

Arthur Morrison Ltd

# AM Care Services

## 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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: AM Care Services is a domiciliary care agency that currently provides personal care to one person.

People's experience of using this service:

- People had a positive experience of the care provided by AM Care services. One person said, "They are a good company and I enjoy the care."
- Staff at the service knew what to do if they suspected abuse.
- People were risk assessed to keep them safe from harm.
- There were sufficient staff at the service. Suitable staff were recruited to work with people.
- Staff knew how to manage medicines safely.
- Staff wore gloves and aprons to control and prevent infection.
- The service learned lessons when things went wrong.
- People were assessed before the service worked with them.
- Staff were trained how to do their jobs and were supervised in their roles.
- Staff supported people with their food.
- The service was linked with other agencies and communicated well with them.
- People were supported to access health care professionals.
- 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 were well treated and staff were kind.
- People and their relatives were involved with their care and signed their consent to treatment.
- People's privacy was respected and they were treated with dignity.
- People's care plans recorded their needs so staff knew how to best work with them.
- People told us they knew how to make complaints; However, the service hadn't received any yet.
- The service was not working with any one at end of life but stated they could.
- People thought highly of the management of the service.
- The registered manager felt supported in their role.
- The service had links with other agencies to the benefit of people using the service.
- The provider used audits, spot checks and surveys to drive improvement in the service.
- Staff had meetings where they could be involved in the service.

Rating at last inspection: This service had not previously been inspected as it was a new service having been

registered in February 2018.

Why we inspected: This was a planned inspection that was part of our inspection schedule. We inspected the service because it was under a new registration. All newly registered services are inspected within 12 months of their registration.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. The next inspection will be planned for a future date based on our rating.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# AM Care Services

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

There was one inspector.

**Service and service type:** This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and disabled adults.

The service had a manager registered with the Care Quality Commission. This means that they and 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 24 hours' notice of the inspection visit because the service is small and the manager is often out of the office supporting staff. We needed to be sure that they would be in.

Inspection site visit activity started on 12 February 2019 and ended on the same day. We visited the office location to see the manager and other staff there, and to review care records and policies and procedures.

#### What we did:

before inspection we looked at:

- The Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
- Notifications we received from the service during and after inspection:
- We spoke with one person who used the service

- We looked at one person's care records
- We looked at records of safeguarding, accidents, incidents and complaints
- Audits and quality assurance reports
- We spoke with four members of staff; one carer, one care manager, the registered manager and the director of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, " Yes, I feel safe. I feel comfortable with the carer that comes to me – they're very nice and whenever they come they tell me exactly what they are going to do."
- There was a safeguarding policy and procedure in place. No safeguarding alerts had been raised so far, but there was a system ready in preparation. Staff members received training and knew what to do if they suspected abuse. One staff member said, "That's protecting people from abuse and promoting their safety. I report to the office and I speak with the manager." This meant that people were kept safe as possible from risk of abuse.

Assessing risk, safety monitoring and management

- The service completed assessments with people to monitor risk of harm to them. Risk assessments we saw included mobility, hygiene, personal care and people's home environments. They measure the likelihood of something occurring and the severity if it happened.

Staffing and recruitment

- People told us they were happy with the staffing arrangements. One person said, " Yes [I am happy]. they have always been on time. There was only one time, once when it snowed and they called me and told they were going to be delayed but they still got here on time."
- We saw the service rota and that there were sufficient staff to manage the care needs of people.
- The service had robust recruitment practices. All staff had completed pre-employment checks to ensure their suitability for the roles. This meant people were kept safe as the provider employed suitable staff.

Using medicines safely

- People told us their medicines were managed safely. One person said, " Yes they know the medication and the times for me to take and they support me with it and give me a drink."
- There was a medicines policy in place. Staff were trained how to administer medicines and the service completed medicines competency assessment with staff to ensure they gave the right medicine to the right person at the right time.
- Staff completed Medicine Administration Record (MAR) charts to record medicines administered and these charts were audited by management. This meant that people's medicines were managed safely.

Preventing and controlling infection

- People told us that staff knew how to prevent infection. One person said, "They wear gloves and apron when necessary."
- There was a personal protective equipment policy in place that staff followed. Staff were trained on

infection control and we saw that staff were provided with this equipment to do their job. A staff member told us, "We wash our hands the environment is clean and tidy and everything is neat – we wear protective clothing." This meant that people were kept safe from infection.

Learning lessons when things go wrong

- There was an incident and accident policy in place. The director for the service told us there had been no incidents or accidents but if any occurred they would seek to keep people safe, inform appropriate authorities and discuss any learning from the incident as a team. This meant that people would be kept safe as the service learned lessons when things went wrong.



# 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

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 assessed before they began using the service. One person told us, "We got to meet before we came to an agreement. They gave me choices." Assessments were comprehensive and covered different areas of people's life where they may need support. Assessments covered various aspects of people's health concerns, their social lives and what was important to them and risks to them. This meant that people knew the service could meet their needs if it worked with them.

Staff support: induction, training, skills and experience

- People told us staff knew how to do their jobs. One person said, "Oh yes, I don't know how long they have been doing it but they are brilliant. They know exactly what to do."
- Staff had inductions when they started work so that they knew what they were supposed to be doing when they began working with people.
- All staff completed the Care Certificate, a recognised qualification that provides a foundation level of training for beginning work in health and social care. Staff also completed mandatory training as set by the provider that assisted them to support the people they worked with. One staff member told us, "I have had training recently. We had Dementia, Health and safety, safeguarding and lifting and handling. I did the care certificate too." This meant staff were trained how to meet people's needs.
- All staff received supervision and appraisals, were competency checked in role and had ongoing spot checks completed with them to see how they did their jobs. However, we noted to the director that some people's documented supervisions had fallen outside of the time frame stated in their quality assurance policy. Staff told us they felt supported and although supervisions were not within time frames they told us they were in constant communication with the management.

