

A&M Home Care Services Ltd

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Inspection report

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Tel: 02476582002

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

A&M Homecare is a domiciliary care agency which provides assistance with personal care to people living in their own homes. At the time of the inspection they were providing support to 13 people.

At the time of our inspection visit 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.

People's experience of using this service and what we found

People received care and support from a consistent staff team who knew about risks associated with their care. Risks were assessed, and staff followed guidance to safely support people. Staff were trained to identify and report any safeguarding concerns such as signs of potential abuse. There had been no accidents or incidents involving people since the last inspection of this service. Staff were recruited safety and people felt safe with the staff who supported them. People told us staff attended calls to their homes on time and stayed for the duration of the call to complete the care and support they required.

Staff provided effective care because they were regularly monitored by the registered manager and completed essential training to ensure they delivered care safely. Care staff were subject to regular observations by the registered manager. Observations included checks of medicine management to ensure people received their medicines as required. The registered manager attended care calls with staff to ensure they followed the provider's policies and procedures.

People's needs were assessed prior to them using the service to check they could be met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff asked people for their consent before providing them with any care. Staff worked with other professionals to ensure people had access to the right healthcare support. They encouraged people to eat and drink well and assisted people with any nutritional needs.

People told us the staff were kind, caring, friendly and cheerful. Staff provided personalised support and encouraged people's independence whilst delivering care. People's care plans provided clear instructions for staff to follow on how to meet their needs. People and their relatives were positive about the service they received and felt it improved outcomes for people.

The provider had a system to monitor the quality of the care provided which included seeking people's views and experience of care. Audit checks completed by the registered manager identified any improvements required. People knew how to raise a concern and felt issues they raised were listened and responded to. The registered manager understood the importance of information being accessible to people and had arrangements in place to ensure these were in suitable formats for people.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 26 March 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

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

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

A&M Home Care Services Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. They were also the nominated individual for the service. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection. Inspection activity started on 19 February 2020 and ended on 25 February 2020. We visited the office location on 25 February 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and seven relatives/representatives about their experience of the care provided. We spoke with three care staff members and the registered manager (who was also the nominated individual). The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records, multiple medication records and two staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service including quality satisfaction surveys, audit checks and policies and procedures.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff that supported them. One person told us, "I feel safe and secure with them, and "It's all done carefully there is no rough handling, they never rush me."
- Staff understood how to support people safely and were aware of what signs to look for of potential abuse.
- Staff knew the procedure to follow if they suspected abuse which included reporting any concerns to the registered manager. There had been no safeguarding concerns identified at this service.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed and detailed in people's individual care plans with the staff actions required to minimise them.
- Risk assessments were reviewed and amended to ensure they reflected people's changing needs such as any changes in people's ability to move around their home which may present a risk of them falling.
- Staff knew about risks associated with people's care, for example, one staff member told us how they ensured a person had access to a specific piece of equipment. This was important to support their breathing and health. They knew how to use the equipment and when it should be used.
- The registered manager kept in regular contact with all staff to ensure any new risks related to people's care were communicated and appropriately managed.

Staffing and recruitment

- Sufficient numbers of staff were employed to safely meet people's needs. People confirmed staff stayed the full amount of time agreed and they were not rushed. A relative told us, "They have all become regulars, they are generally reliable for time keeping, we've had no distress, if they are a bit late, they always let us know, they have never missed a visit."
- People spoke positively of the staff team that supported them. One person told us, "They are excellent. I think they are friendly, and they are always cheerful and happy, they make you feel that way as well. Their smile helps me have a smile."
- The provider followed safe recruitment procedures. Pre-employment checks were completed to ensure new staff were suitable and of good character to work with people.

Using medicines safely

- People who received support with their medicines told us they received them as required. Medicine Administration Records (MAR's) showed medicines administered to people. Some records were not clearly completed.

- Coding and staff initials on the MAR's had not always been completed correctly which meant it may cause confusion about how the medicine had been managed. The registered manager provided assurance all medicines had been administered correctly.
- Records showing the location of pain relief patch applications had not been completed although staff knew where and how to apply them. The registered manager took action during our visit to devise a draft application record which they have subsequently advised has been implemented.
- Staff completed training on medicine management to ensure they knew how to do this safely. All staff who managed medicines told us they felt confident in supporting people with them.

Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practice.
- People confirmed staff used personal protective equipment such as gloves and aprons to help prevent the spread of any infection.
- The registered manager confirmed all staff were provided with a good supply of gloves and aprons which they could replenish when needed.

Learning lessons when things go wrong

- Staff told us they would complete a report if a person had been involved in an incident or accident. This was so the registered manager could take any necessary action and any lessons learnt to reduce reoccurrence.
- Risks were monitored by the registered manager and lessons were learnt when the care and support did not result in positive outcomes for people. For example, it had been noted a person showed negative symptoms when lying flat in bed due to a health condition. Staff changed the way they supported the person to prevent any negative impact on the person's health.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People's needs were assessed prior to them using the service to ensure their needs and preferences could be met.
- Both people, and their relatives, where appropriate, were involved in the assessment process to ensure this fully recognised people's diverse needs and choices.
- Where people had complex medical conditions, the registered manager liaised with other healthcare professionals to develop the person's care plan and ensure the care provided was based on best practice and advice.

Staff support: induction, training, skills and experience

- People told us they felt staff knew what they were doing and were suitably trained to meet their needs. One person said, "They know what they are doing. They seem well trained and if anything is tricky [registered manager], puts them right." A relative told us the registered manager had worked with new staff who as a result of their training had become "fantastic". They stated the staff had "really learnt" and were "so much better."
- Staff received an induction when they started working for the service which included working alongside more experienced staff until they felt confident to work independently.
- Staff had completed essential training such as moving and handling people and basic food hygiene. Refresher training was planned on an annual basis for staff to update their skills and knowledge.
- All staff had started training to achieve the Care Certificate and were at various stages of completing this. The registered manager had identified the need to organise group training sessions to support staff in completing the units required in a more timely way. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in the health and social care sector.
- Staff received regular supervision meetings with the registered manager to ensure any training needs were identified and acted upon.

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

- People told us care staff supported them with food and drinks during care calls as required. One person told us, "They serve meals and they are nicely done and simple stuff... They do me just enough and it's served nicely, and they tidy up after."
- A relative told us, "Yes, the carers do [Name's] food, they (person) enjoy the meals which we prepare for them and they are warmed up, or they (care staff) will do them a breakfast or a quick hot meal."
- People's nutritional needs were assessed and recorded in care plans to ensure care staff knew how to

support people with this. For example, one person received their nutrition through a feeding tube and there were detailed records about this. Staff knew how to manage this and how to clean the tube to prevent the risk of any blockages.

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

- People told us they were supported to access healthcare support when needed. Some people had relatives who did this for them, otherwise staff assisted them when required. One person told us, "They (staff) alert me if I need a doctor and I will call one or they call them for me. That's nice as I can't see things easily."
- A relative told us, "They let me know straight away if something needs attention. If [Name] needs things they check with me on it all and they get the doctor out if they are needed."
- When staff had concerns about people's health or wellbeing, they reported this to the registered manager and access to medical care was organised as required.
- People's mouth care needs were considered as part of care planning in case dental care support was required.

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.

- At the time of our inspection, every person receiving support had capacity to make their own every day decisions about their support needs. People told us staff checked it was ok with people before providing them with care and support.
- Staff had received training on the MCA and understood the importance of ensuring people's rights were protected.
- People's mental capacity was considered during the assessment of their needs to identify if they would need support with specific decisions linked to their care. The registered manager told us some people had relatives who had Lasting Power of Attorney (LPA) to enable them to lawfully make decisions on people's behalf.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as 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

- People and relatives all spoke very positively about the staff stating they were "excellent" and "considerate". One person said, "They are a lovely bunch and they look after me very well." A relative commented, "They are very good. They are very caring.. and good with [Name]."
- People received support from a team of staff who knew about their needs and abilities. Staff told us they visited the same people regularly and had developed positive relationships with people and their families. Staff told us they sang to people and told them jokes to make them feel happy.
- Relatives told us they were kept informed of anything relating to their family member's care which they felt was important to be notified about.

