Aamina Home Care Limited

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Inspection report

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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?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

This was an unannounced inspection undertaken on the 31 March & 2 April 2015. The service was last inspected on the 10 July 2014 and found to be none compliant with Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010; Management of Medicines.

Aamina Homecare Ltd is an independent care agency that provides home care services within North and North East Lincolnshire. At the time of the inspection the service was supporting 136 people.

The service has 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.

At the last inspection the service was found to be none compliant with regulations pertaining to the management of medicines. People were not protected against the risks associated with medicines because the

Summary of findings

registered provider did not have appropriate arrangements in place to ensure people received their medication as prescribed. During this inspection we found the registered provider had implemented systems which addressed the issues identified at the last inspection; all staff had completed relevant training and knew how to administer medicines safely. Medication Administration Records (MARs) had been completed accurately without omissions.

We looked at seven care plans and found people's preferences for how care and support was to be delivered was not always recorded. This meant people may not have their individual needs met in a consistent way.

People who used the service were protected from abuse and avoidable harm by staff who knew how to keep them safe and could recognise signs of potential abuse. Relevant checks were carried out to ensure staff had been recruited safely and were suitable to work with vulnerable adults.

Staff had received a range of training pertinent to their role. Staff we spoke with told us they completed an in-depth induction programme and were supported during team meetings and supervisions from their line manager.

The service had a complaints policy in place which was supplied to people at the commencement of their service. We saw evidence to confirm that when complaints were received they were responded to appropriately, investigated and when possible action was taken to improve the service.

Staff told us how they would gain consent to provide care and support from people who used the service. They said, "I always ask; if it's ok for me to provide care", "I tell people what support I want to give and ask if they want me to help them" and "We have written consent in the care plans if people have capacity if they don't we can speak to their family."

People were encouraged to eat a healthy balanced diet. Food and fluid charts were completed as required to ensure people received adequate amounts to meet their needs.

People and their relatives were complimentary about the care and support provided by the service. We were told that staff treated people with kindness, dignity and respect at all times.

People were asked for their views and had the opportunity to develop the service. Satisfaction surveys were sent out periodically and we saw evidence to confirm when information was received that could improve the service action was taken to implement this.

The registered manager understood their responsibilities and reported accidents, incidents and other notifiable incidents as required.

Summary of findings

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 were supported by staff who knew what action to take if they suspected abuse had occurred and had been recruited safely.

People's medicines were managed and administered safely.

People had their assessed needs met by appropriate numbers of staff.

Accidents, incidents and safeguarding concerns were investigated and action was taken to ensure the safety of people who used the service.

Is the service effective?

Good

The service was effective. People were supported to make decisions about their daily lives.

People were supported by staff who had completed a range of training pertinent to their role.

Staff completed an induction and received on going mentoring and support during supervisions and one to one meetings.

Is the service caring?

Good

The service was caring. People told us they were supported by caring staff who understood their needs.

People were treated with dignity and respect during their interactions with staff.

Is the service responsive?

Requires improvement

The service was not always responsive. People's preferences in relation to the care and support they required was not always recorded in their care plan.

A complaint policy was in place. When a complaint was received the registered manager took appropriate action.

People were supported to attend social groups and maintain contact with important people in their lives.

Is the service well-led?

Good

The service was well led. Staff told us the management team were approachable and were confident that any concerns they raised would be dealt with.

A quality assurance system was in place to highlight shortfalls and drive improvement in the service.

People were encouraged to provide feedback about the care they received.

Aamina Homecare Ltd

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 registered 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 inspection took place on 31 March & 2 April 2015; it was carried out by an adult social care inspector and was unannounced.

The local authority commissioning services were contacted before the inspection, to ascertain their views on the service and to ask if they had any current concerns. They told us there were no on-going issues with the service.

During the inspection we spoke with eight people who used the service and 10 relatives. We also spoke with the registered manager, operations manager, two office staff, two senior staff and four other members of staff.

We looked at a range of documents pertaining to the management and running of the service including audits, satisfaction surveys, complaints records, staff meeting minutes, recruitment records and client attendance logs.

We looked at seven care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as medication administration records (MARs) initial assessments and review records.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe being supported by the service. Comments included, "Oh yes very safe, the girls look after me", "They have the code and they shout when they come in so I know who it is; so I don't worry. I'm completely safe", "Safe and sound, yes", "I'm very safe, there is always someone popping in to make sure I'm ok" and "They help me get washed and dressed because I'm not too steady on my feet these days, I'm much happier and safer with them coming to help me."

