Aman Care Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 18 and 25 November 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care and we wanted to make sure staff would be available. Amancare is a domiciliary care agency registered to provide personal care to people living in their own homes.

At our last inspection of 18 and 22 September 2015 we found that the quality monitoring of the service was not sufficient to ensure that any shortfalls in the service were identified as part of the providers quality assurance monitoring systems was addressed in a timely manner. As a result we issued a requirement notice to the registered manager informing them they were required to make improvements. Although some improvement had been made further improvement are required.

There was a registered manager in post who was also the registered provider. 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.

Systems were not effective to assess the quality of the service provided. some audited had taken place that identified were improvement were required and an action plan had been put in place to address the shortfalls. The registered manager /provider had recruited an independent consultant to provide advice and introduce an effective system to enable them to make improvements to the service provided.

People were not always supported by staff that had been suitably recruited, or received adequate supervision to ensure they were aware of best practice. Although some staff had received training to know what abuse was and how to report any concerns to the registered manager some staff were unclear where to record the information so people were protected from any repercussion after raising concerns. People were supported to take their prescribed medicines by staff that had been trained.

Some risks were assessed but staff did not have the information available to refer to, if needed, in relation to people's medical conditions. Staff were not always trained in key areas, for example, supporting people living with dementia. Staff had received some training but did not always feel this gave them the skills and knowledge they needed to effectively meet people's needs.

Staff was caring and treated people with dignity and respect. People's choices and independence was respected and promoted. We saw that staff responded to people's support needs. People and their relatives felt they could speak with the provider about any worries or concerns and felt they would be listened too. However; not all relatives felt that the registered manager acted in a timely manager and felt this was an area for improvement.

People had choices offered to them about what they wanted to eat and drink. People said staff were kind to them and involved them in making decisions about their care and maintained their dignity and independence. People were supported to maintain their health and family members were involved if any concern were identified so that appropriate healthcare professionals could be informed.

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

The service was not always safe

Staff were not always recruited safely and checks were not always made to ensure that staff were suitable to work with people.

People were safeguarded from the risk of harm because staff was able to recognise abuse but were not clear where to record information if a person made an allegation.

Risks to people's health and safety had been identified but staff did not always receive training that would enable them to support people with their medical conditions.

People were supported by staff to take their medicines as prescribed. Staff reported any health concerns so that healthcare professionals were informed.

Is the service effective?

Requires Improvement

The service is not always effective.

Staff followed the processes of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to ensure that people's human rights were protected.

Staff did not always have access to training that would support them in their role.

People were supported appropriately in relation to the food they ate and received assistance when required.

People were supported to access healthcare professional services when needed.

Is the service caring?

Good

The service was caring.

People received kind and attentive care from staff who knew people well.

People were involved in their care and staff supported people to be independent and maintain their dignity.

Is the service responsive?

Good

The service was responsive.

People's needs were met by staff that knew their needs.

People and their relatives were listened to and arrangements were in place to respond to complaints.

Is the service well-led?

Requires Improvement

The service was not always well led.

The quality monitoring systems in place were not effective to ensure a safe and effective service was provided.

People were given the opportunity to feedback on the quality of care and support.

The management was open about the improvement required and an action plan had been implemented.

Staff development and monitoring of staff practices had commenced.

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Detailed findings

Background to this inspection

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

This inspection took place on 18 and 25 November 2016 and was announced. The inspection was completed by one inspector. We gave the provider 48 hours' notice before the inspection to ensure management were available during our inspection.

We spoke with nine which included two office staff, a consultant, the registered manager, and eight people who used the service. The agency employed 58 staff. We checked all the Disclosure and Barring System [DBS] records because before our inspection we had been told that staff were working without DBS's being in place We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events which the provider is required to send us by law. We reviewed feedback sent to us from relatives who had 'shared their experiences' with us. We reviewed a range of records about people's care and how the service was managed. These included care records, medicine administration record (MAR) sheets, staff training, support and employment records, and quality assurance audits that the provider used to monitor the service provided.

We spoke with the local authority commissioners. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

Requires Improvement

Is the service safe?

