

Amethyst Home Care Limited

Amethyst Home Care Limited

Inspection report

42 Rees Gardens
Croydon
Surrey
CR0 6HR

Tel: 02033710408

Date of inspection visit:
18 March 2016

Date of publication:
20 May 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

We inspected Amethyst Home Care on 18 March 2016. The inspection was announced 48 hours in advance because we needed to ensure the registered manager was available.

Amethyst Home Care is a service which provides personal care to adults in their own home. At the time of our visit there were seven people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We previously inspected Amethyst Homecare in December 2013. We found the provider was meeting all the legal requirements and regulations we inspected.

There were arrangements in place to protect people from abuse which staff were familiar with. Staff had received safeguarding training and had good knowledge about how to identify abuse or report any concerns.

However care was not always planned and delivered to ensure people were protected against foreseeable harm. Risk assessments were not conducted which meant that people's care plans did not always give staff information on the risks people faced or how to manage them.

Staff arrived on time and stayed for the time allocated. People were cared for by a sufficient number of suitable staff to keep them safe and meet their needs. Staff were recruited using an effective procedure which was consistently applied. Staff controlled the risk and spread of infection by following the service's infection control policy.

There were appropriate arrangements in place to ensure people received their medicines safely. Care plans provided information to staff about how to meet people's individual needs.

Staff had the knowledge, skills and experience to deliver care effectively. Staff supported people to have a sufficient amount to eat and drink. Staff worked with a variety of healthcare professionals to support people to maintain good health.

Staff understood the relevant requirements of the Mental Capacity Act 2005 and how it applied to people in their care. People were given choice and felt in control of the care they received.

Staff were kind, caring and treated people with respect. People were satisfied with the quality of care they received and told us there was continuity of care. People were supported to express their views and give

feedback on the care they received. The provider listened to and learned from people's experiences to improve the service.

Staff understood their roles and responsibilities and felt supported by the registered manager. People felt able to contact the service's office to make a complaint and discuss their care. There were systems in place to assess and monitor the quality of care people received.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to how the provider protected people from avoidable harm.

You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

Some aspects of the service were not safe.

Risks to individuals were not effectively assessed and managed.

People received their medicines safely. Staff knew how to identify abuse and the action to take if they had concerns about people's safety. Staff were recruited using effective recruitment procedures which were consistently applied.

There was a sufficient number of staff to help keep people safe. Staff followed procedures which helped to protect people from the risk and spread of infection.

Is the service effective?

Good ●

The service was effective.

Staff had the skills, knowledge and experience to deliver the care people required. Staff were appropriately supported by the provider to carry out their roles effectively through relevant training and regular supervision. Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people in their care.

People received care and support which assisted them to maintain their health. The service worked well with external healthcare providers.

Is the service caring?

Good ●

The service was caring.

Staff were caring and treated people with kindness and respect. People received care in a way that maintained their privacy and dignity. People felt able to express their views and were involved in making decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

Staff arrived on time and stayed for the time allocated. People were usually supported by the same staff who knew them well. Staff were responsive to people's needs and care was delivered in the way people wanted it to be.

The service listened to people's comments, suggestions and complaints about the quality of care they received and acted on them.

Is the service well-led?

Good ●

The service was well-led.

The provider who was also the registered manager demonstrated good management and leadership. People using the service, their relatives and staff felt able to approach the registered manager with their comments and concerns.

There were systems in place to regularly monitor and assess the quality of care people received.

Amethyst Home Care Limited

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 inspection was carried out by a single inspector who visited Amethyst Home Care's office on 18 March 2016. The provider was given 48 hours' notice because the location provides care to people in their own home and we needed to be sure that the provider or registered manager was available.

Before the inspection we reviewed all the information we held about the service. This included routine notifications and safeguarding concerns and previous inspection reports.

At the time of our inspection there were seven people using the service. We spoke with three people using the service, one person's relative, three staff members and the registered manager. We also spoke with two healthcare professionals who have regular contact with people using the service.

We looked at four people's care files and two staff files which included their recruitment records and training certificates. We looked at the service's policies and procedures.

Is the service safe?

