

Mr Suvendu Seal

Amily Homecare

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Amily Homecare is a domiciliary care service providing personal care for people with a variety of needs including learning disabilities and people with mental health support needs. At the time of the inspection the service provided personal care to three people.

The inspection took place on 2 February 2017 and was announced.

The service is owned and operated by Mr Suvendu Seal. Mr Seal is registered with the CQC as the Responsible Individual for the provision of personal care. A Responsible Individual is a person who has the legal responsibility for meeting the requirements of the law. Mr Seal manages the service on a day-to-day basis and is referred to in this report as 'the provider'.

Following our last inspection in March 2016 we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action in relation to the supervision of staff and assessing and monitoring the quality of the service provided. Following the inspection the provider submitted an action plan to us to tell us how they planned to address these concerns. We carried out this inspection to check if the provider had made the changes required. We found that improvements had been made in all areas and the regulations were now being met. Staff received regular supervision to support them in their role. Quality assurance processes were in place and any concerns identified were addressed promptly.

Risks to people's safety were identified and control measures were in place to minimise the risk of harm. The provider reviewed all accidents and incidents and took relevant action to minimise the risk of them happening again. Staff were knowledgeable about their responsibilities to keep people safe and were aware of reporting procedures should they suspect potential abuse. People received their medicines safely.

There were sufficient staff employed to cover all visits at the agreed times. Staff received training which was relevant to their role and training needs were monitored by the provider. There was an induction programme in place which included new starters shadowing more experienced staff before working on their own. Staff told us they felt well supported by the provider and could contact them at any time to discuss concerns. The provider had a contingency plan in place to ensure that people would continue to receive a service in the event of an emergency.

The service worked alongside people and their families to ensure they were well matched with the staff providing their support. Relatives told us that staff were caring and enthusiastic in their approach. Staff knew people's needs and personalities well and supported people to develop their independence. Staff understood the need to gain people's consent before providing support and worked in accordance with the principles of the Mental Capacity Act 2005.

People's needs were assessed prior to their service starting and detailed care plans were in place to guide

staff on how to support people well. Staff were able to describe people's needs in detail and understood how to support people during times of anxiety. People's food likes and dislikes were recorded and relatives confirmed staff supported people in accordance with these. Staff were aware of people's healthcare needs and supported them where required. People were supported to access activities they enjoyed and were consistent with their hobbies and interests.

The provider had a complaints policy which was shared with people and their relatives. Regular feedback was sought regarding the quality of the service provided and any action required was addressed in a timely manner. Staff were involved in the development of the service and felt supported in their roles. There was a positive ethos which was shared with staff and was evident throughout the service.

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 safe because staff knew how to protect them from the risk of potential abuse.

Risks to people had been identified, recorded and detailed guidance provided for staff to manage these safely.

There were sufficient staff employed to cover all care visits.

People were supported by staff who were suitable to work with them because the provider's recruitment process was robust.

People were supported by staff to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

The provider ensured that staff had the relevant induction, training and support to be able to meet people's needs and wishes.

People received appropriate support to make choices about their food.

People's rights were respected as staff worked in accordance with the MCA.

People's healthcare needs were recorded.

Is the service caring?

Good ●

The service was caring.

Staff had developed positive relationships with the people they supported.

People and staff were matched well.

People were supported to develop their independence.

Is the service responsive?

Good ●

The service was responsive.

Assessments were completed prior to people's support starting.

People's care records were detailed and staff knew people's needs well.

People were supported to access a range of activities in line with their interests.

The provider had shared their complaints policy with people and their relatives. Relatives told us they were confident concerns would be addressed.

Is the service well-led?

Good ●

The service was well-led.

There were systems in place to monitor and review the quality of the service

Feedback was sought in relation to the quality of the service provided.

Staff were encouraged to contribute to the development of the service.

The values of the service were made clear to staff and were evident in the way the service was managed.

Amily Homecare

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 was an announced inspection which took place on 2 February 2017. We gave 48 hours' notice to make sure that the people we needed to speak to were available. The inspection team consisted of one inspector.

Prior to the inspection we reviewed the information we had about the service. Before the inspection the provider completed a Provider Information Return (PIR). The PIR 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.

During the inspection we spoke with the provider and one staff member. Following the inspection we contacted two relatives of people who used the service and two staff members.

