

Amicable Care Ltd

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Inspection report

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Date of inspection visit:
09 June 2023
12 June 2023
11 July 2023

Date of publication:
20 November 2023

Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Amicable Care Ltd is a domiciliary care agency providing personal care to people living in their own houses, flats, and specialist housing. It provides a service to older adults and younger disabled adults. At the time of our inspection there were 29 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Care records, risk assessments and medicines records were not always complete and did not always contain enough information to allow staff to deliver care safely. Care plans were not completed in a way which promoted person centred care. People were not supported to have maximum choice and control of their lives and the provider did not have a robust system in place to support this in practice.

People's feedback of the service was positive. People were happy with the way care was delivered and told us they felt safe, and the carers promoted their independence. Relatives told us the carers were punctual and had good hygiene standards and plenty of PPE. People were supported by the same regular team of staff wherever possible. People told us communication with the provider was good. However, some people told us there had been times where they had not received their calls as planned.

Management audits had not taken place and the provider did not have a robust system to identify errors and omissions in records. Analysis of records was not completed and as a result people were placed at risk of harm. The provider did not have effective systems in place to record and respond to safeguarding or accidents and incidents. The provider did not have effective systems in place for completing pre-employment checks on new staff, to ensure they were suitable for the roles they were undertaking.

The provider had a robust infection prevention and control system in place and staff had training in this area. Staff received regular training including safeguarding and medicines administration. However, quality assurance processes did not always record whether some staff were competent to administer medication and other training they had undertaken.

Staff were happy in their work and understood the importance of their role. The provider sought the opinions of people using the service and staff. People felt confident in the management of the service and staff felt well supported.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 4 October 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. A decision was made for us to inspect and review the key questions of safe and well-led. When we inspected, we found there were shortfalls across many areas, so we widened the scope of the inspection to include the key questions of effective, caring, and responsive. The overall rating for the service has changed from good to inadequate based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the full report below for further details.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Amicable Care Ltd on our website at www.cqc.org.uk.

Enforcement and Recommendations

We identified 2 breaches of the regulations relating to safe care and treatment and good governance.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it, and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Amicable Care Ltd

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an inspector, a medicines inspector, 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection

Inspection activity started on 8 June 2023 and ended on 21 July 2023. We visited the location's office on 9 June 2023 and 11 July 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, the nominated individual, a senior care worker and 2 care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed records relating to people's care and support, medicines management, staff recruitment, training and support and the management of the service, including policies and procedures. We spoke to 3 people who used the service and 4 relatives to gather feedback on the care and safety 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

- The provider did not have an effective system in place to ensure medicines were managed safely. Medicines audits were not in place to identify errors.
- Records relating to medicines management were not accurate. For example, medicines administration charts showed gaps in medication, did not always demonstrate complete courses of medications had been given and amendments were not always signed and dated.
- People's medicine care plans did not contain the information care staff needed to make sure people receive their medicines as prescribed.

We found no evidence that people had been significantly harmed. However, risks relating to the safe administration of medicines were not always effectively managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider sent us evidence to demonstrate they had sought advice from prescribers regarding prescribing instructions to ensure these were correct and clear. The provider also made changes to the way they recorded medications, to ensure these gave clearer instructions on how medication should be administered and updated information regarding allergy status. However, further improvements were still required.

- People who were supported with medicines said they were satisfied in the way staff handled this.

Systems and processes to safeguard people from the risk of abuse; assessing risk, safety monitoring and management; learning lessons when things go wrong

- The provider did not have an effective system to record and investigate safeguarding issues.
- People's care records did not include enough information for staff about how to reduce risks. For example, records we reviewed identified manual handling risks but did not outline what support was required and strategies to reduce risks.
- Systems to monitor accidents and incidents were not effective and did not promote learning. Incidents were not always recorded. The registered manager did not complete analysis and action plans which was contrary to the provider's policies.
- Audits did not fully consider any emerging trends or themes to reduce the risk of reoccurrence and improve the quality of the service.

The failure to ensure systems and processes were in place to safeguard people from risk of abuse, assess and mitigate risk and learn from lessons when things go wrong was a breach of Regulation 17 (Good

governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff understood their responsibility to report any concerns.
- People told us they felt safe. One person told us, "I like the carers I get and feel very safe with no worries." A relative told us, "They keep him very safe at all times."

Staffing and recruitment

- The provider did not always use safe recruitment procedures to employ staff.
- References, qualifications and employment histories were not always requested by the provider prior to applicants starting work. This meant the service had not completed thorough checks to ensure applicants were suitable to undertake the role.

The provider did not have robust systems to demonstrate staff were recruited safely. This placed people at risk of harm. This contributed to a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider gave us some additional evidence to demonstrate they had attempted to follow safer recruitment practices for the latest employee, by requesting references. However, further work is required to meet safe staff recruitment.

- The provider ensured there were sufficient staff to meet people's individual care packages. People and relatives commented positively on continuity of care and having a small staff team who were familiar with their needs. One person told us, "I'm getting to know them well now. I know who is coming each day so there are no surprises."

Preventing and controlling infections

- The provider had systems to reduce the spread of infection.
- Staff received training in infection control to make them aware of best practice. Staff told us PPE was available and they used this when caring for people.
- People and their relatives told us they were happy with infection control. One relative told us, "They wear all the PPE and use sanitiser."

