

## Amicare Domiciliary Care Services Ltd

# Amicare House

### Inspection report

651 Melton Road  
Thurmaston  
Leicestershire  
LE4 8EB  
Tel: 0116 260 1747  
Website:

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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 

### Overall summary

We carried out an unannounced inspection of the service on 9 June 2015. At our previous inspection on 17 February 2014 we found that the service was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which following legislative changes of 1st April 2015 corresponds with Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found then that staff had not always sought people's consent in

accordance with the requirements of the Mental Capacity Act (MCA) 2005. After our inspection the provider sent us an action plan setting out what they would to address the breach of regulation.

At this inspection we found that the provider had made the necessary improvements and now met this regulation.

The service provides care and support for over 200 people who live in their own homes. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to

# Summary of findings

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 using the service were safe. They told us they felt safe because they were mostly supported by the same care workers who were knowledgeable about their needs. They knew which care workers would be visiting them which made them feel secure. Care workers knew how to recognise and respond to signs that a person was at risk of abuse.

People's care plans included assessments of risks associated with their care and support. Care workers used the information to support people safely.

The provider effectively deployed care workers so that people received visits when they needed. They had robust recruitment procedures to ensure as far as possible that only staff suitable to work with the service were employed.

People were supported to take their medicines by care workers who had received training in medicines management.

Care workers were supported through training and supervision to be able to meet the care needs of people

they supported. Staff who arranged home visits took care to ensure that people with cultural needs were supported by care workers with the same cultural background if that is what they wanted.

Care workers understood their responsibilities under the Mental Capacity Act 2005. They sought people's consent before providing care and support. They were attentive to people's nutritional and health needs.

Care workers developed caring relationships with people because they supported the same people and grew to know them and understand their needs and preferences. People were involved in decisions about their care and support. They told us that care workers respected the choices they made and treated them with dignity and respect.

People received care and support that was centred on their individual needs. Their care plans included information about their needs and how they wanted to be supported. The care plans were referred to by care workers.

People and staff were involved in the development of the service because their views were sought and acted upon. People and staff felt the service was well managed. The service was well organised and led by a registered manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009. The provider had effective arrangements for monitoring and assessing the quality of the service.

# 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?

The service was safe.

People told us they felt safe because they had regular care workers who were knowledgeable about their care needs. Staff knew how to deliver care safely and knew how to respond to concerns about people's safety and welfare.

Good



### Is the service effective?

The service was effective.

People felt staff were well trained. Staff understood their responsibilities under the Mental Capacity Act 2005. Staff were attentive to people's nutritional and healthcare needs.

Good



### Is the service caring?

The service was caring.

People felt staff were kind and caring and that they treated them with dignity and respect. People were involved in decisions about their care and support.

Good



### Is the service responsive?

The service was responsive.

The service provided care that was centred on people's needs and preferences. The service sought people's views about the care they received and acted on people's feedback.

Good



### Is the service well-led?

The service was well led.

People using the service and staff were involved in developing the service. People and staff felt the service was well led. The provider had effective arrangements for monitoring and assessing the quality of service

Good



# Amicare House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service and information we had received about the service from people who contacted us. We contacted the local authority that paid for the care of some of the people using the service.

We had seven telephone interviews with people using the service and three relatives of other people using the service. We interviewed the registered manager and four care workers. We looked at eight people's care plans and associated records. We looked at two staff recruitment files to assess the provider's recruitment procedures. We also look at records associated with the provider's procedures for monitoring and assessing the quality of the service.

# Is the service safe?

## Our findings

Every person using the service we spoke with told us they felt safe when they were supported by care workers. They gave a variety of explanations about why they felt safe. Some said they felt safe because they had the same care workers most of the time. A person told us, “During the week I get the same girls and at the weekends I get a different one. They are all very safe.” Other people told us that they felt safe because their care workers understood their needs. One person’s comment that care workers “know what they’re doing” was representative of what other people said. Care workers we spoke with told us they had “regular clients” they supported. Office staff who arranged rotas and schedules of visits tried to ensure that people were visited by a core team of care workers. This showed that the provider took seriously this safety aspect of people’s needs.

People told us they felt safe because they knew which care workers would be visiting and that all care workers knew how to support them. A person told us, “They (care workers) do such a good job” and another said, “They (care workers) stay as long as I need them.” A person told us, “I feel very safe with all of them.” Another said, “I feel extremely safe with my carer.” Every person we spoke with told us that their care workers made sure they were safe before they left.

