Ami Home Care Limited

# Ami Home Care Limited

## Inspection report

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20 September 2018
24 September 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? | Requires Improvement |

# Summary of findings

## Overall summary

This announced inspection took place on 20 and 24 September 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone would be available to speak with us. This was the first inspection since the service registered with the Care Quality Commission on 20 September 2017.

Ami Home Care Limited 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 people including those living with the experience of dementia, people with mental health needs, people with a sensory impairment, to younger adults and to people with a physical disability and/or learning disabilities. The service offers support to people who require help with day to day care including personal care, meal preparation, outreach services and companionship. When we inspected, the service was supporting 11 people, seven of whom were receiving personal care.

The service is required to have a registered manager and there was one in post who was also a director of the company. 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.

Monitoring processes had not always been robust in identifying shortfalls to be addressed. The provider took action to amend this and was able to show us the processes that they were going to follow to monitor aspects of the service more effectively.

People and relatives confirmed staff kept people safe when providing them with support and care.

Staff and the provider knew how to report any suspicions of abuse. Policies and procedures for safeguarding people were in place.

Risk assessments identified risks to individuals and any environmental risks so they could be addressed.

Recruitment checks were carried out to confirm prospective staff were suitable to work with people. People had the same care workers to provide continuity of care and there were enough staff to meet the needs of the people using the service.

Staff received medicines training prior to supporting people with their medicines and knew how to do this safely. Staff confirmed they followed infection control procedures to protect people from the risk of infection.

People were assessed by the provider to identify their needs and wishes, so these could be met. Staff had

undertaken training to equip them with the skills and knowledge to understand and care for people's individual needs effectively.

Staff helped people with simple meal preparation and said they would report if someone was not eating and drinking sufficiently. People's health needs were identified and staff knew the process to follow if someone became unwell, including summoning the emergency services if required.

The provider understood their responsibility to act within the requirements of the Mental Capacity Act 2005 and to provide care and support in people's best interests.

People and relatives said the staff were caring and understood people's individual needs and wishes and communicated well with them. They said staff treated people with respect and maintained their dignity.

Staff supported people to maintain as much independence as they were able and respected their right to make choices about the care and support they received.

Care records were personalised and reflected the care people wanted to receive. Some discrepancies in information were addressed during the inspection. They included information about their lifestyles and interests and where relevant any religious and cultural needs so staff could respect these.

The provider had a complaints procedure. People and relatives said they felt confident to raise any concerns and that issues they had raised had been promptly addressed.

People were asked their opinions about the service they received and given the opportunity to provide feedback.

People and relatives were happy with the care and support people received and the way the service was being run. Staff said the provider was approachable and that they received support in their work.

The provider worked with and understood the importance of collaborating with health and social care professionals to enhance people's care.

## 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 and relatives confirmed staff kept people safe when providing them with support and care.

Staff and the provider knew how to report any suspicions of abuse. Policies and procedures for safeguarding people were in place.

Risk assessments identified risks to individuals and any environmental risks so they could be addressed.

Recruitment checks were carried out to confirm prospective staff were suitable to work with people. People had the same care workers to provide continuity of care and there were enough staff to meet the needs of the people using the service.

Staff received medicines training prior to supporting people with their medicines and knew how to do this safely. Staff confirmed they followed infection control procedures to protect people from the risk of infection.

### Is the service effective?

Good

The service was effective.

People were assessed by the provider to identify their needs and wishes, so these could be met. Staff had undertaken training to equip them with the skills and knowledge to understand and care for people's individual needs effectively.

Staff helped people with simple meal preparation and said they would report if someone was not eating and drinking sufficiently. People's health needs were identified and staff knew the process to follow if someone became unwell, including summoning the emergency services if required.

The provider understood their responsibility to act within the requirements of the Mental Capacity Act 2005 and to provide care and support in people's best interests.

## Is the service caring?

Good

The service was caring.

People and relatives said the staff were caring and understood people's individual needs and wishes and communicated well with them. They said staff treated people with respect and maintained their dignity.

Staff supported people to maintain as much independence as they were able and respected their right to make choices about the care and support they received.

## Is the service responsive?

Good

The service was responsive.

Care records were personalised and reflected the care people wanted to receive. Some discrepancies in information were addressed during the inspection. They included information about their lifestyles and interests and where relevant any religious and cultural needs so staff could respect these.

The provider had a complaints procedure and people and relatives said they felt confident to raise any concerns and that issues they had raised had been promptly addressed.

## Is the service well-led?

Requires Improvement

Some aspects of the service were not well led.