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; supporting people to eat and drink enough to maintain a balanced diet; staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Records relating to people's care and support, and the management of the service, did not ensure people's needs were assessed and delivered in line with best practice guidance. We identified shortfalls relating to the assessment of risk and medicines management.
- Records did not always fully evidence how people were supported to maintain a balanced diet and there were gaps in the recording of people's meal provision.
- Some relatives told us there had been occasions where their family members had not received their calls as expected. One told us, "There's been a couple of times when nobody has turned up, because she was accidentally missed off the rota."

The failure to ensure an effective system was in place to assess people's needs and ensure care and support was delivered in line with best practice contributed to a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection, the provider told us about how they work with other agencies and we observed evidence of the provider working with other agencies to provide care.

Staff support: induction, training, skills and experience

- An effective system was not fully in place to demonstrate all staff were competent to administer medication and monitor completion of other training.
- Staff were receiving supervision on a regular basis. However, staff did not receive an appraisal in line with the provider's appraisal policy.

The failure to ensure staff were competent to administer medication contributed to a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- New staff completed an induction, training including the Care Certificate, and worked with experienced staff members to learn about their role.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- Information about people's consent to care and how this was gained was not fully recorded.
- Records did not always evidence a relative's legal status.

The failure to ensure records demonstrated how staff were following the principles of the MCA contributed to a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager took action during the inspection to ensure this information was gathered and documented robustly but this piece of work was ongoing.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people felt supported, cared for or treated with dignity and respect but a lack of systems and processes meant people were at risk of not being well-supported.

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

- People and their family members were not consistently involved in their care planning. One person told us, "I'm not aware of a care plan" whereas one relative told us, "My relative has a care plan. I'm very satisfied that it's kept up to date."
- Reviews of people's care did not always happen in line with the providers policy of every 6 months. Records we reviewed showed that some people's care had not been reviewed for over 18 months. We did not receive any documentation that captured the views of the person, their families or changes made as a result of these review.'
- The provider had a policy in place regarding advocacy and the Service Users' Handbook included details of local advocacy services.

We recommend the provider reviews their assessment processes and documentation to ensure records demonstrate that people are included in their decision making.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had positive relationships with people and at times went above and beyond what was expected. One person told us, "They also offer extra duties if I need them."
- People were complimentary about their regular care staff. A relative commented, "We have the same core group of carers. The punctuality is 99% on time."

Respecting and promoting people's privacy, dignity and independence

- Staff upheld the privacy and dignity of people. They understood the importance of maintaining people's privacy and described dignified ways of working to uphold people's dignity. For example, when supporting people with their personal care.
- People and relatives made many positive comments about how staff treated them with dignity and promoted their independence. One person told us, "I know the girls very well and they treat me with great respect."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider did not ensure care plans included enough information about people's needs. This meant people might not receive safe or appropriate support.
- Records did evidence people, or their representative consented to the reviews of their care but did not evidence their views in the documentation or changes made. Care was not always reviewed in a timely manner.
- Improvements were required with regards to the providers assessment and care review systems to ensure it was person centred and reflected people's needs.

The failure to ensure care plans reflected people's needs and preferences contributed to a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People said the staff were able to meet their needs. One person told us, "They are reliable and cover all my needs well."

Improving care quality in response to complaints or concerns

- The provider did have a policy for complaints.
- Information was included in people's care files about how to make a complaint.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- An accessible information policy was in place. The registered manager told us there was no one currently using the service that required information in a different format.

End of life care and support

- The service had a policy in place to support people with end-of-life care and support.
- At the time of the inspection, the service was not supporting anyone who was required end-of-life care.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care

- An effective system was not in place to monitor and manage the quality and safety of the service and ensure regulatory requirements were met.
- We identified shortfalls across many areas of the service including the assessment of risk, medicines management, the maintenance of records relating to people, staff and the management of the service. These had not been identified by the provider's monitoring systems.
- Annual feedback questionnaires were sent to gain people's views on the care being delivered. However, no analysis and action plans were created in response to the findings which was not in line with the provider's policy.
- The registered manager's knowledge of the provider's policies was not always consistent with the evidence we received following the inspection. For example, the registered manager told us the service did not hold information regarding advocacy and this was not available to service users and their families. However, following the inspection, the nominated individual provided us with a copy of their advocacy policy and their Service Users' Handbook which includes advocacy information.
- Staff meetings were taking place on a regular basis, but documentation of these meetings was not kept. This meant staff who could not attend were not aware of the matters discussed so may work in an inconsistent way.

The provider failed to adequately assess risks and ensure records were well maintained. The failure to ensure an effective monitoring system was in place was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, we received documents which demonstrated some analysis of feedback questionnaires had taken place.

- People and families were involved in the service provided. One person told us, "I have a very good relationship with the management. If I contact them, I get satisfaction right away."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager spoke about how passionate she was about ensuring people had good care.

- Staff spoke positively about the people they supported. One member of staff told us, "I like caring and helping people."
- Staff told us they felt supported by the management team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a duty of candour policy in place which outlined what steps to take in the event of an incident.
- The registered manager told us there had been no incidents which had required them to act upon this duty.

Working in partnership with others

- The service worked alongside other health and social care professionals who were involved in people's care.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks relating to people's medicines had not been fully assessed or managed. Regulation 12 (1)(2)(c)(g).

The enforcement action we took:

We issued a warning notice

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance An effective system was not in place to monitor the quality and safety of the service. Regulation 17(1)(2)(a)(b)(c)(d)(i)(ii)(e)(f)

The enforcement action we took:

We issued a warning notice