Our findings

The risks people faced were not adequately assessed and managed. Staff regularly worked with the same people and were familiar with and spoke knowledgeably of the risks related to people's individual circumstances. However, risk assessments were not carried out. This meant that there had been no formal assessment of risk and staff did not have any written information on how to manage the risks people faced such as, the risks posed by their environment. There was no information for staff on how to manage obvious risks that people faced such as, how to minimise the risk of falls where people had difficulties with their mobility or what staff should do if a person were to fall. This meant that there was a risk of people receiving care and treatment which was inappropriate or unsafe, particularly if the staff member who usually attended to provide care was unable to do so.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 – Safe care and treatment.

People told us they felt safe and knew who to contact at the service if they had any concerns about their safety. One person commented, "I feel safe." Another person told us, "I trust them." A relative told us, "They [care staff] are lovely and [the person] is safe with them." People were protected from abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The service had policies and procedures in place to guide staff on how to protect people from abuse which staff were familiar with and applied day-to-day. Staff had been trained in safeguarding adults and demonstrated good knowledge of how to recognise abuse and report any concerns. Staff told us they would not hesitate to report another staff member if they thought the staff member posed a risk to a person they were caring for.

People told us staff arrived on time and stayed for the time allocated. People knew who to contact in the event that staff did not arrive on time. The number of staff required to deliver care to people safely was assessed and reviewed when there was a change in people's needs. People told us they received care and support from the right number of staff.

Appropriate checks were undertaken before new staff began to work with people and these checks were consistently conducted. These included criminal record checks, obtaining proof of their identity and their right to work in the United Kingdom. Professional references were obtained from applicant's previous employers which commented on their character and suitability for the role. Applicant's physical and mental fitness to work was checked before they were employed. This minimised the risk of people being cared for by staff who were unsuitable for the role.

Staff were responsible for prompting and assisting people to take their medicines. People received their medicines safely because staff followed the service's policies and procedures for storing, administering and recording medicines. People told us they were supported to take their medicines when they were due and in the correct dosage.

People were protected from the risk and spread of infection because staff followed the service's infection control policy. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in people's homes. Staff had received training in infection control and spoke knowledgeably about how to minimise the risk of infection. Staff had an ample supply of personal protective equipment (PPE). People told us staff always wore PPE when supporting them with personal care and practised good hand hygiene.

Is the service effective?

Our findings

People told us the staff who supported them had the skills and knowledge to provide the care, treatment and support they needed. People commented, "They [care staff] are experienced and know what they are doing" and "I think they are well trained." A relative told us, "They are very professional."

The provider supported staff through induction, regular training and supervision. Newly appointed staff were required to complete an induction. This covered the main policies and procedures of the service and basic training in the essential skills required for their role. The registered manager introduced new staff to the people they would be providing care to and worked with them until she was confident the staff understood people's needs and how they preferred their care to be delivered.

Staff received appropriate professional development. They told us and records demonstrated that they had regular supervision where they received guidance on good practice, discussed their training needs and their performance was reviewed. Staff received training in areas relevant to their work such as moving and handling people and food hygiene. Staff were encouraged and supported by the provider to obtain further qualifications.

Care staff asked for people's consent before care and support was delivered. One person told us, "They always ask permission." A relative told us, "They are respectful and ask [the person] before doing anything even though they know what to do. A staff member told us, "I take my lead from [the person] and do as they ask."

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 to 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. The registered manager and staff were familiar with the general requirements of the Mental Capacity Act (MCA) 2005. Although no applications had needed to be made, the registered manager told us they would liaise with the person's GP and obtain the support of the local authority to apply to the Court of Protection if they considered a person should be deprived of their liberty in order to get the care and treatment they needed.

People received the support they needed in relation to nutrition and hydration. Records demonstrated that the support people required to eat and drink a sufficient amount was part of the assessment process before they began to use the service. For example, some people's assessments stated they required support with the preparation of their meals. People told us their food preferences were catered for.

Staff supported people to maintain good health. Records demonstrated that staff supported people to have access to healthcare services by arranging and where necessary attending hospital and other healthcare appointments with them.

Is the service caring?

Our findings

People were complimentary about the staff and told us they were kind and considerate. Comments included, "They are good" and "I've no complaints. They are good to me". A relative told us, "They are caring and go out of their way for [the person]". A healthcare professional told us, "Their approach is refreshing. They support people with real care and devotion and they make a real difference to people and their families."

