

Amari Care Services Ltd

Amari Care Services

Inspection report

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Date of inspection visit:
31 May 2017
02 June 2017
06 June 2017

Date of publication:
14 July 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

Amari Care Services is a domiciliary care service providing care to people in their own homes.

This inspection of 31 May and 6 June 2017 was the first carried out since the service registered with the Care Quality Commission on 7 May 2015. At the time of our inspection there were approximately 40 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe when care staff visited their home to provide them with support. Risks to people were appropriately planned for and managed. There were appropriate systems in place where staff supported people with their medicines.

People told us they were happy with the level of support received and that care staff always arrived to support them at the agreed times.

Records demonstrated that staff had received appropriate training, support and development to carry out their role effectively. Plans were in place to develop upon the skills and knowledge of the staff team. Staff told us they were satisfied with the training and support they received to carry out their role.

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 told us they received the support they needed to maintain healthy nutrition and hydration. Care plans made clear where people needed this support and how it should be delivered.

People told us that care staff were kind to them and respected their right to privacy and upheld their dignity. They also told us that staff were respectful of their home.

People told us and records confirmed that the service encouraged people to feed back their views on the service.

People received personalised care that met their individual needs and preferences. People told us they were involved in the planning of their care and in making decisions about how and when this care should be provided.

People told us they knew how to complain about the service and felt they would be listened to. There was a

complaints procedure in place.

The registered manager promoted a culture of openness and honesty within the service. They maintained a close working relationship with the small staff team and with the people using the service.

There was a robust quality assurance system in place and shortfalls identified were promptly acted on to improve the service.

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.

There were enough staff to meet people's needs.

Risks to people were appropriately planned for and managed.

The service had procedures in place with regard to people's medicines.

There was a safe recruitment procedure in place.

Is the service effective?

Good ●

The service was effective.

Staff had the training and support they needed to carry out their role effectively.

People received appropriate support to maintain good nutrition and hydration.

The service worked well with other health professionals involved in people's care.

Is the service caring?

Good ●

The service was caring.

People told us the staff were kind, caring and respectful.

People told us that they were involved in the planning and development of their care package.

Is the service responsive?

Good ●

The service was responsive.

People received care personalised to them as an individual.

People told us they knew how to make a complaint.

People were encouraged to give feedback on the quality of the service they received and make suggestions for improvements.

Is the service well-led?

Good ●

The service was well-led.

There was an effective quality assurance procedure in place capable of identifying areas for improvement.

The registered manager promoted a culture of openness, transparency and kindness within the staff team.

Amari Care Services

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 checked 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 comprehensive inspection was carried out by one inspector on 31 May and 6 June 2017 and was unannounced.

Prior to the inspection we reviewed the contents of notifications received by the service.

We spoke with 10 people using the service, four members of care staff and the registered manager.

We reviewed 10 people's care records, three staff personnel files and records relating to the management of the service.

Is the service safe?

Our findings

The provider took steps to protect people from avoidable harm and abuse. People told us they felt safe and reassured when staff visited them. One said, "Just knowing they are coming gives me peace of mind." Another commented, "I feel very safe when they're here, and when they leave they check round and make sure everything is secure for the night. Puts my mind at rest."

People received support from staff who demonstrated to us that they understood how to enable people to remain safe. This included the types of abuse that may occur and how to recognise and report abuse. Staff had received training in safeguarding and there were policies and procedures in place which provided staff with guidance on the actions they may need to take if they were concerned that someone was at risk of abuse.

Risks to people were managed well and staff were proactive in reducing risks to people. Records we reviewed demonstrated that there were comprehensive risk assessments in place for people. For example, risks associated with moving and handling and in the person's home environment. These set out the control measures in place to reduce the risk. Staff we spoke with were aware of the risks to the individuals they provided care to and told us they took action to reduce these risks. For example, staff were aware of how to help people to reduce risks, such as moving items in the person's home to prevent trip hazards.

People told us there were enough staff available to support them. One said, "They don't seem too rushed and I always get the same group of [care staff] come in which is nice." Another told us, "They mostly get here on time, I've never had someone not turn up. I have the same carers who know me." All of the people we spoke with confirmed there had never been an occasion where a member of care staff did not arrive to support them. The registered manager showed us the staffing rota and told us about the arrangements for ensuring people had a regular team of carers who knew them well. Staff told us they felt there were enough staff to cover all the care packages and said that the staff team were always able to cover where there were absences due to sickness.