Monitoring processes had not always been robust in identifying shortfalls to be addressed. The provider took action to amend this and was able to show us the processes that they were going to follow to monitor aspects of the service more effectively.

People were asked their opinions about the service they received and given the opportunity to provide feedback.

People and relatives were happy with the care and support people received and the way the service was being run. Staff said the provider was approachable and that they received support in their work.

The provider worked with and understood the importance of collaborating with health and social care professionals to enhance people's care.

# Ami Home Care Limited

**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 inspection took place on 20 and 24 September 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone would be available to speak with us. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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. We reviewed the information the provider had given us.

We visited the office location on 20 and 24 September 2018 and gained telephone feedback from people, relatives and a care worker on 21 September 2018.

During the inspection we viewed a variety of records including three people's care records and risk assessments, recruitment and training details for three care workers, policies and procedures, monitoring records and other records relevant to running a care service. We spoke with the registered manager (who was also a company director) and the second company director who together we have referred to in this report as 'the provider' and one care worker. We gained telephone feedback from one person using the service, three relatives and a care worker.

Good

# Is the service safe?

## Our findings

People and relatives confirmed that people felt safe with staff. One commented, "Yes, I feel very safe. They make sure they ask me 'are you alright, are you comfortable?' I have no concerns." There were policies and procedures in place for safeguarding people from abuse and staff knew the action to take to report concerns and to keep people safe. Staff said they would report any concerns to the management and knew they could report concerns to outside agencies if they felt no action was taken by the management, but were sometimes unsure of which ones to contact. The management were clear on the reporting procedures to be followed and said they would carry out refresher training in this topic with staff.

Assessments for risks to individuals had been carried out, so any risks were identified, and action could be taken to minimise these. These documents were thorough and identified which tasks the care workers supported people with to keep them safe, for example, getting in and out of bed and meal preparation. The home environment had also been assessed so that any hazards could be identified and discussed with the person or their next of kin so they could be made safe. Lone working for care workers was assessed and potential risks such as the geographical area and visit times were discussed as part of this process so staff were kept safe.

Recruitment processes were in place and being followed to ensure only suitable staff were employed. Application forms were completed and included an employment history. Reasons for leaving a job had not always been recorded and this information was updated at the time of the inspection. Fitness assessment questionnaires had been completed. Two references including one from the last employer were obtained and disclosure and Barring Service (DBS) checks completed. Staff were issued with identity (ID) badges to wear when attending people's homes to verify they were from the service and so people knew who they were.

There were enough staff to meet the needs of the people using the service. The management said they only took on new care packages when they had suitable staff available to meet the person's care and support needs. People and relatives confirmed people had the same care workers and any new staff were introduced to them and shown the care and support they required, so they received continuity of care. Timesheets included the exact times of arrival and departure so there was a record of the actual time staff spent with each person using the service. People and relatives confirmed the care workers were usually on time and people were kept informed if they were held up, for example, in traffic.

Two people were receiving support with their medicines and relatives confirmed staff provided this. One told us, "They make sure they watch [person] take them [medicines]." We saw that medicines management was included as part of the risk assessing process and people's tablets were supplied in blister packs from the chemist, which was recorded and signed for on the medicine administration record charts (MARs). Information about each medicine people were prescribed was added to the risk assessment at the inspection, so staff knew what they were taking. Staff did confirm that the information was contained on the medicine blister packs for each person. The provider did some research to find out about the possible side effects of each medicine and added this to the assessment for staff information. Instructions about the use

of medicines such as inhalers were included in the care plans and were clear and easy to follow. Staff said they only supported people with their medicines if they had received medicines training and we saw evidence of this in staff files.

Infection control procedures were in place and staff said they followed these to protect people from the risk of infection. Personal protective equipment (PPE) including gloves and aprons were supplied and people and relatives confirmed staff used these when providing personal care.

There had not been any serious events since the service registered with CQC. The provider said they learned from any incidents, such as complaints, and they followed up with the person and also discussed the topic at staff meetings, so any concerns could be discussed and addressed. We saw examples of this in the records we viewed, evidencing that issues were discussed and lessons learned to improve practice.

Good

# Is the service effective?

## Our findings

People and relatives confirmed people had been assessed prior to receiving care, to identify their care and support needs. One person told us, "Yes, they did a very good assessment including the environment." A relative said, "Before they started they assessed how [person] was and what care they needed." The provider had transferred the information directly onto the care plans, which were clear and person-centred. They also had an assessment document and said they would be using this document to evidence the assessments in future. Where available the provider had obtained a copy of the local authority assessment for people to use in their assessment process.