Another reason people told us they felt safe was that the office staff informed them when a care worker was running late or if a different care worker than they expected would visit. A relative told us, “If they are going to be late then they ring through to let us know.”

All four care staff we spoke with demonstrated a good awareness of how to identify, respond to and report signs of abuse. They knew how to recognise signs a person may have been abused, for example unexplained bruising, a change of mood and unplanned weight loss. They described the provider’s procedures for reporting concerns about people’s safety and told us they were absolutely confident that any concerns they raised would be taken seriously by the provider. The provider had robust procedures for investigating care worker’s reports of concerns they had about people’s welfare. Senior care workers or the registered manager investigated care worker’s concerns and reported their findings of their investigations to staff.

The provider had reported concerns to the local authority social services department about the conditions people lived in if those conditions posed a risk to people’s safety and welfare.

People using the service could be confident that the provider took their safety and welfare seriously and that any concerns were appropriately acted upon.

People’s care plans included risk assessments of activities associated with their personal care routines. These included information for care workers about how to support people safely, for example when supporting them to bathe and dress. Risk assessments were reviewed annually unless a change in a person’s circumstances had occurred or if they had experienced something like a fall at home.

People were encouraged to report any concerns they had about their safety and welfare to senior staff and the registered manager. They could do so when the registered manager or a senior visited them to review their care or when staff carried out telephone surveys of people using the service. Three people we spoke with recalled telephone calls that had been made by office staff during which they were asked, amongst other things, if they had any concerns.

The provider used a formula to calculate how many care workers were required. This took into account the hours of care that had to be provided per week and care worker’s contracted hours. People using the service told us that care workers completed care routines and stayed for the scheduled duration of home visits. Care workers we spoke with told us they felt enough care workers were employed. They told us that home visits where two care workers were required were in their experience always carried out by two care workers. Records we looked at confirmed that. People told us that care workers usually visited at times they expected. All this told us that the provider employed enough care workers.

The provider operated robust recruitment procedures. All the required pre-employment checks were carried out. All staff were required to declare to the provider if they had committed any offence they had been charged with by the police and that was reviewed annually. People using the service could therefore be confident that the provider took reasonable steps to ensure that only staff with good character were employed.

## Is the service safe?

People using the service told us they were supported to take their medicines. Comments included, “They [care workers] give me my tablets and record it in the book. They also cream my legs with great care” and “They [care workers] check that I have taken my tablets and make sure it is written up.” Some people only needed to be reminded to take their medicines. A person told us, “I look after my own tablets, but they always keep an eye on what I am

doing.” A relative told us, “They do my [person using the service] medication and write it all up in the book.” Medication administration records we looked at confirmed that people were supported to take the right medicines. Care workers were trained to support people to take their medicines. Care worker’s competencies to do so were periodically assessed.

# Is the service effective?

## Our findings

At our previous inspection in February 2014 we found that the provider had not ensured that where people did not have mental capacity to consent to care, staff had not always acted in accordance with the requirements of the Mental Capacity Act (MCA) 2005. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2010, which following legislative changes of 1st April 2015 corresponds with Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made the required improvements.

People using the service and relatives of people using the service told us that staff were well trained and knowledgeable enough to meet the needs of people they supported. They spoke in complimentary terms about care workers who supported them. One person's comment that "They (care workers) do such a good job" was typical of what people told us. A person using the service said, "My main carer is very well trained. She knows exactly what to do." Another told us, "The (care workers) are very well trained" and another said, "[The care workers] clearly know what they are doing." Others told us that care workers understood and provided for their needs.

Care workers we spoke with told us that the training they had had equipped them to support people with their needs. A care worker described their training as "fantastic". Care workers we spoke with told us they had a comprehensive induction into the service. They described how they had been introduced to people they supported. They told us that they shadowed an experienced care worker for up to two weeks. They then supported people whilst being supervised for up to two weeks before working alone with people using the service. This meant people using the service could be assured they were visited by care workers who were ready to support them.

The provider had a staff training plan that was monitored by the registered manager to ensure that staff received refresher training when they needed to. The provider's training room included lots of training materials and information for staff about adult social care. The training room included a mock-up of a home with fittings such as a

bed and floor furnishings where care workers were trained to use hoists and mobility equipment. That training helped prepare care workers about how to use equipment safely in people's homes.