People told us staff respected their privacy and dignity. People told us staff referred to them by their preferred name and were respectful in the way they spoke to them. Staff were able to describe how they ensured people were not unnecessarily exposed while they received personal care. The registered manager carried out unannounced spot checks and observed staff interaction with people to assess how they maintained people's dignity and treated them with respect. The service had a confidentiality policy which staff were familiar with and were able to give examples of how they applied it in practice. Staff told us they did not discuss people's care with people's family or friends unless they had express permission to do so.

People told us they and where appropriate their relatives, were involved in their needs assessments and in making decisions about their care. This was also evident from the care files we looked at. People felt in control of their care planning and the care they received. People told us, "We discussed what I needed and how often they need to come in" and "They help me out where I need it". A relative told us, "We told them what help [the person] needed and that's what they come in and do but they're always willing to do more if asked." People said they knew who to speak to at the service's office if they wanted to discuss their care plan or make a change to it.

The registered manager and staff knew people well, including their preferences and how they liked to be supported. Staff demonstrated good knowledge and understanding of people's life histories, health conditions and the people and things that were important to them. People told us that staff had formed meaningful relationships with people. A relative told us, "[The person] gets on very well with these carers. They always have time for a chat."

Is the service responsive?

Our findings

People were satisfied with the quality of care they received. People told us, "I'm happy with my carers", "I'm generally happy with them" and "They are good". A relative told us, "They are nice and go out of their way for [the person]". We saw letters from people using the service and their relatives complimenting staff on the care they provided.

People were satisfied with the continuity of care. People told us they regularly received care from the same staff. People commented, "I know all the carers and I usually have the same ones unless they are off sick."

Care was delivered in accordance with people's care plans. People told us they received personalised care that met their needs. Care plans had special instructions for staff on how the person wanted their care to be delivered, what was important to them and detailed information about how to meet people's individual needs. For example, we saw on one file that staff were given very specific instructions about how a person wanted assistance with their personal care.

There was effective communication between the office staff and staff delivering care which helped staff to be responsive to people's needs. Staff were updated by the office of changes in people's needs, to ensure the care and support delivered met people's current need. Where there was a change in a person's circumstances, staff were able to meet their needs without delay. People were advised of a change of staff or if staff were going to arrive late.

People felt comfortable ringing the service's office to discuss any issues affecting their care or to raise queries. The service gave people information on how to make a complaint when they first began to use the service. People told us they knew how to make a complaint and would do so if the need arose. People told us they had regular opportunities to give their views on the quality of care they received. People felt comfortable discussing their care with staff and the registered manager. The registered manager regularly telephoned people to discuss their care and get their feedback.

Is the service well-led?

Our findings

People using the service, their relatives and staff told us the registered manager was accessible. A person using the service told us, "I can ring her at any time." A staff member told us, "I can approach [the manager] with any problems or for guidance if I need to." People told us the service was reliable and well organised. People said they got the information they required, such as the details of replacement staff when the usual staff member could not attend due to illness.

When staff first began to work for the service they were given copies of the service's policies and procedures. These detailed their role and responsibilities and the values of the service. Staff knew their roles and responsibilities and the service's main policies and procedures. They were well motivated and spoke positively about their relationship with the registered manager and the support they received from her. They told us there was always sufficient resources available for them to carry out their roles, such as personal protective equipment. A staff member commented, "The manager is very supportive and cares about us and the people we are caring for."

Staff felt able to report any incidents or concerns to the registered manager. They were confident that if they passed on any concerns they would be dealt with. The manager had regular discussions with staff regarding issues affecting people using the service. There were systems in place to regularly assess and monitor the quality of care people received. These included obtaining people's feedback, regular audits of people's daily care records and medicine administration records and conducting unannounced visits to observe staff delivering care to people.

The provider told us that the service's values included dignity and patience. Staff were able to give us examples of how they applied these values in practice. The registered manager had systems in place to check that the core values were applied by staff whilst delivering care. This formed part of the observation process during unannounced visits and formed the basis for discussion in staff supervision meetings.

The provider had plans to improve the service and the quality of care people received. This included extending the training available to staff and increasing the competency checks carried out to test staff understanding of their training. The registered manager was enthusiastic about her role and keen to learn from other professionals in the social care sector in an effort to develop and improve the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not provide care and treatment in a safe way by assessing the risks to the health and safety of people receiving care and treatment and doing all that is reasonably practicable to mitigate any such risks. Regulation 12 (1) and (2) (a), (b).</p> |