

Amicare Domiciliary Care Services Ltd

Amicare House

Inspection report

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Leicestershire
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Tel: 01162601747

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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

Amicare House is registered as a domiciliary care agency providing the regulated activity 'personal care' to people who live in their own homes in Leicestershire. At the time of the inspection visit there were 190 people using the service.

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

Systems and processes were in place to ensure people are protected from abuse. Staff were knowledgeable about how to protect people from abuse and training was delivered to staff regularly. Risks were managed appropriately. Staffing levels met the needs of the people using the service. Staff were recruited safely. Accidents and incidents were recorded, and subsequent analysis took place to ensure that lessons were learnt. Systems and processes were in place to ensure people received their medicines safely and in the way that they wanted.

People's needs were assessed. Peoples desired outcomes and wishes were recorded and included in care plans. Staff received training and demonstrated they were knowledgeable and skilled. Staff worked well with each other and communication between staff was good. Team meetings took place regularly and staff were engaged and motivated. People were supported to access a wide range of healthcare support. Staff understood the principals of the MCA. Records showed people consented to the care they received. 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.

People told us staff were kind and caring. Staff were knowledgeable about how to maintain people's privacy dignity and independence. People were given the opportunity to express their views regularly and were involved in their care.

People were receiving care which was responsive to their needs. Care planning captured peoples wishes, and care was delivered by staff who understood the needs of the people they were supporting. Care records were person centred and contained good detail about people, their likes, dislikes and what was important to them. Care plan reviews were comprehensive and evidenced involvement from people and relatives. People knew how to complain and raise concerns and were listened to. Records showed complaints were managed robustly. People were surveyed to measure their satisfaction. Outcomes from surveys were shared with people to ensure that they were aware of actions taken to respond to suggestions and comments.

The provider had a vision. High standards of care were expected. The registered manager was committed to ensuring people received good care. Staff were positive about the support they received from the registered manager and told us morale in the team was good. Staff told us they were listened to and supported. Governance systems were in place to ensure there was clear oversight and scrutiny of care being delivered to people. The registered manager had developed good working relationships with partner agencies.

Rating at last inspection

At the last inspection the service was rated Good (published on 27 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Amicare House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide 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

Amicare House is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection the agency was providing personal care to 190 people. The service had a manager registered with the Care Quality Commission. 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 visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did before inspection

We reviewed information we had received about the service. We used this information to plan our inspection.

During the inspection

We spoke with 13 people and four relatives, three care staff the care manager, a team leader, a coordinator and the registered manager. We reviewed records related to the care of four people and recruitment records of three staff. We looked at records of accidents and incidents, complaints, audits and quality assurance reports.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives consistently told us they felt safe with the care staff. One person told us, "Yes, I feel safe and at ease. They [staff] are considerate and they help me go out. [staff] helps me avoid risks and we discuss it all first."
- The provider had a safeguarding policy which was regularly reviewed and included information about how to make a safeguarding referral to the local authority safeguarding team. Staff were aware of how to recognise and report abuse. "I would speak to the manager about it and record it on an incident form. It is our duty of care to tell the office."
- Records showed staff received training relating to safeguarding and were provided with regular refresher training to ensure their knowledge in the area was kept up to date. Staff confirmed this.

Assessing risk, safety monitoring and management

- Records showed people were supported to reduce risks associated with their care and support to ensure they were safe. For example, one person was at risk of choking due to swallowing difficulties. A risk assessment had been carried out by the staff and included guidance which had been written in a professional assessment by a speech and language therapist.
- Risks assessments were not restrictive and were written with the involvement of the person. For example, one person wished to eat foods which a professional assessment had identified as being harmful. Records showed a discussion had taken place with the person and the risks were fully explained. The person stated they were aware of the risks and chose to accept them, so they could continue to eat foods of their choice.

Staffing and recruitment

- People consistently told us they were supported by reliable and punctual staff. "It's very good. They are reliable, yes, always on time." "They call three times a day, mainly regular staff in the week and some different ones at weekend but we know most of them by now and any replacements have been nice as well."
- Staff told us agency staff were not used. One staff member said, "We don't use agency staff as far as I know. If they are short staffed, [registered manager] comes out."
- The provider followed a clear process to ensure people were recruited safely. Records showed pre-employment checks were undertaken prior to staff commencing employment. Staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.