Staff were supported through training, supervision and appraisal. They told us they had regular supervision meetings with their team leader and that they found those meetings helpful and supportive. A care worker told us, "The meetings are helpful because we are able to raise any concerns we have." They also told us that they were able to take additional training if they wanted and one said, "The training available is fantastic."

The provider ensured that when people wanted, they were supported by care workers from the same ethnic background. This was possible because the proportion of care workers from ethnic backgrounds matched the proportion of people using the service from ethnic backgrounds. The ethnic profile of people using the service was matched by that of care workers employed by the service. This helped ensure that people using the service and care workers were able to communicate effectively with each other.

Care workers we spoke with understood the relevance of the MCA. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care and support. A person using the service told us, "They (care workers) always ask if it is okay to do things [provide care]." Another said, "They (care workers) always ask before doing anything to make sure I want it." They told us they respected people's choices and decisions about whether they wanted to receive care. Relatives told us similar things. Care workers we spoke with described how they sought people's consent before providing care and support. The provider had ensured that all care workers had either received training about the MCA or were scheduled to attend training. Care workers' understanding and practice of the MCA was monitored through observations of how they provided care and support.

People using the service told us that care workers supported them to have sufficient to eat and drink. A person told us, "The carer prepares my lunch based on what I would like that day." Other people told us that care workers either prepared meals or helped people prepare meals of their choice. A person told us, "[The care worker] is

## Is the service effective?

brilliant; she believes diet is important, so I get only the best.” Relatives of people using the service told us care workers offered people choices of meals and prepared what people chose. Care workers were trained in food hygiene and preparation.

People using the service told us that care workers were attentive to their health needs. A person told us, “Once when I complained of a pain they called the office to get the GP to come and see me.” A relative of another person

told us, “They will organise any extra help we need from GP or nurses.” Care workers we spoke with told us they looked at the notes made at a preceding visit to check if a person had any health issues they needed to follow up. They told us they looked for signs of changes in a person’s health such as loss of appetite or demeanour. This meant people could feel assured that care workers would try to identify any health issues they needed help with.



# Is the service caring?

## Our findings

People using the service told us care workers were caring. An important factor in this was that people were mostly cared for by regular care workers they had grown to know and consequently developed a caring relationship with. They also felt they mattered because care workers understood their needs. People we spoke with made comments that included, “They (care workers) are all nice people”, “We get the same carers throughout the week which helps.” People told us care workers respected their choices and preferences. A person told us, “It’s like having friends in the house.” People told us that care workers did more than they expected of them. For example a person told us, “The care worker will always go to the chemist for me if I need anything.” A relative of a person using the service told us, “They (care workers) certainly go beyond the call of duty to help.”

Care workers we spoke with told us they developed their knowledge about people they supported from reading their care plans and associated records. They also spoke with people to get to know them better. They were helped in that regard because staff who scheduled home care visits set out to ensure that care workers visited the same people.

People or their representatives were involved in assessments of their needs when they began to use the service. They were also involved in six monthly reviews of their care plans. A relative told us, “The service involved [person using the service] in planning his care.”

People using the service and relatives told us that they felt involved in decisions about their care when care workers visited them. Care workers involved people by offering them choices, for example about personal care and meals. People told us that care workers involved them in discussions about how much they could do for themselves so that people could be as independent as they wanted to be. A person said, “They (care workers) always treat me nicely and encourage me to do things for myself.” Another said, “The carers try to keep me independent.” A relative told us, “When they (care workers) make [person using the service] breakfast, they always ask him what he would like.”

People were provided with written information about the service when they first began to use it. Information included contact details for the Amicare office. They were also provided information about the service when the registered manager or a senior care worker visited them or contacted them by telephone to discuss their experience of the service.

Staff we spoke with described how they respected people’s privacy when they provided personal care. For example, they told us they drew curtains in people’s bedrooms or bathrooms when they helped them dress and wash. In the provider’s most recent survey of people using the service in which 204 people participated a large majority of people said that care workers treated them with dignity and respect.

# Is the service responsive?

## Our findings

People using the service told us they received care that met their needs. They told us that care workers provided care in the way they (people using the service) wanted. A person told us, “Whatever I ask they (care workers) do it for me.” Some described how care workers applied medication creams very carefully and the way the person wanted. A relative told us, “They (care workers) know exactly how to care for my husband.”