People and relatives felt staff were trained and understood the care and support people required. One relative said, "The experience they have is good. I feel they know what they are doing and they are doing really well." Staff had undertaken induction training and shadowed the provider working with people prior to working alone with people. Staff providing personal care said they had received training in topics including moving and handling theory and practical, medicines management, safeguarding and emergency first aid. The provider said staff had completed the Care Certificate and care workers confirmed they had done so. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Spot checks were carried out by the provider to observe care and give people the opportunity to comment on the care and support they received.

Staff assisted people with simple meals and monitored people to ensure they were eating. They told us they left drinks in easy reach for people to keep them hydrated. Staff said if they were concerned that someone was not eating and drinking enough then they would report this to the next of kin and the provider so that the person could be reviewed. Relatives confirmed staff assisted with meal preparation and that they understood people's different likes and needs with food and drink.

Contact details for people's GP was seen in the care records. Staff said they would report any health concerns to the provider and advised people or their relatives if they felt GP input could be required. This was confirmed by people and relatives we spoke with, who said staff were observant and identified when medical input might be required. The provider said they had contact with health and social care professionals where necessary as part of people's ongoing care and support. Staff said if people were unwell they would contact the provider and if it was a medical emergency they would contact the emergency services to get medical help.

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. The application procedures for this for people living in their own homes are through the Court of Protection. We checked whether the service was working within the principles of the MCA.

Staff understood the importance of encouraging people to make decisions for themselves where possible. Comments included, "Make sure they understand what you are trying to do. Give them choice, seek consent" and "It is important to show them what you want [to do], slowly, gently." Mental capacity assessments were done as part of the initial assessment process for each person using the service. Where people were identified as not having capacity to make decisions for themselves, we saw evidence that a relative had lasting power of attorney for health and social care and for property and financial affairs, so could make decisions on their behalf. Staff said they would report any concerns regarding deterioration in a person's ability to make choices for themselves to the provider. The provider knew to review the person and discuss the concerns with the family, GP and, where necessary, make a referral to social services so the person could be formally assessed.

Good

# Is the service caring?

## Our findings

People and relatives said staff were caring and kind. One person said, "I am very grateful, they help me with everything. They are soft spoken and they ask me 'are you feeling alright?'" We asked staff what was important to them in the way they supported people. One told us, "Having passion, caring, you must be kind, friendly and show respect for people and their culture." People said they were able to express their gender preference for care workers and this was respected.

People and relatives confirmed staff encouraged people to maintain their independence and make decisions for themselves. Comments included, "They respect this [independence]. I wash myself. I told them from day one and they respect my wishes. They are very good, very polite and very caring", "They say what you would say to a family member, they encourage [person] and they are really good" and "They involve [person] and try and get him to be more independent. They talk to him and not to me, they'll ask him about things."

The care plans included sections entitled 'I can do the following for myself' and this included what people could do independently or with some encouragement at each visit. Staff understood how important it was for people to maintain as much independence as they were able and respected this. One told us, "I find out what they want and need – their wishes. I make sure they have a line of goals – slowly progress to see how they manage and to help them."

The care plans asked people the question 'What do you expect from your care & support workers?' and the care workers said the information in the care plans helped them to understand the care and support people wanted, so they could provide this effectively.

People and relatives said staff were respectful. Comments included, "They are definitely very respectful. They talk to me and ask after me, if I am feeling safe", "[Family member] feels comfortable and they are respectful to him. He likes a laugh and a giggle and they 'get' his sense of humour" and "I like the way they care. They treat [family member] with respect, they treat him nicely."

Good

# Is the service responsive?

## Our findings

Care plans were personalised and reflected people's wishes, needs and information about their backgrounds, interests and hobbies, which gave staff insight into the person and topics for discussion. We saw that some of the information for one person was not fully accurate as it had some conflicting information, which the provider amended at the time of the inspection. People and relatives confirmed they had been involved with the care plans and had been encouraged to provide information. One relative said, "They went through everything before they started the service. [Care plan] accurately reflects the care." Another told us, "[Provider] listed all the things he needs and there is a support plan for him." People and, where appropriate, their relatives confirmed they had been involved and had signed to agree to the content of the care plans.

People's religious and cultural wishes were ascertained and included in the care plans, so staff could know and respect any needs in these areas, for example, washing their hands before handling religious books and allowing people space and privacy to conduct their prayers. People and relatives commented on the consistency of the staff and felt staff got to know the people they cared for well.