Relatives we spoke with expressed their gratitude that their family member was being kept safe and supported in their own home. They told us, "It's such a weight of my mind knowing Mum is visited every day and she is safe", "We are very safe when they visit, the girls are ever so good and know how to use all the equipment so [Name] is safe in their hands" and "They go in three times a day so if anything had happened they would be there to make sure Mum was alright."

Following the last inspection we asked the registered provider to take action with regard to concerns we found about the way medicines were managed. The registered provider sent us an action plan about how they were going make changes to address the issues we had found at the last inspection. During this inspection we found improvements had been made in relation to the administration, recording and management of medicines. People were supported to take their medicines as prescribed; staff followed the prescribers instructions and people were assessed so those who had the ability continued to self-medicate. Medication Administration Records (MARs) were used to record when a person had taken or refused their medication, the MARs we saw had been completed accurately without omissions. Staff had completed an administration of medication course before they supported people to take their medic and when errors occurred investigations were completed to ensure lessons were learned.

People's levels of needs and support were assessed by the local authority commissioning services. Suitable numbers of staff were deployed by the service in accordance with their initial assessment. We saw evidence to confirm as people's needs changed and developed staffing levels and the frequency of calls were increased to ensure people's needs were met. A member of staff told us, "Sometimes people deteriorate and we need to seem them more often and other times we enable people to regain skills and then we are not needed as much."

A call monitoring system was used by the service to ensure people always received the support they required and calls were not missed. The operations manager explained, "The staff calls in when they first go into a call; which lets us track where they are, if there any issues in a call and they will be late to the next one we can ring and inform the person or their family so they know what's happening." The registered manager explained, "When we have had issues getting to some rural areas we have had to hand the call back to the local authority commissioning team because we just could not meet the person's needs consistently."

We looked at a selection of recruitment files and found safe recruitment practices were followed. Prospective staff were interviewed, at which point gaps in their employment history were explored, a Disclosure and Barring Service referral was made to ensure the person had not been deemed unsuitable to work with vulnerable people. An offer of employment was only made after suitable references had been returned to the service.

Equipment used in people's home; such as hoists and shower chairs were checked periodically to ensure they were fit for purpose and did not require maintenance or servicing. The registered manager told us, "The staff have to check any equipment before they use it; it's part of the risk assessment." An environmental risk assessment was undertaken of each person's home and property before the service provided care and support to ensure any potential hazards were highlighted and action could be taken to minimise the risks.

People were supported by staff who had received training in relation to the safeguarding of vulnerable adults. During discussions with staff it was evident they were aware of the different types of abuse and what action to take if they suspected abuse had occurred. They told us they would report any incidents or poor practice to the registered manager and were confident they would take the appropriate action.

Good

Is the service effective?

Our findings

People who used the service told us they were supported by trained staff with the required skills to meet their needs. We were told, "My carer is great, she knows what I need help with and does it without any fuss at all", "I think the carers are well trained and when they turn up they always have a big smile on their faces" and "I have all my needs met by the girls."

A relative we spoke with said, "My husband's carer is really good. She picked up on something and called the district nurse; the nurse said she was an excellent carer." Another relative commented, "We had some teething problems when we started but Mum gets great support now, the carers really know what they are doing."

Staff had completed a range of training to ensure they had the appropriate skills to meets people's assessed needs. Training records indicated staff had completed training including safeguarding vulnerable adults, infection control, food hygiene, administration of medication, the Mental Capacity Act 2005, living with dementia, moving and handling, emergency first aid and fire awareness. Staff received on going supervision and mentorship. The registered manager told us, "Supervisions are completed by team leaders on a monthly basis." A member of the office staff explained, "We are currently developing our training portfolio and extending the range of training we can provide to staff so they will keep their skills up to date."

Staff confirmed they completed an in-depth induction programme before they supported people independently. The service's training manager told us, "The induction is aligned to the (skills for care) common induction standards." The registered manager explained, "New starters have an induction that consists of in house training, shadowing more experienced staff then they are assessed by their area senior before they work alone." A member of staff told us, "I have worked in care for years and the induction I had here was very detailed and very impressive."

When people's needs changed we saw evidence to confirm appropriate action was taken. The registered manager explained, "We would not expect the carers to make referrals to other professionals if they had any had concerns" and went on to say, "They know to inform their senior or the office so we can inform the commissioning teams of the change." A senior member of staff told us, "Instead of lots of different people ringing, I speak to social workers, occupational therapists, district nurses; whoever is needed when people need more support or new equipment."

A member of staff explained, "I support the same people every day so I know they really well, I noticed a change in one lady and informed her family and the office. The GP was called and she had a water infection so got some anti-biotics' prescribed."

