Amicare Domiciliary Care Services Ltd

Amicare House

Inspection report

651 Melton Road
Thurmaston
Leicester
Leicestershire
LE4 8EB

Tel: 01162601747

Date of inspection visit:
19 January 2017

Date of publication:
27 March 2017

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

We inspected the service on 19 January 2017 and the inspection was announced. The provider was given 48 hours notice of the inspection. This was because the location provides a domiciliary care service. We needed to be sure that the manager would be available to speak with us.

Amicare House provides personal care to older people in their own homes. At the time of the inspection there were 257 people using the service.

There was a registered manager in post. It is a requirement that the service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 told us they felt safe. Staff had received training and understood their responsibilities to protect people from abuse and avoidable harm. Risk assessments had been carried out and staff knew how to minimise risk. People knew how to raise a concern and knew how to contact the office. There were a suitable number of staff to meet people's needs. Recruitment checks had been carried out so that as far as possible only staff with the right character and experience were employed.

People were supported to take their prescribed medicines in a safe way. Staff had received training and had access to policies and procedures about the management of people's medicine's. People were supported to eat and drink sufficient amounts. Staff supported people to access the healthcare professionals they required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were able to make their own decisions. Staff had some understanding of the Mental Capacity Act 20015 and Deprivation of Liberty Safeguards. Staff told us that they sought people's consent before providing support. People were treated with respect and had their privacy and dignity maintained.

Staff had received training and were supported to meet people's needs. They knew about people's likes and dislikes and the way they preferred to receive care and support.

People had their needs assessed and were involved in developing their care plan. The provider had a complaints procedure. People said they would feel confident making a complaint if they needed to.

People and staff felt the service was well managed. The manager was experienced and had been with the service for more than 12 years. People who used the service and staff had confidence in them and felt supported.

People and their relatives had opportunities to give feedback about the quality of the service that they had received. The provider had processes in place so that checks were carried out on the quality of the service that was delivered.

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.

Staff knew how to keep people safe and protect them from abuse and avoidable harm.

Medicines were managed and administered safely.

There were enough staff on duty to meet people's needs and keep them safe. Staff were recruited safely.

Assessments were in place to manage risks to people. There were processes for recording and monitoring accidents and incidents.

Is the service effective?

Good

The service was effective.

People received care and support from staff who knew how to meet their needs. Staff were trained and supported to do their jobs.

People were asked for their consent in line with legislation and guidance. People had their capacity to make decisions assessed. Staff had an understanding of the requirements of the Mental Capacity Act (MCA) 2005.

People were supported to eat and drink sufficient amounts.

Staff knew how to recognise signs of deteriorating health and what action to take. People had access to healthcare services.

Is the service caring?

Good

The service was caring.

People were treated with kindness, compassion and respect.

People had their privacy and dignity protected.

People were listened to and involved in making decisions about

their care and support.

Is the service responsive?

Good

The service was responsive.

People received care and support that was personalised and met their individual needs. This was because staff knew people well and understood their needs.

People knew how to make a complaint. Complaints were investigated and action was taken where this was required. Complaints and feedback were used as an opportunity to learn and improve.

Is the service well-led?

Good

The service was well led.

There was a positive and open culture that was centred on the people who used the service.

People and staff were actively involved in developing the service.

There were systems in place to identify concerns and to monitor the quality of service provision.

Amicare House

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.

The inspection visit took place on the 19th of January 2017 and was announced. The provider was given 48 hours' notice of the inspection. This was because the location provides a domiciliary care service. We needed to be sure that the manager would be available to speak with us.

The inspection team included an inspector and an expert by experience (ExE). An ExE 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 some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.
We reviewed information that we held about the service to plan and inform our inspection. This included information that we had received from people who used the service and from other interested parties such as the local authority. We also reviewed statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us.

We spoke with 12 people who used the service and one relative. We spoke with the registered manager, a quality manager and three care staff. We looked at the care records of three people who used the service. We also looked at records in relation to people's medicines, health and safety and documentation about the management of the service. These included policies and procedures, training records and quality checks that the manager had undertaken. We looked at two staff files to look at how the provider had recruited and supported staff members.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said "I do feel safe with the carers. Another person told us. "I feel completely safe with the carers". People were provided with information about how to raise any concerns they may have. They could contact the office at any time because there were staff available to answer the phone at all times of the day and night. The provider had policies and procedures to help keep people safe. For example, policies were in place about handling people's money and about access to people's property. Staff knew about and understood these polices. This meant that risk to people was reduced.

Staff understood their responsibilities to protect people from abuse and avoidable harm. Staff knew how to recognise the signs of abuse. They knew how to report concerns and who to report them to. Staff told us they were sure their managers would take appropriate action if they raised a concern. Appropriate action had been taken when concerns were raised. We were given examples of when this had occurred.

Risk assessments were carried out before people began using the service. These were carried out by senior staff who had received training about assessing risk. Management plans were in place at each person's home so that staff knew what action to take and in the safest way. The registered manager told us that all equipment used was checked and risk assessed. A staff member confirmed that this was the case. They told us "Risk assessments are in the care plan, any new equipment must be risk assessed and added to the care plan before we use it".

