

Amicus Homecare Limited

# Amicus Homecare Ltd

## Inspection report

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14 June 2018

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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

The inspection took place on 12 and 14 June 2018. We announced the inspection at short notice as Amicus Homecare is a small agency and we needed to ensure the registered manager was available on these dates. This was the first inspection of Amicus Homecare.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of our inspection the service was supporting 10 people.

Not everyone using Amicus Homecare receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in post. 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.

People we spoke with were very satisfied with the service they received. They told us staff were caring and reliable and they were confident their visit would always take place on time. Everyone using the service knew the registered manager and was complimentary about her.

People felt safe with staff and told us they were competent and respected their privacy and dignity.

Staff enjoyed working for the agency and received support, training and supervision. They told us they had enough time to deliver a good standard of care and did not feel rushed.

People's care was delivered in the way they preferred. The provider had developed comprehensive care plans which took into account people's personalities, history, likes and dislikes.

The service was well organised and had effective systems in place to manage quality and performance.

## 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.

Risks to people were assessed and guidance was in place to support them safely.

People were confident their care visit would take place on time.

Staff were trained in preventing the spread of infection.

There were sufficient staff, safely recruited

### Is the service effective?

Good ●

The service was effective.

People's needs were assessed when they began using the service.

Staff were trained and supervised.

The provider liaised with health professionals when necessary.

Staff always sought consent before delivering any care

### Is the service caring?

Good ●

The service was caring.

People were very complimentary about the care they received.

Staff respected people's privacy and dignity.

People's choices and preferences were respected

### Is the service responsive?

Good ●

The service was responsive.

People's care plans were person-centred and took account of people's preferences.

People and their relatives were able to give feedback about the quality of the service.

There was a complaints policy in place and people knew about this.

### **Is the service well-led?**

The service was well-led.

The provider had systems in place to check all visits occurred on time.

The provider had systems in place to monitor the quality and effectiveness of the service.

Staff morale was good and the provider monitored staff performance.

**Good** ●

# Amicus Homecare Ltd

## Detailed findings

### Background to this inspection

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

This inspection took place on 12 June 2018 and was unannounced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 12 June 2018 and ended on 14 June 2018. It included telephone interviews with people who used the service and staff. We visited the office location on 12 June 2018 to see the manager and office staff; and to review care records and policies and procedures.

The inspection team consisted of 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us.

During the inspection we spoke with four people using the service, one relative and four staff members, this included the registered manager. We reviewed three people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, recruitment and training records, policies, audits and complaints.

## Is the service safe?

### Our findings

People told us they felt safe with care staff. They told us, "yes, they are very good". We spoke with one relative who said their relative was safely cared for. Staff had received training in safeguarding and knew how to identify possible abuse. They told us, "I have had safeguarding training. I would report any concerns to my line manager". Staff were aware of the provider's safeguarding policy and knew of external agencies they could contact if they felt action had not been taken by their line manager.

People could be confident that their care visit would always happen at the time arranged. People had never had a missed visit. We were told, "They are always on time, they are never late", and, "No, they're never late, always on time." A relative told us, "Yes, I think they have enough staff and they have never missed a day and they are never late. It was like when we had all the bad weather and I was worried, not for my father but for the carers getting here, but they were always on time. I am so impressed. I don't know what I would do without them for my father."

The registered manager undertook risk assessments for people using the service in order to provide safe care. There was a comprehensive set of risk assessments within all three people's electronic care records we viewed. Assessments included a home, external and internal environment and infection control. The registered manager told us they currently supported a small number of people who had very low risks.

There were sufficient staff, safely recruited. The provider currently employed two full time care staff, a registered manager and an office manager. The registered manager also delivered care to people in their homes. Staff files showed the provider had carried out checks before employing new members of staff. All contained a Disclosure and Barring number (DBS) this is a check that is made to ensure potential staff are safe to work with vulnerable people. Staff files also contained proof of identity, an application form, a contract right to work details and references.

Staff told us they did not administer people's medicines but prompted them. This meant they reminded the person to take their medicines, and the person would then take the medicines. One person told us, "I take eyedrops and I put them in myself. I got it on prescription and that is because I had my cataracts done." Another person told us, "I self-medicate, but the carers always ask to ensure I have taken it." However, a relative told us, "with his medication they always administer it to my [Name]."