We looked at the care records of three people who used the service, three recruitment files for staff, and staff training records. We looked at records that related to the management of the service including, audits, risk assessments and contingency plans.

Is the service safe?

Our findings

Relatives told us that they felt their family members were safe with the support they received. One relative told us, "(Family member) certainly feels comfortable with the carers. He's trying to say their name which shows he looks forward to their visits." Another relative told us, "(Family member) is certainly relaxed which wouldn't be the case if they didn't feel safe. I've never been concerned."

Safe recruitment practices were in place to help protect people from the employment of unsuitable staff. We looked at the recruitment files for three staff members and found they contained evidence that staff had completed an application form and had a face to face interview. Proof of identity and two employment references had been obtained along with a Disclosure and Barring Service (DBS) check. A DBS check allows employers to see if an applicant has a police record for any convictions that may prevent them from working with people who use this type of service.

Staff received safeguarding training and had a good understanding of how to help protect people from abuse. Staff were able to describe the different types of potential abuse and were aware of the reporting procedures they should follow. One staff member told us, "If I had any concerns I would speak to the manager. He's very open and would never judge you but will take things seriously." Another staff member said, "I would report it to the manager or could go to safeguarding or the police if it were necessary." The provider had a safeguarding policy in place and had access to the local authority safeguarding guidance.

There were sufficient staff employed to ensure all scheduled visits were completed. The providers PIR return stated 'We do not take on support packages of less than 3 hours. This is to allow the time for employees to develop relationships with their clients and provide the feeling of unhurried support.' We found evidence that this was the case and people currently using the service had support for a minimum of 7 hours per day. Rotas and staff confirmed that people received support from regular staff to ensure continuity. Relatives told us that staff arrived on time for the visits and stayed the allocated time. One relative said, "They're very reliable. I don't worry they won't turn up."

Risks to people's safety had been assessed and actions taken to reduce these risks. People's support files contained individualised risk assessments. These included assessments of the environment, people's moving and handling needs, communication and guidance on how to reduce people's anxiety. Risk assessments were regularly reviewed with the involvement of staff and relatives to ensure that guidance for staff was up to date.

Accidents and incidents were recorded and action taken to minimise the risk of reoccurrence. The provider reviewed all accident and incident forms to identify trends and ensure that appropriate action was taken to mitigate risks. One incident form described how a person had become anxious when travelling in a car. The provider had reviewed the incident with the staff member involved and agreed with the person's family they would be encouraged to sit in the back of the car. The person's risk assessment had been reviewed and details included how this decision should be communicated to the person.

People's medicines were managed safely. The provider had a comprehensive medicines policy in place. Where staff supported people with their medicines medication administration charts (MAR) were in place. These were reviewed by the provider during spot checks at the person's home and we found that there were no gaps present. MAR charts contained details of medicines prescribed, when it should be administered and how the person preferred to take their medicines.

The provider had developed a contingency plan to ensure that people would continue to receive a safe service in the event of an emergency or unforeseen event. The plan included details of the continuation of business procedures should the provider not be available, unforeseen events and medical emergencies. The provider tested the plan on a regular basis to ensure that staff were aware of their responsibilities and that all resources were in place.

Is the service effective?

Our findings

At our last inspection in March 2016 we found concerns regarding the lack of supervision provided to staff. At this inspection we found that improvements had been made and staff were now receiving regular supervision in line with the providers policy.

Staff received regular supervision and support in their role. The provider maintained a supervision matrix which showed that staff had received regular supervision and that spot checks were undertaken to monitor their performance. Records showed that staff were encouraged to provide feedback on their performance and the support they received. Discussions included an overview of the role, any changes to people's support, staff development and training. Staff told us they found supervisions useful in developing their skills. One staff member told us, "We talk about things that I wouldn't always think about like looking at personal skills and working with other staff. It's a good time to review and reflect and I'm given guidance on what to work on." Unannounced spot checks were also completed to monitor the quality of individual staff members' performance. We saw that records were kept of spot checks visits and that staff were given feedback on the quality of their work to enable them to develop their skills.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. The provider maintained a training matrix which showed that staff had completed training including autism, moving and handling, safeguarding, fire and first aid. Staff told us they felt the training provided supported them in their role. One staff member told us, "The training is good, a mixture of on-line and face to face. The best thing for me was learning how to communicate better and how to positively encourage people with autism." Another staff member said, "I enjoy listening to other people's experiences. You can take the guidance and apply it in what you do. Things are always changing so it's good to keep up to date." New staff were required to complete the Care Certificate during their induction period. The Care Certificate is a set of agreed standards that health and social care staff should demonstrate in their daily working lives.