There was a thorough recruitment and selection procedure in place. This ensured that prospective staff members had the knowledge, background, qualifications and character for the role. The service ensured that criminal records checks (DBS) were carried out before staff started work to ensure they did not have any convictions which would make them unsuitable for the role.

The registered manager told us that the input care staff had in people's medicines was very minimal, and that staff did not physically administer medicines to any of the people using the service at the time of inspection. This was because people had the capacity to manage their own medicines independently. However, on occasions where prompting was required, the service requested that staff complete medicines administration records (MAR) sheets so this could be monitored. People's care records identified any support of this kind which may be required.

Is the service effective?

Our findings

People told us they were happy with the knowledge and skills of the staff team. One told us, "They seem very knowledgeable, well qualified, I can't say a bad thing about them." Another commented, "Well, I think they know everything they ought to know." One other person said, "I'm in no doubt they have the skills for [the job]. All the carers are extremely good at what they do and I am very grateful."

Staff told us that they were satisfied with the training and support received and felt this enabled them to carry out their role effectively. The registered manager and staff told us they had all completed the care certificate, which is a set of standards that staff should be working to. They also received face to face training in subjects such as safeguarding, dementia and moving and handling. During our visit the registered manager met with a training provider to discuss further training they wished to source for their staff team. This included leadership training for senior care staff to develop upon their skills.

Records demonstrated that some staff had received supervision and appraisal. Plans were in place to roll this out to all staff, and we were shown letters that had been sent to staff inviting them for these sessions. We looked at the paperwork the service planned to use to record these sessions and found that these prompted discussion around personal development and promoting staff excellence. The registered manager was transparent in telling us that systems to increase staff development and support were still being put into place. They said this was because the focus had been on developing other areas of the service after the business was started in 2015.

The registered manager told us they carried out unannounced spot checks on staff practice during care visits. Records demonstrated that these checks were used to assess the competency of staff and ensure staff training had been effective.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and we found it was.

People told us that staff always asked for their consent before providing care to them. One person said, "They never start just doing things, they'll always check with me first." Another commented, "It's on my terms." Staff had received training in the MCA and were able to demonstrate to us that they understood the principles of the Act and how this applied to the people they cared for.

People told us they received the support they needed to maintain healthy nutrition and hydration. One said,

"The food they do me is good. Always to my liking. They ask what I want and it's done." Another person told us, "They get me drinks, leave me with enough to eat and drink until the next visit. I've always enough, they make sure I'm satisfied." One other person commented, "They're spot on there. They help me with all my food and drinks and I never go without. If they see something's getting a bit low in the fridge they sort that too." People's records demonstrated that there was clear information for staff about the support they needed with food and drink. This included information about their likes and dislikes.

People were supported to maintain good health. Staff told us about the procedure they followed if they had a concern about someone's health, and this was confirmed by the registered manager. Appropriate records were kept of the input people received from other health professionals such as district nurses, and the service worked well with these professionals to provide people with joined up and consistent care which met their health needs.

Is the service caring?

Our findings

People told us that they had a group of regular carers visiting them who knew them well. They also told us that the registered manager of the service knew them well, and that they were in regular contact with them. One person said, "They all know me well. It's nice having the same faces and not having different people every week. It feels more like friendship." Another person told us, "[Care staff] know how I like everything done and we can hold a good conversation." One other person commented, "They make that extra effort to know you as a person, [manager] too." People's comments were supported by our discussions with staff and the registered manager about people's needs.

People told us the staff were kind and caring towards them. One said, "The [care staff] that come and help me are a breath of fresh air. So friendly and kind, they brighten up my days." Another told us, "They're very supportive, helpful and always wear a smile. I can't thank them enough for the help. They couldn't be more respectful." One other person commented, "They are just caring people at heart, they show me nothing but care and kindness."