People were protected from the spread of infection. People told us, "Yes, when they are doing my personal care they always wear gloves and aprons." Staff received training in the control and prevention of infection. The provider ensured staff had disposable gloves and aprons which staff used when supporting people. They wore a new set for each person. Staff were given a rucksack by the provider which contained the gloves and aprons and they were able to refill this when attending the office.

The service had implemented contingency plans during the snow earlier in the year. Staff had been able to make all visits by using a director's 4x4. They told us they had needed to change some visit times but everybody had continued to receive care

## Is the service effective?

### Our findings

People were confident staff were competent and delivered their care effectively. We were told, "Yes, they are very good, extremely good. They come in the morning and feed me and lunch time and they do me evening meals. And they leave me with orange juice and they are always on time and never late."

Individual needs assessments had been undertaken prior to the service being provided to ensure the care and support being offered could meet the person's individual needs and choices. Staff told us, "The registered manager would go and do an assessment and find out what needs to be done and come with me for the first visit."

Staff were trained and supervised. Care staff had completed the Care Certificate. Whilst there is no statutory requirement for providers to implement the Care Certificate, the provider had incorporated this into their induction programme. The Care Certificate is a set of minimum standards that social care and health workers should apply to their daily working life and is covered as part of the induction training of new care workers. This helps to ensure make sure that staff have the skills, knowledge and experience to deliver effective care and support. Staff told us, and records confirmed, that spot checks were carried out as part of supervision. Staff told us, "I feel I get enough support", and, "we can always chat with the manager over the phone".

People were supported to have enough to eat and drink. Comments included, "I have my food already prepared and they come and put it in four times a day in the microwave. And they always make sure that I have plenty to drink", and, "[Name] does my food for me and always leaves me with enough fluids, I make sure of that." People's care records contained information about their food and drink needs. For example people had a section of their care plan for food and drink. One person's records stated, "Please leave my kettle half full". Records showed that staff always left people with a drink at the end of their visit. Night visits included information about what drink people had beside their bed. One person needed a soft diet. This was clearly stated in their care plan along with specific information about this type of diet.

Staff communicated well both within the organisation and with external health providers. The provider scanned in all care visit notes onto their electronic records system in order to maintain a clear record of care delivered. The provider had an electronic notes system which recorded any liaison between staff and external professionals. Staff contacted the office if they had concerns about people and the registered manager contacted the relevant professional and family members.

People told us staff sought consent before delivering any care. Two people told us, "They always ask for my consent before they do anything for me". Staff understood their legal obligations to seek consent. We saw one risk assessment for a person who had made a decision which potentially put them at risk. Their records showed they understood the risks and had the capacity to make this decision.

## Is the service caring?

### Our findings

People and their relatives were very complimentary about the care they received. Comments included, "They care very much, there is never too much trouble to do anything for me" and "The service is excellent, they are wonderful, they do anything [Name] wants and anything I ask of them, they will do it, and I only have to ask. They come in three times a day." A relative told us, "It's the little things they do, like when the freezer broke down and they informed me straight away so that I could order a new one."

People told us they saw the same members of staff, "Yes, I have regular carers and they have never changed. Three in total, and they are brilliant."

Staff told us they had enough time to carry out their care tasks and also to talk with people. Comments from people included, "Yes, the staff are very kind to me and they take their time with me." And "I had to go to the hospital and [Name] cut the grass and cleaned the shed windows for me. And now and again we sit and have a chat, [Name] always makes time to sit and have a chat."

Staff treated people with dignity and respect, a relative told us staff were "Friendly, happy, helpful, not too pushy, they treat him with dignity and respect his privacy, and they help him with his crosswords and with the phone due to him being hard of hearing." One person said, "Yes, they always close the curtains and doors when they come in in the mornings". Staff told us they ensured doors and curtains were closed and they used towels to protect people's privacy during personal care.

People had been involved in the development of their care plans. We were told, "I have seen it and I am going to see it again this afternoon to update it." We noted that people's care plans started with a section about who they were, what was important to them. This meant that before staff looked at a person's care needs they had been introduced to the person as an individual.

People's independence was respected. Staff supported people to do as much for themselves as they could. Their care plans contained information about what they could do as well as what they needed help with.