Staff knew how to respond to accidents and incidents. Records showed that emergency services had been contacted when a person had fallen in their home and staff were able to describe the action they would take in the event of an accident or incident. Accidents and incidents were recorded and reviewed by senior staff. The registered manager told us that any accident or incident would trigger a review of the person's needs so that action could be taken to reduce further risk. Other professionals such as occupational therapists were consulted as required. We were given examples of staff taking action to reduce further risk. Equipment was provided such as ramps for wheelchairs and lifeline pendants so that people could call for assistance in an emergency. Staff were also clear about protecting people's freedom to take risks should they choose to.

There were sufficient numbers of suitable staff to meet people's needs and keep them safe. People told us they received the care calls they required but that at times their carer was late. Staff told us they had enough time to get to their next call but that if traffic was busy they could be late. Systems were in place to plan care calls and allocate them to staff. Staff were required to use a logging in and out system when arriving and leaving a call. This enabled the managers to check that staff were arriving on time and staying for the required amount of time. The registered manager told us there had not been any missed care calls.

Staff were recruited in a safe way. Checks were carried out before staff were offered employment. The provider carried out checks with the disclosure and barring service (DBS) and obtained references from previous employers. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff followed safe medicine management policies and procedures. People told us they were satisfied with the way staff assisted them with their medicines. Staff had received training about medicines and had their competency assessed. There was a procedure in place for the recording and acting upon medicine errors. We were told there had not been any medicine errors in the last 12 months.

Staff we spoke with confirmed they had received training and had their competency assessed annually. Records showed that medicine was given as prescribed and at the right time. Staff were able to describe the provider's policies and procedures for managing people's medicines. They told us what action they would take if people did not receive their prescribed medicines. Managers carried out audits to check that procedures were being followed and correctly recorded.

Good

Is the service effective?

Our findings

People were supported by staff who knew how to meet their individual needs. One person said "On the whole I think the carers are pretty good". All staff received induction training when they first began working at the service. The provider employed a training manager and there was a training room at the office. Induction training for staff was taking place at the time of our inspection. We saw that staff were being trained to use equipment such as hoists and hospital beds. The registered manager told us that induction training took place over 12 weeks and had been adapted to reflect the care certificate. The care certificate came into effect in April 2015 for new care workers and is a nationally recognised induction training providing sector specific best practice guidance for staff. The manager told us that existing staff as well as new staff would complete this training.

The service had also formed links with other organisations so that staff could access up to date training and best practice guidance. For example training had been accessed from Loros for end of life care and from the Fire and Rescue Service about fire safety. Staff including office staff had completed their 'dementia champions' training. This meant that all staff had a better understanding of dementia.

Staff we spoke with confirmed that this training was provided. A staff member said "There is on-going training every couple of months. Staff felt they had received the training they required to meet people's needs and said they felt supported. Staff received supervision from their line manager. Supervision provided opportunities to discuss learning and development needs. A staff member said "If there is something missing, they will bring you into the office for training. It's not a blame culture but used as an opportunity for learning".

Consent to care and treatment was sought in line with legislation 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.

Staff had received training about the MCA and understood how it applied to the people they supported. Staff told us that people were asked for their consent and given choice about their care and support. People had their mental capacity assessed and this was recorded in their care plans. Best interest decisions were recorded where this was required. Staff were clear about respecting people's right to refuse care and support.

People told us their carers supported them to eat and drink and they were able to choose what they wanted to eat. Staff had received training about hydration and nutrition. They told us they would report loss of appetite, weight loss and reluctance to drink to their manager so that action could be taken. They described how they encouraged people to have enough to eat and drink and how they met people's nutritional needs. People's nutritional needs were recorded in their care plan.

People had access to healthcare services. One person told us a community nurse and a physiotherapist had been arranged for them. Staff knew how to recognise deterioration in people's health and they knew what action to take. A staff member told us they would report any concerns about people's health to their manager who would contact the appropriate healthcare professional. Records showed that this was the case. Staff had contacted a speech and language therapist because a person had difficulty swallowing. Staff told us they checked people's skin when providing personal care. Any changes were recorded on a body map and a community nurse was contacted. This reduced the risk of people developing pressure sores.

Good

Is the service caring?

Our findings

People told us that staff were caring. One person said "The carers speak nicely to me. There are about three carers at different times. They are all very nice." Another person told us "The carers have their pets and children's photos on their phones, they show me the photos I like that, especially the pets."

Staff knew the people they supported and understood their needs. They were able to describe how they made people feel they mattered. A staff member told us that people living with dementia did not respond well to change so it was important they got to know their allocated staff member. The provider had set a standard about how many different staff members a person would see in one week and this was set at a maximum of four. This was to improve consistency so that people were supported by staff who knew them well. This standard was monitored and action was taken when it was not met.

People said that staff listened to them. One person said "Oh yes they listen to me, I am very satisfied". Another person said "The staff are very nice, we have conversations and I like that." Staff told us how they involved people in making decisions and encouraged them to remain as independent as possible. A staff member told us how a person's call time had been changed so that it did not clash with the time their daughter visited and they could spend more time together.

