." Another staff member said, "One person likes bananas and they have them every day."
- Although no one using the service at the time of this inspection required support with any other diverse needs, staff showed an understanding of equality and diversity and how they would support people from should the need arise.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were caring. One person said, "My carer is the kindest soul ever."
- People were treated with dignity and respect. Staff told us that they asked for people's permission before entering people's homes. One staff member said, "I close curtains and doors and cover people." Another person said, "I knock on doors before entering, shut doors and close curtains."
- People were encouraged by staff to be as independent as possible such as being encouraged to eat independently but being on hand to offer support if needed. One staff member said, "I encourage people to eat on their own or encourage them to walk short distances." Another staff member said, "I encourage people to do whatever they can, such as washing their face."
- People's information was kept confidential in locked cabinets in the office and electronically stored on the provider's computer system. Only authorised staff had access to people's care files and electronic records

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

- People were involved in making decisions about their daily support. For example, what they wanted to wear and eat. People's care plans included their life histories and their preferences. One staff member said, "I show people the clothes and they choose what to wear." Another person said, "I ask people what they want to eat and ask them what they want to wear."
- People were given information in the form of a 'service user guide' prior to joining the agency. This guide detailed the standard of care people should expect and the services provided. The service user guide also included the complaints policy, this meant people had a clear understanding of how to complain if they wished to.

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 good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were not reviewed regularly as they did not identify the issues we found at this inspection.
- Care plans had not always been updated when there was a change in the person's needs. For example, when staff started administering medicines at the request of a relative for a short period of time.
- Care plan audits carried out by the service did not identify the issues we found at this inspection.
- Following the inspection, the registered manager sent us documentation to show that people's care plans had been updated. We will check this at our next inspection to ensure that staff are aware when care plans require updating.
- People had a personal profile in place, which included important information about the person such as date of birth, gender, religion, ethnicity, medical conditions and next of kin details.
- Care files included individual care plans addressing a range of needs such as medicines, mobility, communication, nutrition, personal care and the environment.

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 care plans contained information which showed how they communicated and how staff should communicate with them. The registered manager told us there was no-one using the service needed information in another format. However, if required information would be provided in a format that met people's needs, this included large font or pictorial.

Improving care quality in response to complaints or concerns

- The service had not received any complaints since the last inspection and had an effective system in place to manage complaints.
- The service had a complaints policy in place and a system to log and investigate complaints. People and their relatives knew how to raise a complaint if they needed to.

End of life care and support

- The service was not currently supporting people who were considered to be at the end of their life. However, people's end of life wishes were documented in their care files.
- The registered manager was knowledgeable about best practice guidelines they needed to follow and would consult with relevant health and social care professionals and family members where appropriate to identify, record and meet people's end of life preferences and wishes.

Is the service well-led?

Our findings

Well-Led – this means 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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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 had failed to have effective quality assurance systems in place to ensure people were provided with safe and good quality care. This was a breach of Regulation 17 (Good Governance) or the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has not been made at this inspection and the provider was still in breach of regulation 17.

- There were processes in place to monitor the safety and quality of the service, however, these were not effective. The provider was not aware of the majority of the concerns we raised during the inspection.
- Records showed regular audits were carried out at the service by management to identify any shortfalls in the quality of care provided to people. These included care plans, risk assessments, medicines and accidents and incidents. However, these were not effective. For example, monthly medicine audits carried out did not identify some of the issues we found at this inspection.
- The registered manager did not have oversight over staff training to ensure that staff were skilled and competent to support people safely, in terms of choking and moving and handling.
- The provider did not always carry out risk assessments to identify risks to people and minimise these risks effectively in relation to choking and moving and handling.
- The provider did not always record and investigate incident and accidents, and themes and trends were not analysed to ensure learning was disseminated to staff.

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

Engaging and involving people using the service, the public and staff

- Regular staff meetings were held to carry out training and update staff about best practice and to gather

their views about the service.

- Staff told they attend team meetings. One staff member said, "Yes we have staff meetings, we have training and we can discuss anything we want to. The registered manager gives us updates." Another staff member said, "I do go to regular staff meetings, we have training there and have a catch up and discuss any issues."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager told us that the registered manager had an open door policy where, people, relatives and staff could go and discuss any concerns they had and that these would be appropriately dealt with.
- Staff were positive about the registered manager. One staff member said, "The registered manager is brilliant, very understanding and addresses concerns. I think the registered manager is very helpful and always available." Another staff member said, "The registered manager is very good, I have no problems, I can go and see them at any time."
- The registered manager understood their responsibility to be open, transparent and take responsibility when things went wrong at the service.

Engaging and involving people using the service, the public and staff

- People's views were sought through annual residents and relatives' surveys which were carried out in 2019. Feedback from residents was positive, comments included, "Very happy with level of care and support given" and "They are simply the best".
- The last staff survey carried out in 2019 was positive and staff reported, "I like my job, because I am making a difference." and "I always feel supported by the office."

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority, GPs and district nurses.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not safely managed.</p> <p>Risk were not always assessed, identified or reviewed and risk managements plans were not always in place.</p> <p>Accidents and incidents were not always recorded, fully investigated or analysed to determine trends or themes and learning was not disseminated to staff.</p> <p>Regulation 12(1)(2)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17(1)(2)(b)</p>