Our findings

People were not always kept safe. Before our inspection we had received concerns that staff had commenced employment without having been cleared by the Disclosure and Barring System (DBS). These are checks so the provider can be assured that staff are suitable to work with people. There was 58 staff employed at the time of our visit. We checked the DBS records for all staff and found 12 staff that had not been cleared to work with people. The registered manager /provider told us, "In this situation staff would work with another member of staff who had been cleared as suitable by the DBS". However staff rotas looked at showed that this was not always the case. We saw that the staff supported people alone and were not always supervised which meant the registered manager had not followed the organisation's policies and procedures to ensure people were supported safely. Following our visit the registered manager /provider provided evidence to us that all checks had been completed and a new system for recruiting staff had been implemented to ensure that all checks were completed before staff commenced employment.

Staff spoken with was able to describe what action they would take if they suspected any form of potential abuse and confirmed that they had received training. All staff said they would report their concerns to the office. However three staff told us, they would record the details in the person's records in their home. This may mean that the perpetrator would see this information which may have repercussions for the individual. We reported back to the registered manager /provider that some staff were not clear where to record information to protect the person's identity. One member of staff told us, "If I had concerns about management, I would contact outside agencies like the police and CQC (Care Quality Commission)." Before our inspection we had received information which we referred to our partner agency who have a lead in investigating safeguarding concerns. The investigation had not been concluded at the time of writing this report however the provider was aware of the concerns we raised.

Some assessments were in place to identify where people were at risk but these did not record actions to be taken by staff, to minimise the identified risks. Potential risks to people's health and wellbeing posed from health conditions, had not always been assessed. For example, the action to take when supporting people with diabetes if they became unwell. One staff member told us, "There are risk assessments in people's care plans but they're not specific to any medical condition but we do know the people we care for and in general we talk to them about risks. For example we talk to them about making sure that they use their walking frames. We make sure that there is no clutter they could trip over. It's all part of making sure people are safe.''

People told us that they were asked about the risks in their home. For example where staff would turn off the gas or water in the event of an emergency. One person told us that although they had never been asked how their medical condition affected them they were happy that staff ensured their safety. Staff told us that if there was an emergency situation such as a fall or someone being very unwell they would contact the emergency services. Staff told us they would also contact the office to report their concern and office staff would contact a family member.

Most people said they thought there were usually enough staff to provide care. However we were told that

there were occasional missed calls and sometimes only one carer provided care when two were required. Seven of the nine people spoken with said the service was reliable and that they had never had missed visits. Staff said they felt there were enough staff and if they were unable to work, there was always someone to cover their calls. One staff member told us, "I think there is enough staff to cover even in an emergency there is staff available when needed.'' A new system had been introduced to enable senior staff to monitor calls. For example when staff arrived at a call they would have to log on to the system to show they had attended the call. Failing to do so would alert the office staff that the call had not been completed. This would then result in a telephone call to the staff member to establish the reason the staff member had not logged the call. This meant that the office staff would be able to send another carer if there was a problem so people's calls would not be missed.

All staff spoken with knew the procedure for supporting people with their medication and said they had received training to ensure they were aware of the procedures to follow. People spoken with told us staff supported them with their medication. One person told us, "They [staff] just pass me my box so that I can take my medication. They [staff] then sign the sheet [to show] that I have taken it, they also tell me when I'm running low.'' Before our inspection we were told staff did not attend a call for one person who required their medication before food so that they could manage their diabetes. This resulted in a relative having to get food for the individual before they could take their medication. The registered manager /provider told us that the new system of monitoring calls was not in place at the time of the alleged incident which took place in July 2016, and unless it was reported to the office, which it had not, then they would not have been able to take action. The new call monitoring system should ensure that this does not happen in the future. We spoke with the relative of the person who told us that the incident had never happen and was very happy with the care provided to their relative.

Requires Improvement

Is the service effective?

Our findings

People spoken with felt the staff were trained. People's comments demonstrated that people felt staff were competent in their roles and provided good care and support. One person said, "The staff are really lovely, very helpful and pleasant." A relative told us, "I can't fault them they are like part of the family now. I think they are trained in what they do, they have to be."

Staff spoken with felt supported by the new management team. One staff member told us, "We get more support now and feel more confident in approaching management them we did before.'' Another staff member told us, "The office staff are my main contact. My immediate supervisor is very supportive."