Using medicines safely

- Care plans and risk assessments described the support people needed to ensure medicines were administered as intended. People who required medicines on an 'as needed' basis had a written plan to

ensure staff knew how and when to administer them.

- Records showed, and staff confirmed they received training to administer medicines safely. Observations were carried out regularly to ensure staff were competent. One staff member told us, "Yes, competence and spot checks are done regularly."
- The provider had a medicines policy which had recently been reviewed. The policy reflected best practice guidance.

Learning lessons when things go wrong

- The provider had a process for recording and reporting accidents and incidents. Staff told us they were confident reporting these to the office. The registered manager told us accidents and incidents were analysed to look for trends and patterns.
- The registered manager told us changes were made to people's support following an accident or an incident. "We've made changes to people's risk assessments. If I notice trends coming up, we look at how we can reduce them occurring."

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 Good. At this inspection this key question has remained the same. This meant 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 fully assessed before they began using the service. Records showed assessments were detailed and relevant to the person's needs.
- Where appropriate people's relatives had been encouraged to provide important information.
- Information recorded in people's initial needs assessments was included in care plans and risk assessments.
- People provided consent for their care to be carried out in the way that they had agreed. Where people lacked capacity to consent there was clear information about who was agreeing the plan on the person's behalf.

Staff support: induction, training, skills and experience

- Staff consistently told us they were assured by the competence and professionalism of staff. Some people told us staff would protect their health and well-being whilst providing care by alerting them of health issues and would call a doctor or other service if needed. One person said "They help me have my wash and it's done with dignity. It's all done properly. They let me know if they think I need the doctor."
- Records showed staff were provided with an induction when they first started working for the provider.
- Staff told us the ongoing training they received provided them with the knowledge they needed to do their job well. Staff told us they were provided with training which was specific to people's needs, such as dementia training and diabetes training.

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

- The provider worked with a range of health and social care professionals to ensure people's care was effective. Care records included guidance from health professionals and staff supported people to access appropriate healthcare.
- Care records included a one-page document called an 'emergency sheet'. This document provided healthcare professionals with information about people's individual needs, support with communication and prescribed medicines in the event of an unplanned hospital admission.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Records showed, and staff confirmed, they received training about the MCA. One staff member told us, "It's about who is able to make their own decision and choices, if they can't then there is help for them."
- People who were able to consent to care were fully involved in developing their care and had signed care plans and subsequent reviews to demonstrate they had consented.
- Where people lacked capacity, records were clear about how relatives would help them to make important decisions and whether they had lasting power of attorney to make decisions about health and finances.

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 consistently told us staff were kind and caring. One relative told us, "I am exceedingly pleased with them. They are all lovely who are excellent and caring. They are sociable, friendly, and conscientious." A person told us, "They are really good. The carer I have is really personable, they are chatty, and I have two regulars and I get all round support like a friend."
- Staff knew people well and understood how they liked to receive their care. One person told us, "Well we think they have been very good. I've used them for nine years now."
- Staff had received equality and diversity training and the provider had an equality, diversity and human rights policy, which set out how to support people, and staff, from diverse backgrounds.
- People's care plans detailed included a section for their religious and cultural needs. The registered manager told us, "Some people don't speak English, so we always try and send carers in who can speak their language and understand their culture."

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

- People told us they were treated respectfully and were involved in decisions about their care. Care plans referenced the involvement of the person or their nominated representative and had information regarding their communication needs.
- Care plans included details of people's life history, wishes and preferences. This knowledge was used by staff to ensure they provided care to meet people's needs, in the way they wished.
- People told us communication with the staff and provider was good and they were able to express their views. A person told us, "I can get the office when I need to change anything. The out of hours number works as well if I'm not well." Another person said, "They make nice meals. They do it nicely. It's all my choice."

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were respected by staff. One relative told us, "All [relative's] care is done with dignity and politely. One carer will take [relative] out if it's at all possible including birthdays. They are now like family and friends, but they know what's what."
- Staff were knowledgeable about how to maintain people's dignity and privacy, one staff member told us, "We ask what they want to do. We make sure the door is closed and wait outside." This was confirmed by one person who said, "Yes, it's all done with a lot of dignity, they [staff] chat as they are helping me and see I'm ok at each stage."
- Staff were respectful of people's rights to keep information about them private. One staff member said, "We don't tell information about service users to family or friends, you should only tell your manager."