Consent to care, treatment and support was gained in line with current legislation. Care plans had been signed to show people's agreement with the content and give their consent to the care package that had been developed. When people lacked the capacity to provide informed consent, this had been signed by an appointed person on their behalf. The operations manager told us, "We usually don't get invited to attend best interest meetings but it's our staff that recognise people's needs have changed or that they need more support; so they are organised on the back of the information we have provided."

Staff were aware of the principles of The Mental Capacity Act 2005 and understood how to gain consent for the support provided to people. One member of staff told us, "I talk people through what care I'm about to give and always ask if it's ok for me to do it." Another member of staff said, "I ask people's permission to support them, it's up to them to decide what they want help with and what they want to do themselves."

People were supported to eat and drink sufficiently to meet their needs. Staff had completed training in relation to diet and nutrition and understood the importance of encouraging people to eat healthy. We saw that when concerns with people's weight and nutritional intake had been highlighted food and fluid charts had been implemented as required. A member of staff told us, "We have to complete the charts (food and fluid) at every visit" and "I always encourage people to choose the healthy option but sometimes if we can just get them to eat a little bit of something they fancy that's better than nothing."

Good

Is the service caring?

Our findings

When we asked people who used the service if they were supported by caring staff we received positive responses. Comments included, "My carer is excellent", "The support I get is second to none", "I have had a few different ones [carers] turn up but they all have one thing in common; they are so kind" and "The girls that come are angels, I don't know what I would do without them calling round every day."

Several relatives said staff were caring, considerate and treated their family member with dignity and respect. We were told, "The girl that comes has built a lovely relationship with my husband and me; she is always polite and friendly. She talks to us about our grandchildren and tells us about her children", "The carers live up to their name. They really are caring people" and "My mum sees the same couple of girls all the time and she really looks forward to seeing them." However we were also told, "When they first started [the carers] coming they were great but now they just seem to rush in and rush out."

Staff had completed training in relation to providing person centred care and dignity in care. Staff told the training had taught them to treat everyone as an individual and offer people choices about the care and treatment they provided. One member of staff told us, "I treat everyone like they are a member of my own family." The service's staff hand book contained a code of conduct which stated how people must be treated with 'dignity and privacy at all times' and 'employees must not discriminate against any clients on any grounds." A member of staff told us, "My job is to provide care, not judge people in their own homes."

People were treated with dignity and respect by staff. Staff described how they would show people respect and maintain their dignity. Comments included, "I always used people's preferred name, I never say sweetheart or darling or luv", "I ask people's permission to provide care", "When I do personal care I always cover people up so they are not exposed when they don't need to be" and "I offer people choices and let them decide what help they want." Staff understood the importance of people maintaining their independence and supported people with this when possible; they told us they encouraged people to wash and dress themselves or to choose what clothes they wanted to wear. Care plans stated when people needed full assistance with tasks such as personal care and when they needed support to maintain their independence.

Staff told us they knew people's life histories and their preferences for how care and support should be delivered. A senior member of staff explained, "We have a list of the tasks we have to complete during each call and you know people's preferences but I still ask and offer them choices." A member of staff told us, "I know more about the people I look after then what is written in the care plan. It says what help they need but over time you learn the order people want things doing in and the specifics."

Staff had completed record keeping training and understood the importance of keeping people's personal information confidential. A member of staff told us, "The company has had a couple of issues in the past when carers have not kept things as confidential as they should have but we don't have problems like that now." A confidentially policy was in place at the service and further guidance was provided to staff in the staff handbook.

Guidance in relation to religious and personal beliefs had been written in conjunction with the local authority commissioning service and was held within the service, The operations manager told us, "We have not had any instructions about people's religious beliefs or end of life plans but we have developed guidance so can inform staff what to do in every situation." At the time of the inspect the service was not supporting anyone with specific end of life care.

Requires improvement

Is the service responsive?

Our findings

People who used the service were involved in their initial assessment and the planning of their care when possible. People told us, "Oh yes I have a care plan, I gave the lady lots of information and she recorded it all for me" and "I have a care plan; I've read it and signed it."

Relatives confirmed that they attended reviews for their family members when this was required. Comments included, "We have a meeting with the manager to see how things are going every few months", "I am at the reviews" and "I met with one of the managers, we discussed the care Mum needed and I have attended all the reviews as well."

People were aware of the services complaints policy and new how to make a complaint when necessary. One person who used the service told us, "I would just ring the office if I wanted to complain, not that I've ever needed to." A relative we spoke with said, "I haven't complained but I have rang the office in the past, I told them what was wrong and it got sorted out quickly so I was happy."