New staff were supported to complete an induction programme before working on their own. Staff told us that prior to starting work they met with the provider to discuss the aims of the organisation, expectations of the role and details of the people they would be supporting. They then worked alongside other staff members to give them the opportunity to get to know people and their needs. One staff member told us, "I had a good induction with (provider) and then spent time with another staff member and the person I would be working with. It gave me the chance to get to know them and for them to make sure they were happy. It's important when you're supporting people with autism."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's rights were protected as staff understood their responsibilities under the MCA. Staff told us they received training regarding consent issues during their induction and worked with people to ensure they were in agreement with plans regarding their care. One staff member told us, "I always offer choices, I use pictures with the person I support to help them. I will encourage people but I won't judge the choices they make." People's care plans contained detailed information regarding how they were supported to make decisions which included guidance to staff on when and how it was best to approach the person. One relative told us, "The staff always offer choices in the right way and (name) is responding well." Where decisions were taken in a person's best interests this was discussed with relatives and where appropriate, the person's care manager, to ensure that all elements of the decision had been considered.

People were offered support with their meals in line with their preferences. Care files contained details of people's food likes and dislikes and staff were able to tell us about people's preferences. Relatives told us that staff understood what food people enjoyed. One relative told us, "I've no concerns regarding the food. (Family member) is offered choices and would let them know if it wasn't right." Another relative said, "They try to go out for lunch as a motivation for getting out. They let (name) decide where to go."

People's health conditions were recorded and where appropriate, guidance was available to staff on how to support people with their healthcare needs. Where people had specific allergies these were recorded within their care plan along with guidance to staff on how to keep people safe. The provider told us that due to people's personal circumstances they did not regularly support people to attend healthcare appointments at the present time.

Is the service caring?

Our findings

People's relatives told us that staff were caring. One relative said, "I've never had any concerns, they all put me at ease. They show enthusiasm and will ask questions about things they have been thinking about which (family member) may like." Another relative told us, "They all seem to be caring. They just want (family member) to be happy."

People were supported by staff with the right skills and personalities to meet their needs. Each staff member had a personal profile which included details of their skills, training, interests and personalities. People and relatives were given the opportunity to review staff profiles and where appropriate, interview the staff member prior to them providing support. This helped ensure that people were matched well with the staff members supporting them. One relative told us, "The service is good at matching carers. They look at who suits (family member) to get the best solution."

People were supported by regular staff who knew their needs well. One relative told us, "Carers have built good relationships with (family member) and he looks forward to them coming." Another relative said, "Staff know (family member) really well. They know what works and can judge when it's safe to do things." Staff we spoke to were knowledgeable about people's needs and how they preferred their support. They were able to describe in detail how they provided people's support, how to offer choices and the types of activities people enjoyed.

Staff were knowledgeable about things people found difficult and how changes in daily routines affected them. Detailed guidance was available in people's care files regarding the support they required to manage their anxiety. Staff we spoke to were able to confirm how they used this guidance in practice. They described what situations may trigger people's anxiety, how to minimise risks and how to communicate with the person to help them remain calm. One relative told us, "(Family member) will be very adamant about things and may cause a fuss if things aren't right or change unexpectedly. The staff recognise this and work with it."

People were encouraged to develop their independence. Staff were able to give examples of how they supported people to develop the independent living skills such as preparing light meals, completing domestic tasks and dressing. One staff member described how they had recently started supporting a person to go to their local shop, choose what they wanted to purchase and pay for their items.

Is the service responsive?

Our findings

Relatives told us that staff followed their family members care plan and responded positively to any changes required. One relative told us, "The provider will ring and talk through different things and different options. I can ask for things at the last minute and they always do their best to be accommodating and helpful." Another relative said, "They take the time to listen."

At our last inspection in March 2016 we made recommendations in relation to how people's assessments and care plans were implemented and how complaints were monitored. At this inspection we found that improvement had been made and the required systems were in place.