- People told us they were able to maintain their independence with the care and support they received. One person said, "They [staff] are considerate and they help me go out. I like to go to the retail park, so we go with the guide dog. [staff] helps me avoid risks and we discuss it all first. I've had no falls or accidents with them, it's working well. It helps me be more confident."

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 had individualised care plans, which described the care and support they needed. Care plans were called 'personal delivery plans' and included important information about what made people happy and what upset them. This enabled staff to be clear about what was important to the person.
- Daily communication logs were completed with information such as what choices were made, what activities offered and engaged in, any health appointments attended and what tasks were completed by staff.
- Staff told us the care plans and risk assessments were always updated and that any changes in a person's need was communicated to them immediately.
- Records showed people were fully involved in reviewing their care regularly. Reviews involved a home visit and included a thorough discussion about their views of the care they received. People confirmed this. One person said, "[Team leader] did a review only a week ago, they are very keen on that." Another person said, "They've been helping us for five years now, they do reviews, and they did one last month. They will let me tell them, they are good listeners."

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.

- The registered manager described how they met the AIS. "We produce the service user guide in large print for people with a sight impairment. We email some people who have a hearing impairment. We are currently trying to produce a service user guide in Hindi. Some staff speak Gujarati and Hindi."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, and we saw evidence of complaints that had been dealt with appropriately and within the specified timeframe.
- People and relatives told us they hadn't needed to complain formally but were confident the provider would deal with issues and concerns. One person said, "We've had no problems since being with them. We've not really had any teething problems either. They've checked on it to see how it's going. Someone will call every few months to see how it's going." A relative told us, "The manager came to see how things were and she did a care visit as well. If my wife comes out of the home, I'd want them back straight away."

End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life care. However, where appropriate people had their wishes and needs documented in their care plans.
- The registered manager told us if anyone required end of life support they would ensure all staff had the appropriate training and support and they would liaise with the appropriate health care professionals.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were consistently positive about the open and supportive culture within the team they worked in. Staff told us without question they would recommend the service to a relative or a loved one. Some of the staff we spoke with had relatives who were using the service. One staff member said, "Oh yes, because they provide good care, the office staff are very supportive. We've got good staff who are very nice people."
- People, their relatives and staff spoke positively about the registered manager and appreciated the support they were provided with. The registered manager ensured they spent some time each week delivering care to people and supporting colleagues at weekends. One person said, "[Registered manager] is absolutely brilliant, smart, and knows what to do. I can talk like a friend with [name] for a chat, and [name] stays professional."

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 understood, and acted on, their duty of candour responsibility. Complaints records showed matters were investigated, and apologies provided along with outcome letter where appropriate.
- The inspection rating from the most recent inspection were displayed on the providers website and in the office reception area.

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

- The registered manager carried out regular quality and safety audits to improve the quality of care for people using the service. Audits included record keeping, medicines and care plans. Where shortfalls were identified, clear plans were developed to make improvements.
- Spot checks were completed with staff. These involved observing staff competencies and compliance with the provider's policies.
- Staff were clear about their roles and understood what the provider expected from them. Care plans described people's expectation of care being delivered.
- The registered manager demonstrated they were aware of the regulatory requirements, including the requirement for them to notify CQC of significant events and incidents in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others

- Records showed team meetings were held regularly. Staff told us they were listened to and their views were valued. One staff member said, "They [team meetings] are probably about every three months. You can say whatever you want to say, and you can pick up a few ideas and share mistakes"
- The registered manager had developed a monthly newsletter to ensure staff were kept up to date with developments and to share information about training and key themes such as how to ensure people were hydrated and the signs of dehydration.
- Records showed staff took part in their own satisfaction survey. The surveys asked pertinent questions about how the service could be developed and improved. Results were fed back to staff to ensure they were aware of suggestions and planned improvements.
- People took part in an annual survey to gauge their satisfaction about the service. Records showed satisfaction levels were consistently high particularly around the caring nature of the staff and how courteous they were. People received a letter to tell them the results of the survey, what the service was doing well and what the areas for improvement were.
- The registered manager had built good useful links with community enterprises such as a mobile meal delivery service and a reputable local handyman and gardening service. Where people required such services, the provider was able to signpost them.