The registered manager had set up a luncheon club for people who used the service. This was held every two weeks and people were collected from their home and taken for lunch and social activities. This was provided free of charge because the manager had secured funding from local businesses.
People had access to advocacy services. One person had been provided with contact details of a help line which they regularly used.

People said that staff protected their privacy and dignity. One person told us how staff assisted them to get washed and dressed and protected their privacy as much as possible. Protecting people's privacy and dignity was part of induction training when staff began working at the service. A staff member described how they always explained what they were doing and sought permission when carrying out care and support. They told us they kept people covered as much as possible during intimate personal care as well as closing doors and curtains.

Staff had received training about 'end of life care' and the service had achieved an accredited award in providing quality end of life care. A staff member told us how a person had been supported while waiting to go into hospital. Because the person was distressed and anxious the registered manager had arranged for a staff member to stay with them until they were admitted to hospital.

The registered manager told us that bereavement counselling was available to staff so they could receive support when supporting people at the end of their life.

Staff said they would recommend the service to people they cared about and as a place to work. A staff member said about working at the service, "I love it, it's like a family."

Good

Is the service responsive?

Our findings

People received care and support that was personalised and responsive to their needs. People had their needs assessed and were involved in planning their care and support. Assessments were carried out before people began using the service. People's needs were regularly reviewed to make sure care plans reflected people's changing needs and to check that people were satisfied with the care and support provided.

Care records we saw included information about the way people preferred to receive care and support and information about the person's social history, life history and religious and cultural needs. This helped staff to get to know people and understand their needs.

People were asked if they had a preference regarding male or female care staff and this was respected. Many of the staff employed could speak different languages and staff were matched with people accordingly. The registered manager told us they recruited staff based on the changing cultural and social needs of people who used the service. Staff had received training about equality and diversity. A staff member told us they felt the service was an equal opportunities employer.

A staff member described how they provided care and support in a personalised way. They told us "The care has to be centred on the person and their routines. They have to be involved in every aspect." They gave us examples such as a person liking their pillows to be arranged in a certain way and another person preferred to have their pyjamas warmed on their radiator. Staff said they knew people well and understood their individual needs and preferences.

The registered manger told us they were planning to provide training to the families of people living with dementia. This was so people's families could better understand the ways dementia affected people's behaviour. They gave us an example of how a person with dementia was upset by staff wearing uniforms as this was associated with a negative experience. The person reacted to staff more positively when they wore everyday clothes and did not arrive in uniform.

People were able to request not to receive care and support from a particular carer. Systems were in place known as 'the declined list' so that when the staff roster was planned this was taken into account.

People said they knew how to make a complaint and would feel comfortable doing so. Systems were in place that actively encouraged people's complaints and feedback. Complaints and feedback were used as an opportunity for learning and improvement. For example, a satisfaction survey identified that staffing at the weekends was an issue because of short notice staff absences. To resolve this the registered manager arranged for the office to be open at weekends and for standby staff to be available.

A local authority commissioner of care told us that the registered manager responded to complaints in a positive and proactive way and took action where this was required. Staff also gave us examples of their managers responding to complaints quickly and taking action to resolve them.

Good

Is the service well-led?

Our findings

People were involved in developing the service. They told us they had been sent questionnaires and were asked for their feedback. People were also asked for their feedback during care review meetings and telephone quality monitoring calls. The registered manager told us a satisfaction questionnaire had recently been sent out and they were in the process of analysing the results and developing an action plan.

Staff told us they attended team meeting and individual supervision meetings. They also had their performance checked while delivering care and support. Staff said they felt supported. They said there was a 'no blame culture' so that if they made a mistake they would be supported and provided with extra training. Staff told us their managers were open and accessible. They told us "There is a support network and the coordinators are very knowledgeable about people's individual needs."

The registered manager had been in post for 12 years. There was a low turnover of staff and over half the staff had been employed for more than 10 years. Staff we spoke with were able to describe the vision and values of the service. A staff member told us they aimed to provide "Good care to people who wished to stay in their own homes and to support people to make choices". This corresponded with the values and principles of care described in the provider's statement of purpose.

The registered manager understood their responsibilities and CQC registration requirements. They had sent us notifications about the things they were required to do. Staff also understood their responsibilities and were clear about their role and the things they were accountable for. The registered manger told us there was an open door policy so that staff could come in at any time for a chat or to raise concerns. Staff we spoke with confirmed this was the case. There was also a weekly memo sent out to staff to communicate any changes.

There was a team of staff responsible for quality monitoring and there were systems in place to monitor the quality of the service and to identify issues such as unallocated care calls or overdue reviews. There were key performance indicators in place to monitor staff performance and ensure staff were following the required policies and procedures. There had not been any missed care calls since our last inspection. The service had achieved an accreditation in quality management from a nationally recognised organisation.

The registered manager and quality officer had recently completed additional qualifications in teaching. We were told this was so they could support the training manager and ensure staff training was up to date with current guidance.