People's needs were assessed prior to their support starting to ensure the service were able to meet their needs. The provider told us that they met with people and their relatives to learn about their needs and requirements. Relatives confirmed that they had been fully involved in the assessment process and that the provider had spent time getting to know their family member to enable them to match care workers appropriately. One relative told us, "(Provider) was very thorough and listened carefully to what we needed. At the beginning they were in touch all the time to discuss different things and make sure everything was working."

Care plans were person centred and reflected people's needs and preferences. There was detailed guidance for staff regarding how to approach and encourage people, communication needs, accessing the community and personal care. One person's care plan stated that staff should support them to go straight from one activity to another as if they went home first they would be reluctant to leave. Another person's file gave detailed guidance on the order in which they liked to get dressed. One person's file listed the person's fears and the situations staff should avoid to support the person to feel safe. Staff were able to discuss people's needs and with confidence and the information they provided was consistent with people's care plans. They told us that people's plans were informative and contained the information they required to support people. One staff member told us, "The plan gives good information and is updated when needed. The person I work with needs to have flexibility to make sure all bases are covered. Their plan gives ideas and how to move from one thing to the next."

People were supported to take part in a range of activities in line with their interests and preferences. People's care plans contained examples of the activities that people enjoyed and their care records showed that they were supported to access these. One relative told us, "Staff know what he likes to do and the particular places he likes to visit. That's why he looks forward to them coming so much." One relative told us they would like their family member to find a regular activity such as voluntary work in an area which interested them. They told us the service had contacted several organisations but to date had not had any success. Staff had recently compiled a directory of activities which could be shared amongst people and staff to give ideas of places to visit and activities available.

People and their relatives were provided with information of how to make a complaint. Relatives told us that they were aware of how to raise a complaint but had never needed to do so. One relative told us, "I've never

had to complain but I could ring and speak to the provider. I'm confident they'd respond." The provider's policy gave details of how to make a complaint and the timescales for response. The complaints log showed that no complaints had been received since the last inspection.

Is the service well-led?

Our findings

Relatives told us they felt the service was managed well. One relative said, "I can ring at any time and discuss things. They are very open and deal with things straight away." Another relative said, "I can get in touch with them if I need to and they keep in contact with me. I really don't worry about anything."

At our last inspection in March 2016 we found there was a lack of quality assurance monitoring systems in place to monitor the service effectively. At this inspection we found the provider had addressed these concerns and quality monitoring systems had been implemented.

The provider had effective systems in place to monitor the quality of care and support that people received. The provider and senior staff completed quarterly audits of care files to ensure that information was up to date and consistent. Relatives and staff were contacted or visited as part of this process to enable them to comment on any changes required. Daily records were returned to the office monthly for auditing to check that they contained detailed information of the support provided and that staff were following people's care plans. Systems such as staff timesheets, supervisions, spot checks and recruitment tracking were diarised and checked to ensure they had taken place. Where changes to systems and processes were identified the provider had developed an action plan and task list to ensure that they were dealt with in a timely manner.

Regular feedback was encouraged regarding the quality of the service provided. Relatives were contacted on a monthly basis to gain their feedback on the service provided. Comments seen were mainly positive. One relative had commented, "Very happy with all aspects of the package currently." Another relative had said, "The overall quality of the service is very good." Where comments received required action there was evidence that these were addressed. One relative had commented that they would like their relative to go out more. Subsequent comments from the relative showed that their concerns had been addressed, "Appreciate plans to get (family member) out more."

Staff members were actively involved in the development of the service. One staff member told us, "I can speak about absolutely anything with (provider). Any requests I have or incidents are followed up on immediately. I'm asked for my ideas, we all work together." The provider told us that they felt it was essential to have open communication with staff to listen to their ideas and difficulties they are experiencing. They told us, "If the staff are well looked after and empowered they are more likely to provide good support." We saw that staff had been involved in the development of an activities directory and in devising recording systems used within the service.

The values and ethos of the service was clear. The PIR for the service stated, 'We operate an open and transparent service and set out our working intentions with employees from the word go'. Staff told us that the provider had been clear about the values of the service and their expectations of staff. One staff member told us, "They talked a lot about what the service wanted to achieve during my interview. It's a very personalised service and that's never changed. Everyone is very open and wants the best for clients."