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

- People and relatives were involved in decisions about people's care to make sure people received support in ways they preferred. One person said, "It was all agreeable and we were very involved.... They've done more than they should.. they listen to how I like things."
- A relative said, "There is a care plan. They came and agreed the plan with us, and it suits us well."
- Relatives spoke of staff taking time with people and doing extra tasks that made life easier for them. One relative said, "I've needed odd extra things doing by them (which were done)... and they know how to make [Name] feel good."

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected by staff. One person told us, "They help me to get washed dressed and have my breakfast and tablets, it's all done with dignity and privacy and they chat as they help."
- Staff knew what was required of them to ensure people's privacy and dignity was respected. They told us they made sure nobody else was in the room when delivering personal care. One staff member said, "We use towels, put them around them if they are waiting to go into the shower to keep warm and when they get out of the shower, put towels around them."
- People and relatives said staff supported people to be as independent as they could be. One relative said, "Staff are polite and respectful and don't get impatient when [Name] takes a while with things."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

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

- People said they received care that was personalised to their needs.
- Care plans kept in people's homes provided staff with the detailed information they needed to ensure people received care that was personalised and was in accordance with their preferences.
- Relatives said staff were responsive to people's changing needs including both physical and mental health needs.

Meeting people's communication needs; Supporting people to develop and maintain relationships to avoid social isolation

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.

- The registered manager understood the importance of effective communication with people and making information accessible. They told us information could be provided in alternative formats if requested or required.
- Some people the service supported had difficulties with verbal communication and staff had worked closely with people and families to ensure this was addressed.
- Staff used hand signs and gestures and read one person's facial expressions to understand their needs. This information was confirmed in the person's care plan as an effective way to communicate with the person.
- A relative told us communication with staff was good. They said, "They make notes and we have a communications book and we both read each other notes."
- Many people who received a service had relatives living at home who were involved in their care. This meant they were able to maintain relationships important to them and avoid social isolation.
- Relatives told us how they had developed positive relationships with staff when supporting their family member. One relative said, "They are so nice, [Name] loves them to pieces. [Staff name] is one of the best, they have bonded with them."

Improving care quality in response to complaints or concerns

- Systems were in place to ensure any complaints received were acknowledged, investigated and responded to.

- People and relatives told us that they knew how to make a complaint. No complaints had been received by the service at the time of inspection.

End of life care and support

- Information about people's end of life care had been obtained and recorded in care plans where people had chosen to share this information. This meant staff could use this information to support people in accordance with their wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

At our last inspection the provider had failed to ensure there was a robust quality monitoring system to make sure people were not placed at risk of receiving poor quality care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had systems in place to monitor the quality of the care provided. This included quality satisfaction surveys that people were asked to complete every three to five months. Responses showed a high level of satisfaction and the registered manager had acted upon comments made where appropriate.
- Staff were subject to regular spot checks by the registered manager to ensure they provided care and support in line with the providers policy and procedures. Checks were made of records such as care plans and medicine records to make sure these were accurate, and staff had followed instructions.
- The registered manager understood the legal requirements of their role including notifying us (CQC) of incidents such as allegations of abuse and serious injuries.
- The provider knew they were legally required to display the CQC rating for the service and this was seen in the office.
- The registered manager understood their role and responsibilities in relation to the duty of candour. This is a set of expectations about being open and transparent when things go wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People spoke positively of the service and felt their needs were met. One person told us, "A&M are like a new life for me. [Registered manager] is brilliant....they are so loving and caring." [Registered manager] goes over and above what is expected."
- The registered manager maintained regular contact with people and their relatives, so they were able to address any potential concerns or issues raised in a timely way. One relative told us, "A&M are very reliable,

yes it all gets checked up and we are very happy with the call times and they do check up on things a lot. They have been very good."

- People felt involved in their care because staff listened to them and checked they were happy with the support they were about to provide.
- People had care plans that contained information sheets about their specific health conditions which impacted on their daily living. These supported staff in meeting people's individual needs and abilities effectively.

Working in partnership with others

- The provider had developed links with the local community such as health support and equipment agencies to ensure people were supported safely and effectively.