The registered manager told us that new employees were required to go through an induction, which included a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. One staff member told us, "I went with someone the first day and then I had a couple of people to go to on my own and it's just carried on from there. I have worked in care for a long time." Another staff member told us, "I did do some calls with another staff, but they had only been working for a short time themselves, then I had a list of my own. In my previous job I had a month's induction and then supervision to make sure I was ok before I had calls of my own. I think they should do that here No one asked me if I was confident to do calls on my own and I have been working for a few months now and I have still not been contacted although I am very experienced." This showed that the registered manager was not following the organisations policy and procedures to ensure that staff were competent to carry out their roles. The provider/ manager told us that staff were working towards the care certificate standards. The care certificate is the new minimum standards that should be covered as part of induction training of care workers.

Three staff told us that some training had been completed in their previous employment and copies of the training certificates were produced at interview so the registered manager knew which training needed to be completed and needed updating. One staff member told us, "We've just done some more training. For example, safeguarding, infection control and health and safety." One staff member told us they had not yet completed key training such as supporting people with dementia, diabetes and epilepsy.'' The registered manager /provider told us, "As part of the staff supervision further training had been identified which is included in our action plan." The action plan we saw confirmed this. Staff spoken with confirmed supervision had taken place and training had been discussed. This meant that staff had an opportunity to discuss concerns and training needs with a senior member of staff.

We asked staff about spot checks. Spot checks mean that senior members of staff attend the same call as a carer to ensure that staff are turning up on time and observe staff practices. This process enables the registered manager to assess whether staff were implementing their training and providing care as planned. It also gave the registered manager the opportunity to identify any training or practice issues that needed to be addressed with staff. Some staff spoken with told us that they rarely had spot checks and four staff told us that they had never had any observed practice. The registered manager had identified that this was an area for improvement and had implemented a programme of spot checks. Some staff confirmed that these

were now taking place.

People and relatives spoken with told us they were involved in discussing the care that was needed and had been asked questions about their routines and preferences. People said that staff listened to them and did exactly what they asked them to do. One person said, "They always listen to what I want doing.'' Another person told us, "Every day is different and staff do just as I ask, so I feel that I give them guidance to what I want and they support me in doing this.'' A third person told us, "There has never been a time when staff don't ask me what I want. It depends on how I am feeling. I would not be without my carers, lovely girls.''

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 principals of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the registered manager understood their responsibilities in relation to the MCA, and was acting in accordance of the principals of it. Some staff demonstrated their knowledge of the MCA. For example one member of staff said, "We presume that people have the ability to consent to care. Everyone has a choice, even of making a bad choice." Other staff told us they would always try to give people choices in their day to day care and spoke to families to gain information around routines and preferences. Staff demonstrated an understanding of the principle of MCA. For example, one staff member told us that if a person wanted to go out and they did not normally go out then because of risks to their safety they would report to the office who would liaise with their family. However not all staff had completed training to fully support them with their understanding.

Some people were supported with their meals. One person told us, "Carers make simple meals for me which is often a light breakfast or heating up a microwave meal for me. I can ask for other things and they will give me what I want'' Another person told us, "They [staff] make sure I have plenty to drink when they leave and leave me stuff out in case I get peckish.'' People were satisfied with the meals they were being made and thought that staff ensured they were left with enough food and drinks.

Staff told us and people spoken with confirmed that staff supported them with their healthcare needs when required. One person told us, "They [staff] make sure if I am ill they tell my relatives, or even call the doctor for me.'' A relative told us, "They [staff] have called me many times when my relative had been ill. They [staff] ensure that [named person] eats well and they always leave a drink within reach so I have no worries about [named person] having enough to eat." Staff spoken with were clear about what they would do in an emergency. One staff member told us, "We would contact the relevant service if someone was poorly and make sure they were okay before we left. We would also report to the office and seek guidance from the manager.'' This showed people were supported with their health care needs when required.

Good

Is the service caring?

Our findings

People received care, where possible, from the same care worker or team of care workers unless staff were on holiday then alternative staff was provided for a short period of time. Having visits from the same staff means staff get to know people and their needs well. Staff spoken with were familiar with the people they supported. One staff member told us, "Because I go to the same people I know them very well, and what the family like for their relative. People and their relatives told us they were happy with all of the staff and got on well with them. One person told us, "They [staff] are brilliant, thoughtful and caring," and "We always have a good chat, I love all that."

One person told us, "I am treated with dignity; staff close doors when needed and talk to me when they help me have a shower." A relative told us they always ask my brother to leave the room when the support [named person]. One relative told us, "They [staff] are lovely, very friendly and supportive of both of us.'' Staff promoted people's privacy and dignity. One person said, "They [the staff] are very respectful." Staff told us how they would ensure that all personal care was conducted with as much privacy and respect as possible. Staff spoken with were very clear about confidentiality and spoke respectfully and kindly about the people they supported.

