

Amna Care Domiciliary Ltd

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Inspection report

Unit 1, Amna Buildings
2 Tudor Road
South Shields
NE33 5RD

Tel: 01914326460
Website: www.amnacare.co.uk

Date of inspection visit:
16 March 2020
21 April 2020

Date of publication:
07 May 2020

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

Amna Domiciliary Care Ltd, is a domiciliary care service providing personal care to people in their own homes. The service supports people within the South Tyneside area.

Not everyone who used the service received personal care. The Care Quality Commission only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of inspection 84 people were in receipt of the service.

People told us they were happy and felt safe with the care they received from staff. The provider had procedures in place to protect people from abuse. Assessments had been completed and reviewed to make sure people and the environment were safe. People's medicines were managed safely. New staff were recruited safely, and enough staff were employed to support people. The provider had infection control processes in place and staff had access to adequate amounts of gloves and aprons.

People's needs were fully assessed before they received their package of care. People received care from staff who were experienced and who received regular refresher training to support them in their role.

Staff received regular supervision sessions to support them in their role. Staff supported people to eat and drink enough to maintain a healthy lifestyle. Where necessary staff referred people to their GP, and other medical professionals to make sure people were supported to remain well.

Staff cared for people with a great level of care and respect. They supported and encouraged people to be as independent as possible. Staff knew the people they cared for well.

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 received care which was centred around not only people's needs, but also their wishes. Care plans were reviewed on a regular basis and where necessary changes to people's care was made. The provider had a complaints policy in place and any complaints had been handled in line with their policy.

The registered manager and all staff had a good understanding of their roles and responsibilities. People, their relatives and staff told us the service was well-led and spoke well of the registered manager, stating they were good at their job, they always listened and were 'part of the gang.' Staff told us they felt valued and supported.

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

Rating at last inspection

The last rating for this service was good (published 15 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

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.

Amna Care Domiciliary Ltd

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a registered manager with the Care Quality Commission. A registered manager is someone who, along with 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. This was because staff worked with people in their own homes and we needed to be sure the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information available to us since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from commissioners and professionals who work with the service, including the local authority safeguarding adults' team.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection

We spoke with the registered manager and the provider. We reviewed a range of records. This included one person's care records and various medication records. We looked at records related to the management of the service.

After the inspection

We continued to receive information from the registered manager to confirm the inspection findings. We also spoke with four care staff, five relatives and eight people via the telephone.

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 were protected from abuse. People and their relatives told us staff provided safe care. Comments included, "My relative gets safe care, definitely – Amna are brilliant" and "The girls know me so well and they know exactly how I should be cared for safely."
- The provider had a safeguarding policy in place which was reviewed on an annual basis. Safeguarding issues had been logged, investigated and notified to the local authority.
- Staff spoken with were confident in their ability to identify and action any safeguarding issues. Staff had received regular training in this area of their work.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and managed.
- All accidents and incidents were reviewed by the registered manager. Appropriate actions had been identified and followed up. Incidents and accidents had also been shared with the local authority.
- People received their allocated visits from staff and the provider had an electronic system in place to monitor this.

Staffing and recruitment

- Staffing levels were sufficient to complete visits to people.
- People told us staff had never missed any of their calls to provide care and support. Where staff were late, people told us staff offered apologies and explained the reason for their late arrival.
- The provider had a safe recruitment process in place. This ensured only suitable staff were employed to work within the service.

Using medicines safely

- People's medicines were managed safely.
- Staff who administered or supported people to take their medicines had received appropriate training and had their competency in this area checked. Staff told us they felt confident to administer people's medicines. People told us staff supported them with their medicines and these were given on time. One person told us, "Oh yes [staff name] comes in and gives me my tablets. They always watch to make sure I have taken them all."
- The registered manager completed regular audits of people's medicine administration records to promote the application of best practice in medicines management by staff.

Preventing and controlling infection

- Robust infection control procedures were in place. Staff had received training in infection control which

they applied in practice in their roles.

- Staff had access to personal protective equipment including gloves and aprons to help prevent the spread of infection.

Learning lessons when things go wrong

- Incidents and accidents were reviewed and used as a point of learning to prevent any re-occurrence.

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 remained the same. This meant people's 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 prior to packages of care commencing.
- People and their relatives told us they had been involved in the creation of care plans.
- Care plans included details which allowed staff to care for people safely and in accordance with their needs. This information included people's health details along with their likes and dislikes.

Staff support: induction, training, skills and experience

- Staff had suitable skills and experience to care for people.
- Staff told us they received regular training and records confirmed this. Any new staff who were employed attended an induction/training programme. They also completed shadow shifts alongside existing members of staff before working in the community
- People and their relatives told us all the staff who provided their care had the right levels of skills and experience to care for them safely. One person told us, "[Staff name] is great, they help me rather than doing for me which is what I want," and "I know about care. [Staff name] told me recently they had completed their moving and handling refresher training which is good."
- Staff told us they received regular supervision sessions which they found beneficial.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported and encouraged to eat a healthy diet. Where people needed support with their meals, staff would prepare those meals which people had chosen.
- If any concerns were identified with people's eating or drinking they were referred to the appropriate healthcare professionals for their input and guidance.