People told us they were involved in the planning of their care. One person said, "When I first started getting help at home I had a meeting with [registered manager] and we talked about when I most needed a hand. So then we put this plan in place saying what the carers will do and when. We have reviewed it once or twice since then." Another person told us, "I have regular meetings with [registered manager] who asks if everything is still okay for me and do I need any adjustments. I'm kept well informed." People's care records documented their views and involvement in the planning of their care, and people had signed their care records to indicate they were happy with the content.

People told us that staff respected their privacy and upheld their dignity. One said, "They respect that this is my home. They always knock before they let themselves in, then they ask if it's okay for them to help me get washed and dressed for the day." Another person told us, "They are very respectful of me and I don't feel embarrassed."

Records demonstrated that people were enabled to remain as independent as possible. These records set out what tasks people required support with and what they could complete themselves. This reduced the risk of people being over supported and ensured they were encouraged to use the skills they still retained.

Is the service responsive?

Our findings

People told us that the service that the service they received was responsive to their needs and preferences. One said, "I'm very happy with all that they provide. I don't need anything else." Another commented, "They deliver exactly what I require."

People's care records were personalised to include information about their preferences of how they would like their care delivered. This included information about their likes and dislikes and step by step information about their day to day routines. This information enabled staff to provide people with personalised care that met their individual needs.

People's daily records included information about how the care staff had worked in accordance with care plans to meet people's needs that were planned for. Reviews of care records and how their needs were met were undertaken in response to any changing needs and preferences. People were involved with their reviews to ensure that their choices were respected.

The input the service had in engaging people in activity was minimal. This was because people were not assessed as needing this support. However, records demonstrated that there was an overall commitment to support people to remain adequately stimulated. For example, people's records included information about their hobbies and interests or what topics they liked to talk about.

People told us they felt that they were consulted about changes to the service and area's for improvement. One said, "[Registered manager] keeps in touch and checks in that everything is okay and the [carers] are treating me well." The service actively encouraged people to feed back their experiences of the service and sought people's views to shape the future of the service provided. At the time of our inspection a survey had been sent out to people to assess their views on the quality of the service they were provided with. We reviewed the responses received by the service at the time of our visit and found these were all positive.

There was a complaints procedure in place. At the time of our inspection the service had not received any complaints. However, people we spoke with told us they knew how to make a complaint and would feel comfortable doing so. One said, "I would have no worries complaining to [manager], I know I'd be listened to."

Is the service well-led?

Our findings

The registered manager promoted a positive, inclusive and friendly atmosphere within the service. People told us they had a good relationship with the registered manager and could call them any time. This was supported by our observations of the friendly conversations the manager had with people over the telephone during our inspection. Staff told us they felt able to discuss anything with the registered manager and felt their concerns would be taken seriously. The staff told us the registered manager was always available to speak with them and they kept in contact via a number of means such as telephone, text message or email.

The registered manager told us they regularly carried out care shifts themselves, and this was confirmed by other staff members. This ensured that they were able to lead by example, giving their staff the opportunity to learn from their good practice. The registered manager told us delivering care to people directly also ensured they kept up a constant dialogue with people using the service and were aware of people's changing needs.

The registered manager carried out a regular programme of audits to assess the quality of the service and identify issues. These included audits of medicine records, staff training and care records. We saw that these audits were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, these were acted upon promptly. The registered manager also told us that they carried out regular unannounced spot checks on staff practice when they were delivering care to people. We were told this was to ensure staff arrived on time, delivered care in line with best practice, fulfilled all of the care tasks necessary and stayed for the agreed amount of time.

The service had invested in technology to ensure the smooth running of the service. This was in the form of an application (app) on the mobile telephones of staff. Staff were asked to clock in on this app once they reached a person's home and clock out when they left. If staff were running late or did not clock in, we were told the registered manager was alerted of this so they could investigate. The app also contained a schedule telling the staff member what shifts they were covering that day and a summary of the care tasks that needed to be completed for each person. We were reassured that staff were required to enter a password to access the app and that in the event a staff member lost their mobile telephone, the registered manager could remotely erase the app and its content from the device. This meant that the systems were designed to ensure that information could not be accessed by others.

The registered manager told us about improvements they intended to make to the service in the future. They explained the service was expanding and they were looking for a suitable office space to accommodate this. They also told us about the recruitment of coordinators, who would support with ensuring all care shifts were covered in an expanding service. This demonstrated to us that the registered manager was committed to continual change and improvement.