People told us that they felt care workers understood their individual needs and preferences. Comments included, “They (care workers) certainly know what I like” and “They really understand me and know what I like.” People felt well cared for. Comments about the quality of care included, “I can’t fault the care” and “The care I get is excellent. I couldn’t get better.”

People’s care plans included detailed information about their individual needs and how they should be met. Care workers we spoke with told us they looked at people’s care plans. One told us, “I always look at a care plan and the notes made at the previous visit first [before providing care and support].” Care workers told us they knew what people’s needs were from looking at their care plans. They explained that when they visited a person for the first time, they read the office version of a person’s care plan before the visit to familiarise themselves with the person’s needs. What care worker’s told us about their knowledge of people’s needs was confirmed by what people told us.

At the end of each home visit care workers made notes of the visit which included details of the care routines they

had carried out. We saw from those notes that care workers had carried out all of the required care routines and had stayed for the duration of the scheduled call. What people using the service told us about their care and support confirmed what we saw in those notes. People told us that care workers completed their routines and stayed the required time.

People’s care plans were regularly reviewed by the registered manager or a senior care worker. Reviews also took place if a person’s personal circumstances changed, for example if they needed additional care or more visits or visits at different times.

The provider encouraged people to provide feedback whether it was critical or positive. Since our last inspection the provider had logged 348 items of feedback from people using the service. This showed that people knew how to contact the provider with feedback. People’s comments were acted upon and some were treated as complaints which were investigated. For example, where people had made negative comments about care worker’s these were investigated and acted upon through further training or a change in care worker. This showed that the arrangements for feedback and complaints were used as an opportunity to make improvements.

People’s views about the service were sought through an annual survey, visits by the registered manager or a senior care worker and regular telephone contact from the office. People and relatives we spoke with recalled being contacted. People commented through the annual survey that they felt listened to.

# Is the service well-led?

## Our findings

People and relatives we spoke with recalled being involved in decisions about their care and support, but did not say anything about being involved in developing the service. A person told us, “The service is well managed and they check every month to make sure everything is alright.” Their views about the service had been sought by various means and their views, including criticisms had been acted upon. A person told us, “We are very happy with the service. We only contact the office if we need to make any changes which they respond to well.”

Care workers we spoke with told us they had opportunities to be involved in the development of the service. They told us they were encouraged to make suggestions at staff meetings and individual supervision meetings. Records of staff meetings showed that there had been discussions about what the service did well and what could be improved. Care workers told us they felt confident to discuss the service at any time. They added they were able to discuss things with the registered manager and owner and they appreciated that they could do so.

The registered manager monitored care staff behaviour and attitude to check whether they displayed the provider's values of treating people with dignity and respect. A person using the service told us, “They check with me every so often and the manager even came and did my session.” The registered manager made unannounced observations of care worker's practice. They also worked as a care worker in a ‘double up’ team where a person using the service required the support of two care workers which provided them an opportunity to observe care workers. The registered manager described the unannounced observations as “undercover boss” observations during which they could get an accurate view of how care staff cared for and supported people.

The provider had safeguarding policies and procedures that encouraged all staff to raise concerns. Care workers we spoke with told us they were confident that any concerns they raised would be taken seriously.

Care workers told us they received feedback about what people said about the service. They also understood what was expected of them in terms of standards of care and support they delivered. They received feedback from the registered manager about their performance.

People using the service told us they felt the service was well managed. People told us that office staff were helpful. Two people told us they had raised concerns in the past about care worker's punctuality and both told us they were listened to and that action was taken to improve the service.

The provider had procedures for monitoring and assessing the quality of care provided to people using the service. These included procedures for obtaining feedback from people using the service and their relatives, reviews of people's care plans, observation and supervision of staff and checking care worker's notes of their visits. The provider monitored care worker's punctuality and duration of home visits. Outcomes of monitoring were shared with staff through staff meetings, staff memos and newsletters. Actions were taken to improve aspects of the service where monitoring had identified areas for improvement. For example, staff had received further training on how to improve their record keeping. Additional training had also been provided to improve care worker's knowledge of medical conditions that some people using the service lived with.

The registered manager understood their responsibilities under the terms of their registration with CQC. They reported events they were required to report. They understood the latest CQC guidance about the Health and Social Care Act (Regulated Activity) Regulations 2014. Parts of the provider's procedures for monitoring and assessing the service were being reviewed so that the provider could monitor the extent to which they met the regulations.