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

- All staff, (office and carers), worked with various external agencies to make sure people received effective care. This included working with occupational therapists, physiotherapists and the speech and language therapy team.
- People and their relatives told us staff would not falter to contact healthcare professionals on their behalf if they thought people were unwell, for example people's GP.
- If changes were identified in people's needs, staff told us they would contact the care co-ordinators to allow for people to be referred to the appropriate healthcare professionals for their advice and assessment.

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, 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether these principles were being met.

- Staff understood the principles of the MCA and applied this throughout their work.
- Where people lacked capacity, or where staff felt there had been a change in people's capacity, the registered manager ensured referrals were made to the local authority which allowed for assessments to be completed.
- People told us staff would always ask them to choose what they wanted to eat, what clothes they wished to wear and whether they wanted staff to support them to shower or bathe.

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 received good individual care from staff who cared for them in a respectful manner. One person told us, "When I was poorly last year, they [staff] were fantastic, absolutely brilliant." Staff told us how much they loved caring for people and how important their role was. One staff member told us, "I just love my job! I just love caring for people, seeing people, listening to their all their different stories."
- Relatives told us how good staff were when caring for people. Comments included, "[Person's name] gets on really well with staff. They always have a good chat with them when they come in – [person's name] gets a bit cheeky with staff at times, they always have a good laugh."

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

- People were involved in decisions about their care. Care plans included important information about them, along with how people wished to be cared for. People told us the registered manager and co-ordinators discussed their care with them.
- Relatives told us they felt involved with people's care and staff would always contact them if any concerns were identified.
- Information regarding advocacy services was available for people to access if needed.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and independence were respected and promoted. People told us staff always encouraged them to be as independent as they could. One person told us, "I can do quite a bit myself and they [staff] do the rest for me to make sure I am safe."
- Staff told us how important it was to support people to remain independent for as long as possible. One staff member told us, "I love my job. Just knowing that by doing this job we can keep people in their own homes is great – it makes people so happy."

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 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 received care which was person centred and unique to each of them. People told us they felt listened to by staff. One relative told us, "My relative is very happy with their care. When I speak to [person's name] they tell me they are very happy with the staff and care they receive – they would soon tell me if they weren't happy."
- People's care plans were reviewed and updated on a regular basis.

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.

- People's communication needs were met. This information was identified as part of the assessment process. The registered manager told us documents would be made available for people in other formats if requested, for example larger print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain and develop relationships which were important to them.
- Some people were supported to access the local community. One person told us, "I love to go swimming. The girls take me to the pool and help me get into my costume and help me when I get out. They make sure I am safe."

Improving care quality in response to complaints or concerns

- Complaints had been handled appropriately and in line with the provider's own policy.
- People told us they knew how to complain. Almost everyone we spoke with, told us they had had no reason to complain. Where concerns had been raised, staff had been quick to resolve issues. However, one person with told us they had raised a concern with the office but had not received any feedback. We spoke with the registered manager regarding this and they took immediate action to rectify.

End of life care and support

- People were supported to make decisions about their end of life care.
- At the time of inspection no one was receiving end of life care. Staff had received training in end of life care.

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.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People received care which was person-centred with focus on supporting people to live the best lives they could. One person told us, "I couldn't ask for anything else from my carers, they are all lovely and nice. The other day, the young carer had a bit of time left at the end of my personal care call and they ran the Hoover over for me – that was really kind."
- The registered manager reviewed all matters brought to their attention. Where necessary investigations were carried out and actions taken to address any issues.
- People and relatives were informed. Staff were open and honest if things had gone wrong which included offering appropriate apologies.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The registered manager and staff had a good understanding of their roles. Audits had been completed by care co-ordinators which were then reviewed by the registered manager for any actions prior to being signed off.
- The registered manager had notified the CQC of incidents in line with regulations and their legal responsibilities.
- Staff told us how proud they were of supporting people. One staff member told us, "I used to work for Amna a while ago, and I have since returned to work for them. I spend as much time with people as possible. When I come into their home, I take my jacket off, sit down for a little chat before I provide care, it's important to get that bond with people."
- Staff were very complimentary of the registered manager and the role they played. Comments included, "[Registered manager] is lovely and a good manager. They are part of the gang! They get on well with all their staff" and "[Registered manager] is lovely, any issues they get sorted."
- The registered manager and staff worked in close partnership with other professionals to support good outcomes for people.

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

- People, staff and relatives were encouraged to provide feedback. One relative told us, "I can ring [registered manager] or the office any time. We also get a call from [registered manager] to see how things are going."

- Staff told us they felt involved in the service and the company was good company to work for. They told us staff morale was good, they felt listened to and they felt valued by the registered manager. One staff member told us, "[Registered manager] will send out praise to us via a group message on our phones which is nice."

Continuous learning and improving care

- Feedback was sought by the registered manager to allow improvements to be made to the level of service and care provided.
- We asked staff and people if they felt any improvements could be made to the service and care provided. The vast majority of comments said no improvements could be made and they were very happy with the care and support they received.