The provider communicated with people in the way they preferred. Some people did not like using the telephone so staff used text messages, email or contacted their relative depending on their choice.

People's views and those of their relatives were sought. A recent survey had been sent out to people and the five returned surveys demonstrated a high level of satisfaction with the service. One comment was received which stated, "Too many surveys".

## Is the service responsive?

### Our findings

People received care that was person centred and took their preferences and needs into account. We were told, "I always have the regular carers, and the same ones. Yes, she does know all my needs." And "No, I wouldn't like any changes, I like it the way it is, they are very good." A relative said, "They are very flexible. If I must take my [Name] to a hospital or doctor's appointment, then they will fix his care around it."

Staff told us that changes needed could be made quickly, "I'd contact the manager, there is a quick turnaround, a change of times was completed within four days", and, "Changes are usually quick but this depends on the changes, extra time would probably be done in the same week, its usually quick and efficient."

Staff told us people were, "At the centre of the care plan and everything works for them and around them and all decisions should be made with or by them."

Care plans had been developed to encompass the whole person. The first section of people's care plan was entitled, "Who I am", and "what is important to me". The plan continued with information about the positive aspect of people's lives and what they could do. Another section informed staff they could support the person, "By always being kind and not looking down on me". Plans were written in the first person and it was evident people's own words had been used where possible.

We were told about one person who had not wanted staff to take off their shoes so the provider had equipped staff with disposable overshoes.

People's plans included information about their support networks of family and friends and also recorded if the person was flexible about their support times. Records contained information about what time people preferred to get up and what their routine was. For example, one person's plan stated, "I would also like any post brought to me so I can go through it." People's night support plans contained information about their preferences for number of pillows, drink and bedroom door left open or closed.

Staff had access to a list of 'bullet points' which was a checklist for each person to ensure staff did not forget things important to the person. These were very detailed and were updated if any needs or preferences changed.

The provider had a complaints policy and had received one complaint last year which the provider investigated. People knew how to complain, they told us, "No, never had any concerns or complaints, but if I did I would complain to [Registered manager]", and, "No, never had to complain, they're very very good, very caring." Staff said there was a complaints policy and if someone wished to complain they would, "Offer a complaints form or contact the office but its not very common in my knowledge", and, "They can make a complaint to me I would document the complaint and pass to the manager."

We saw that the provider had received several compliments, one relative had said, "I would like to thank you

for all the care and attention you have given my [relative]. You've been superb for them".

## Is the service well-led?

### Our findings

People told us they were very satisfied with the service and knew the registered manager., "[Name] is very good, and she comes around to see me every so often", and, "Yes, I have met and spoken to the manager, she comes here to see me." A relative told us, "They are very approachable."

We spoke with a director of the company during the inspection who told us they planned to expand the service but intended to keep it small and personal. They explained that recruiting the right people was key to the kind of service they wished to offer and that they needed to be "Genuinely caring, sincere and respect people's rights". The registered manager told us they still went out to deliver care and really enjoyed this. They said they intended to continue delivering care as they felt it was very important they knew everybody.

The provider had an effective system in place to monitor the quality and safety of the service. They used an electronic system called the Quality Compliance system (QCS) which prompted the office manager about frequency and due dates of audits. Records demonstrated that these audits had been carried out. The provider also carried out an audit of five care plans every quarter to check they contained all information. Where information was missing an action plan was developed.

Staff in the office had a board which contained information about which people were due a review of care plan or medicines. They were identified by initials to preserve confidentiality.

There was a system in place to ensure visits took place on time. The system also identified the number of different staff seen by people. Whilst this was not currently an issue due to the size of the agency it meant that this could be monitored as more staff came on board.

The provider had an effective system in place to communicate with staff. The staff team was small and staff told us it was very easy to contact the office to raise issues.

The provider has a system in place to monitor completion of staff training and frequency of supervision. The registered manager carried out spot checks on staff to observe their timeliness and delivery of care. Following the spot check the registered manager checked with people about how satisfied they had been with the care delivered.

Staff morale was good. All the staff we spoke with told us they enjoyed their job and felt they delivered a good service.

There were systems in place to gather feedback from people who used the service and staff. The provider used the information to address any shortfalls or improve people's experience of care.