

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 16 October 2017 and was announced. We gave the provider 48 hours' notice to ensure they would be available to meet with us. We carried out our last inspection on 26 January 2017 and found the service was breaching regulations in relation to safe care and treatment, staff support and good governance. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection to check that they had followed their action plan and to confirm that they now met legal requirements and had addressed all areas where improvement was needed.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Amethyst Home Care on our website at www.cqc.org.uk.

Amethyst Home Care provides care and support to older adults in their own homes. At the time of our inspection there were nine people receiving care and support from the service. The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found the provider had taken all the necessary action to improve the service in respect of the breaches we previously found.

The provider had improved medicines management. The provider had trained all staff in medicines management and had assessed their competency to administer medicines since our last inspection. In addition the provider had carried out assessed risks relating to medicines for people using the service which set out how the risks would be managed. Staff recorded medicines administration appropriately. The provider audited medicines records and took action when anomalies were identified.

The provider supervised all staff to provide them with frequent opportunity to discuss any concerns, review their training needs and receive feedback on their performance.

The provider had improved their systems to assess, monitor and improve the quality of care people received. This was because the provider gathered feedback from people using the service weekly or monthly and recorded their findings. The provider also requested people complete a questionnaire detailing their views and experiences every three months. The provider had a system in place to monitor the time staff provided care to people to check people received care for the agreed times.

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 as the provider had made improvements in relation to the breach we found at our previous inspection.

The provider had improved the way they managed people's medicines.

We have not changed the service's rating from 'requires improvement' as we need to see consistent improvements over time.

Requires Improvement ●

Is the service effective?

The service was effective as the provider had made improvements in relation to the breach we found at our previous inspection.

Staff were supported through regular supervision.

We have not changed the service's rating from 'requires improvement' as we need to see consistent improvements over time.

Requires Improvement ●

Is the service well-led?

The service was well-led as the provider had made improvements in relation to the breach we found at our previous inspection.

The provider had improved systems to monitor and assess the quality of care people received.

We have not changed the service's rating from 'requires improvement' as we need to see consistent improvements over time.

Requires Improvement ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced, focused inspection was undertaken by an inspector on 16 October 2017. We gave the provider 48 hours' notice because we needed to make sure a suitable person would be at the registered office to meet with us. This inspection was arranged to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in January 2017 had been made. We inspected the service against three of the five questions we ask about services: Is it safe? Is it effective? Is it well-led?

Before the inspection we reviewed all the information we held about the service which included the previous inspection report. We also reviewed and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

During the inspection we spoke with the registered manager and the administrator. We looked at records relating to medicines management, staff supervision and quality assurance.

After the inspection we spoke with three people using the service and one care worker.

Is the service safe?

Our findings

At our last inspection in January 2017 we identified a breach in relation to medicines management. The provider had not trained staff, or assessed the competency of staff to administer medicines to people. Information was lacking about people's medicines including any special precautions staff should take when administering to people. These issues meant people were at risk not receiving their medicines in a safe way.

After the inspection the provider sent us their action plan which set out how they would become compliant. The provider told us they would be compliant by April 2017.

At this inspection we found the provider had followed their action plan and were now managing people's medicines safely. One person told us the provider supported them with medicines by ordering their medicines for them and they were very helpful in doing this. The provider had trained all staff in medicines management and had also assessed the competency of all staff to administer medicines. The provider had carried out detailed risk assessments relating to medicines for all people using the service. These risk assessments included information about each medicine staff administered to people, and addressed how staff should manage the risks. We viewed medicine records which showed staff recorded medicine administration appropriately. In addition, the provider audited medicines records each month and took action when they found anomalies. For example, they provided staff with additional support if they identified staff were making repeated recording errors.

Is the service effective?

Our findings

At our previous inspection in January 2017 we identified a breach of the regulation relating to staff support. We found the provider did not support staff through regular supervision and there was no system in place to check staff cared for people competently. Because of this the provider was unable to monitor staff effectiveness and staff were insufficiently supported. These issues meant people were at risk of receiving care from staff who were insufficiently supervised.

After the inspection the provider sent us their action plan setting out how they would become compliant by April 2017.

At this inspection we found the provider had followed their action plan and were compliant with the regulation relating to staff support. We viewed staff supervision records and saw the provider had supervised all staff since our last inspection. The provider had clear plans to supervise staff four times each year. Supervision records showed staff were provided with sufficient opportunity to review their practice and receive feedback on their performance. In addition staff had the opportunity to review their training needs. In addition the provider checked the competency of staff to provide care during observations of their practice. The provider checked staff were respectful and kind when they cared for people and that they carried out the tasks required of them to a suitable standard. These improvements meant people received care from staff who were well supported by the provider. A member of staff told us the training was good quality and sufficient to carry out their role. The staff member told us they felt well supported by the registered manager.

Is the service well-led?

Our findings

At our last inspection in January 2017 we identified the provider was in breach of the regulation relating to good governance. The provider was not assessing, monitoring and improving the quality and safety of the service provided. There was no system in place for getting feedback from people using the service on the quality of care. The provider had not visited people who required 24 hour care to check whether staff practices were appropriate and safe or to get their feedback on the quality of care. There was no system to ensure staff received the necessary training for their role. There was also no system to check staff were arriving on time and staying for the allotted time. These issues meant people were at risk of receiving care and support which was inappropriate or unsafe and the provider would be unaware of this.

After the inspection the provider wrote to us with their action plan which set out how they would become compliant by April 2017.

At this inspection we found the provider was compliant in relation to the regulation concerning good governance. People and staff spoke highly of the registered manager. One person said, "[The agency] is very well organised and I see [the registered manager] regularly". A member of staff told us the registered manager was very supporting and "incredible". The provider telephoned or visited each person at least monthly to gather their views and their feedback was recorded to ensure a clear audit trail. In addition the provider offered people the opportunity to complete questionnaires every three months to provide more in-depth feedback on the quality of their care.

The provider had put in place a matrix to monitor the training staff had received and had a training programme in place for the next 12 months.

The provider had introduced an electronic system to monitor the times staff cared for people. One person told us, "I'm very pleased with the agency, they come as promised and the time keeping is good". This meant the provider had systems to check people received care for the agreed periods of time.