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

- People told us they were supported with food. One person said, "Yes They cook very well. They have made me meals." People's care plan recorded their dietary needs so that carers knew what people could and couldn't eat. This meant people were supported to eat and drink healthily.

Staff working with other agencies to provide consistent, effective, timely care

- We saw daily notes that demonstrated that staff shared relevant information with each other and recorded interaction with other agencies. This meant that people were supported through the good joint working of the service.

Supporting people to live healthier lives, access healthcare services and support

- People were supported with their health care needs. One person told us, "Occasionally I have been in

extreme pain and they have contacted the GP."

- Care plans recorded people's health care needs and daily notes demonstrated that if needs be staff would contact health care professionals like the GP or pharmacist to assist people. This meant people were supported to live healthier lives.

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 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.
- We checked whether the service was working within the principles of the MCA and found that they were. One person told us staff sought their consent, "Yes absolutely – at the beginning of the care they always tell me what we're going to do. Sometimes they ask me if I'm ready and will wait for my response before providing care."
- Staff were trained in mental capacity and sought people's consent to care. One staff member told us, "I respect their capacity and they can still make their own decisions and if they cannot I assist them to make the decision. I don't force things on them." This meant that people with capacity issues were supported to live their lives as independently as possible.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they were happy with their care. One person said, "Yes, very much so. The way they go about helping me and ask if I am ok and before we do anything, they make sure I am happy."
- the service sought to treat all people equally. Staff told us, "The care is no different for anyone other than what's in the care plan." People's care plans asked people how they wanted to be treated and sought to identify whether they had cultural needs and how best to meet them. Policies and documentation highlighted the importance of people's human rights around faith, sexuality, diversity and choice. This meant that people's rights were protected.

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

- People told us staff listened to them. One person said, "Yes, the manager came and we discussed my care."
- People views were recorded in their care plans. People's care plans contained signed consent forms. Consent forms were signed by people to indicate their decision to agree to the provider's health care and treatment. People were also able to provide input into their care during the regular care plan reviews that occurred every six months. This meant people were able to be involved with decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was respected. One person said that, "Absolutely. They give me time if I need it."
- Staff told us they gave people privacy and treated them with dignity. One Staff member said, "If they want private time I give it to them and I communicate with them."
- We saw that people's information was kept on password protected computers or in lockable filing cabinets in locked offices.
- People told us staff promoted their independence. One person told us, "The carer makes me feel comfortable. I have made it clear I have [religious] values and they have suggested places for me to go." A staff member said, "I give them opportunity to make their own decisions and what they are capable of doing I allow them do – I only assist them when they need it." This meant staff knew what people wanted to do and when to encourage them.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans recorded their needs and preferences. They were personalised and contained assessments, care and support plans and risk assessments. They mapped out people's health needs and preferences and held useful information that provided explicit information about how to provide care.
- Care plans gave carers explicit instructions how people liked things done and what they liked to do. For example, one stated, '[Person] likes to talk about self, talking about countries they've travelled to and the challenges they've faced in life.' This meant that staff could get to know people, the lives they've lived and what was important to them.
- Care plans were reviewed every six months or when changes occurred in people's lives. One person told us, "They came at the end of last week and we reviewed the care so far and I had input into that and I told them what I wanted."
- Copies of care plans were kept in people's home so were available for staff and people to look at when they needed.

Improving care quality in response to complaints or concerns

- People told us they knew how to make complaints. One person said, "The [registered manager] at the office, I have spoken to them before – they told me who to call and they have a guide they have given me so I know who to complain to. They listen to me. I have not had cause to make any complaint they listen to what I have to say."
- The service had a complaints policy and procedure. The service had not received any complaints at the time of our inspection but were able to show us their system for following policy.

End of life care and support

- At the time of our inspection there were no people using the service who were at the end of their life. The service had a policy to follow should they begin working with someone who was. The director and registered manager told us they felt confident they would be able to meet this need given their policy and access to training.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and staff thought highly of the staff. One person said, "[Registered manager] in the office and the care manager are great, they respond any time I need something changed." A staff member said, "[registered manager] is a good leader."
- The registered manager told us they felt supported in their role. They told us, "Whatever I suggest they [provider] try to support me. The training I need to do they arrange for me or support me with it." They understood the requirements of their role and the risks associated within the service.
- The service office was situated in an office block with other services of a similar nature that the management team had links to. The director of the service was also able to tell us about conferences and events they had attended with the care manager and the networking they had done. This meant that the service worked with others in the best interests of people who used their service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility & continuous learning and improving care

- The provider had systems in place to ensure they provided high quality care and support and sought to continuously improve. These included, but were not limited to, audits, spot checks, supervision, appraisal and surveys.
- Audits we saw included medication, care plan, staff files and spot checks. The registered manager told us that these were discussed at both management and staff meetings so that learning was sought and shared amongst staff.
- People completed satisfaction surveys. One person said, "They sent me one last year to give them feedback about the care."
- The provider compiled a report from the analysis of satisfaction surveys completed by people using the service. The report detailed that people were happy with the care workers time keeping, safety and security afforded them by staff and that staff demonstrated dignity and respect in their work.

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

- Staff attended monthly team meetings. One staff member told us, "We have monthly meetings – we talk about the service users and the services we offer, if we encounter any difficulties and they [management] inform us what we need to improve."
- Minutes of meetings we saw showed the staff discussed people's wellbeing and plans, training, employment concerns and service changes.