People and relatives knew how to raise any issues and said they were confident any concerns would be addressed. One person said, "I have no complaints but would feel confident to comment. I make my own decisions and they respect that I can." The provider had a complaints procedure and this was clear and provided people with timescales for addressing any concerns that may be raised. The service had received three complaints since it started to provide care and we saw these had been investigated, responded to and the topics discussed at staff meetings in order to refresh and improve staff knowledge and skills in the particular area.

At the time of our inspection no people using the service required end of life care. The provider had policies and procedures for supporting people and providing end of life care, which covered each aspect of the person's care from planning to carrying out their wishes. The provider said if a person's condition deteriorated they would be referred to the GP and their needs would be reassessed. They said staff would receive additional training to cover using any equipment that was introduced to help with the person's care. They also said they would talk to staff about their approach – 'to treat people in a humble way, not to rush them and to take their time.' The provider was aware of the local hospice for the area and said they would also make contact there to get help and advice as needed.

Requires Improvement

# Is the service well-led?

## Our findings

We identified some areas where the systems for monitoring and auditing had not always been effective. For example, we saw that for one person it was not clear how many visits they had received over a period of one week, however the provider confirmed all the visits had been carried out and there were no concerns received regarding any missed visits. Other visits for this person had been clearly documented. We also had noted that for people receiving support with their medicines a list of all their medicines was not included in the care records, which was addressed robustly during the inspection. The discrepancy with one person's care record information had not been picked up and again was addressed promptly at the time of our inspection. We discussed our findings with the provider and they were accepting that their auditing systems had not been robust and said they were committed to improving their monitoring processes.

We saw the quality assurance system the provider had put in place. This included ensuring all the documentation for people was completed and put in place initially, a three-month review, telephone monitoring and annual reviews. For care staff the monitoring included field based observation, care spot checks and reviews, care worker spot checks and reviews, refresher training and annual appraisals. A care worker providing personal care confirmed they had individual supervision with the provider and both care workers confirmed the provider was supportive and approachable. Three staff meetings had taken place since March 2018 and we saw these covered a variety of topics. We saw that since the time period of the discrepancies we noted in the daily log, log book entries had been discussed at a meeting with staff to ensure these were properly completed.

People and relatives confirmed they were contacted to gain their feedback about the service people received. They also said that spot checks were carried out to assess how staff were meeting people's care and support needs and to review their progress. We also saw evidence of spot checks and telephone monitoring in people's care records. The provider had completed a satisfaction survey document and confirmed this would be sent out shortly to people using the service and their representatives.

Timesheets were used for recording the times of each visit and were signed off by the person or their next of kin to confirm staff had attended. Times were also included on the daily log entries, so staff arrival and departure times were identified. The provider said as the service grew they had plans to introduce an electronic log in system to be able to closely monitor that calls were taking place as scheduled. The staff rotas were recorded electronically and showed that there was time allowed between calls for travel, which staff confirmed. The provider said they planned to use information technology more as the service expanded.

The providers were both undertaking a level five management qualification in health and social care and both had experience of working in the home care sector. They said they were committed to providing a personalised, quality service to people. The providers told us, "We are passionate about the quality of care we provide. Communication is very important, asking people if there is anything they need to tell us, supporting them. Staff are the only people who can made the company good – they need someone to talk to and to feel well trained." From the feedback we received they were succeeding in providing a good service

to people. Relatives told us, "We are all happy with the service", "[Provider] is very above board and professional" and "It is some of the best care we have had." Staff felt supported by the provider. One said, "It is a very good company, I am very happy, support [from the provider] is good." People, relatives and staff we asked said they would recommend the service to others and were very satisfied with the service.

The provider had a contingency plan for emergency situations and this included risks such as failure of communication devices or information technology services, staff unavailability scenarios and environmental issues such as severe weather conditions and travel disruption. The plan included the plans to be implemented to minimise the effect on people using the service and service disruption.

Policies and procedures were available on a wide variety of topics and referenced relevant legislation. The majority had been drawn up in July 2017 and were to be reviewed in July 2019. We saw that where legislation had changed, for example in the care of General Data Protection Regulations the policy was dated May 2018 and referenced the recent changes in legislation. The provider said the policies and procedures would be reviewed every two years or when there were changes in legislation or good practice guidance. There had not been any events that were notifiable to CQC, however the provider was clear about what events were notifiable and said they would ensure notifications were submitted promptly should an event occur.

The provider said they worked with health and social care professionals and understood the importance of collaborating with other stakeholders to enhance people's care.