Care and support plans had been developed using information produced by the commissioning authority and an initial assessment carried out by the service. A senior member of staff told us, "I usually do the initial assessment; so I'll take the social services support plan, meet the clients provide the first care after having discussions with them or their family then I will produce a care plan for the other staff to carry out." Care plans had been written in a person centred way for example, 'I need support with' and 'I prefer'. However, we found they lacked detail and personalisation and did not contain details about people's preferences for how care and support was to be provided. For example one person's care plan stated staff should help the person complete a range of exercises implemented by a physiotherapist, but failed to inform the staff what exercises and how they should support the person. Another care plan stated staff were required to monitor a person's memory loss but provided no guidance about how this should be done. Failing to record people's preferences and needs could lead to them not receiving the care and support they require in a consistent way.

We recommend that the service seeks guidance from a reputable source in relation to writing preference based care plans.

Risk assessments had been developed to reduce the likelihood of identified risks occurring in areas such as mobility, falls, medication, smoking, alcohol consumption and infection prevention and control. We saw evidence to confirm that the risk assessments were reviewed periodically and updated when people's needs changed or after a specific event such as a person a returning from a stay in hospital.

People's hobbies and interest were recorded in their care plan and we found evidence that people were encouraged to participate in local community events. Staff supported people to attend day centres and friendship groups. A senior member of staff told us, "I organised for [Name] to attend a local community service. I contacted social services and got funding for taxis there and back so it did not impact negatively on their finances."

The registered provider had a complaints policy in place that provided information in relation to the acknowledgement and response times. It informed people about the action they should take if the complainant wanted to escalate their complaint further. We saw that the complaints information was supplied to people in the welcome pack they received as their package of care commenced.

We saw evidence to confirm that when a complaint was received it was investigated appropriately and action was taken to improve the service when possible. For example, staff were provided with disposable shoe covers to wear if people's homes after a concern had been raised. The registered manager explained, "Obviously we do get complaints from time to time, we have a meeting today with a relative of a client who has raised a concern." During the inspection the registered manager and a senior member of staff was meeting with a family member of a person who used the service in relation to a concern they had raised.

Good

Is the service well-led?

Our findings

The service stated the 'core values of the company' in the service user handbook. It highlighted the need for people to have privacy in their own homes, be treated with dignity and respect at all times, have their independence supported, choices respected and be enabled to fulfil their personal aspirations.

Staff told us they felt the registered manager was approachable and treated them fairly. One member of staff said, "I get on really well the manager, she is always in the office when I come in and is happy to talk to me if I need to ask her anything." Another member of staff described the manager as, "Firm but fair; with the needs of the clients at heart."

A Whistle-blower policy was in place at the service and further information was given to staff in their staff handbooks in relation to how their concerns would be treated confidentially. We saw evidence confirming when staff highlighted issues or shortfalls in the level of care; they were addressed appropriately and action was taken to ensure the level of service was improved.

Team meetings were held regularly and provided staff with an opportunity to discuss the changes in people's level of need, training requirements and any issues they were experiencing. Staff we spoke with told us they felt supported. One member of staff said they could raise any concerns they had and felt the service's management team were approachable. Another member of staff said, "We communicate quite well, I come in the office most weeks so I can speak to the managers whenever I need too."

A quality assurance programme was in place that consisted of a number of audits, spot checks and surveys. We saw spot checks were completed regularly to ensure staff were working to a high standard. A senior member of staff explained, "When we have new starters we will do spot checks regularly; we make sure they are on time, dressed appropriately and complete the tasks" they went on to say, "If staff need more support or re training we can organise that for them before it becomes a problem."

People were encouraged to provide their views on the level of service and to suggest any improvements in relation to the service they received. Stake holder surveys were sent to people who used the service, along with relatives and relevant professionals surveys being sent periodically. We saw evidence to confirm action was taken when feedback was received that could improve the level of service. The registered manager told us, "We had over 70 responses to the last set of questionnaires we sent out. We got lots of positive feedback but some negative as well; it prompted us to change the office structure and define some of the job roles so we knew who was responsible for what."

Staff's individual skills and abilities were recognised. The registered manager told us, "We have recently recruited an ex social worker, they are completing a lot of initial calls so we are developing more in depth and person centred care plans and task lists." We saw that resources were available to develop the staff team and drive improvement. Staff were supported to complete nationally recognised qualifications and encouraged to develop their skills and knowledge through further education. Office staff had been enrolled onto administration and business management courses

The registered manager was aware of their responsibilities to report accidents, incidents and other notifiable events that occurred during the delivery of the service. Care Quality Commission (CQC) notifications were submitted as required.