People and relatives we spoke with told us they felt listened to and were involved in planning the care and support received from staff. One person told us, "I do have my support reviewed [manager's name] came out only last month to see me." Staff said that they would make sure the person retained as much independence as possible. One staff member told us, "We ensure people help themselves as much as they can, and we encourage that we promote independence." One person told us, staff always let me do as much as I can for myself and support me when I ask.''

Good

Is the service responsive?

Our findings

People we spoke with shared with us their views about the staff and the care and support provided. We found people's views to be mixed; in some instances people were confident in the knowledge that staff had the ability to deliver effective care. Two people told us they were not so confident when being supported as they said the staff were relatively new and were therefore, not in their view experienced. However both people said that once they got to know the staff, they would feel more confident. Overall, people felt their needs were responded to and care was personalised to them.

Six people told us they were supported by the same staff which meant they had continuity of care and felt staff had the experience to support them the way they wanted. The registered manager /provider told us that some staff had left the organisation and as a result new staff were appointed and this had resulted in people using the service having to be introduced to new staff and felt this would take time for people to develop a relationship with them.

We looked at two care plans. These are records to ensure staff have the information needed to support people with their care and that staff took a consistent approach to meeting people's needs. We saw that information about people was detailed and some information was specific to the individual's preferences. However where people had a specific health care condition no information was available about this condition for staff to refer to if needed. For example, people who were living with dementia. We saw recorded in one care record, "May have emotional outbursts'' with no information of what this meant or how to respond to this so that the person was reassured. However when speaking with staff they told us that this meant that a person may become upset. One staff member told us, "We would sit with the person until they calmed down.'' This showed staff were aware of how to support people even though the care plan did not contain this information.

People spoken with told us that they would speak with staff if they had any complaints and information of who to contact had been given to them when they started using the service. We saw that there were systems in place for recording and investigating complaints. Records looked at showed what action had been taken to resolve concerns. We had passed some concerns to the registered manager to investigate under their complaints procedures. The registered manager has responded to these in a timely manner and kept us informed of their investigation process.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post and this meant that the conditions of registration for the service were being met. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. We were not always notified about events that the registered manager/provider are required to notify us about by law, including the submission of statutory notifications. We discussed this with the registered manager/provider at the time of our visit. The registered manager/provider told us it was the role of the office manager and was not aware that notification had not been sent to us when they should, and would ensure this was rectified immediately. However the registered manager/provider have a legal obligation to ensure that information is sent to us within a timely manner. At our last inspection the registered manager/provider informed us that they would be absent for a period of time and an office manager had been appointed.

At this inspection we found adequate monitoring systems were not effective to continuously identify, analyse and review the service provided to people. The provider/manager had acknowledged that the quality of care in some incidents had not been as good as the standard they aspired to and as a result of the concerns raised they had employed an independent consultant to support the organisation to improve the service for people and address the shortfalls identified. We saw that an action plan was in place that had identified what we found during our inspection. We saw that some audits had been completed. This included staff training and people's care records. Although complaints that the provider had received were investigated, an audit had not been completed to identify any themes so that action could be taken to prevent a reoccurrence. We saw that a system of staff supervision and spot checks had recently been put in place. People who used the service were being contacted about their views and a new system for monitoring the quality of the service being provided was in the early stages of implementation.

Some staff told us they felt supported and that the registered manager was approachable. However, a few staff said that where they had identified an issue to the registered manager, they had not been informed as to whether action had been taken. For example, a number of staff had informed the registered manager/provider that some staff were always late for double up calls, which would then mean the next call would be late. We spoke with the registered manager/provider who told us that they were doing an investigation and would communicate the findings.

Staff told us they did not have team meetings and felt these would be beneficial to them so they could make suggestions and voice any concerns they had about working conditions and people they supported in general. Staff told us that has things are changing they felt more supported One staff member told us, "Things are definitely changing for the better.'' Staff told us that has things are changing they felt more supported One staff member told us, "Things are definitely changing for the better.'' People spoken with told us that the care they received was good. One relative told us, "I cannot fault the care, never had a problem with staff and would certainly recommend the service.''
Following our inspection the provider/manager sent us information about the progress that had already been made since the inspection. We will review this information at our next inspection to ensure

sustainability had been maintained.