

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?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on 18 and 22 September 2015 and was announced. We told a representative of the provider two days before our visit that we would be visiting to ensure that there would be someone available to assist us with the inspection. This is the first inspection since changing location in July 2014.

Aman Care provides a domiciliary care service for 37 people. Some people's care was funded through the local authority and some people purchased their own care.

There was a Registered Manager in post, but they were not available during the inspection. 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

All staff spoken with knew how to keep people safe from abuse and harm because they knew the signs to look out for. Where incidents had occurred the provider took action to help in reducing re occurrences.

Summary of findings

People were protected from unnecessary harm because risk assessments had been completed and staff knew how to minimise the risk when supporting people with their care.

There was enough staff that were safely recruited, however not all training had been completed to ensure that they had up to date knowledge in recent legislation.

People were supported with their medication and staff had been trained so people received their medication as prescribed.

People were able to make decisions about their care and were actively involved in how their care was planned and delivered.

People were able to raise their concerns or complaints and these were thoroughly investigated and responded to. People were confident they were listened to and their concerns taken seriously.

Staff supported people with their nutrition and health care needs and referrals were made in consultation with people who used the service if there were concerns about their health.

Processes were in place to monitor the quality of the service provided but was not effectively used as a learning process to improve 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 is safe.

People told us they received a safe service.

Procedures were in place so staff could report concerns and know how to keep people safe from abuse.

Risks to people were assessed and managed appropriately and there were sufficient staff to meet people's care needs.

Staff recruitment showed that staff were recruited safely to ensure people were protected.

People were supported to take their medication as required so they remained healthy.

Good



Is the service effective?

The service was not consistently effective.

Staff did not have the knowledge to ensure people's rights were always protected and staff training was not up to date.

People were supported with food and drink as required. Referrals were made to healthcare professionals if needed.

People were supported if they were unwell and their relatives or medical professionals were informed.

Requires improvement



Is the service caring?

The service was caring.

People told us they had a good relationship with the staff that supported them.

People were able to make informed decisions about their care and support, and their privacy, dignity and independence was fully respected and promoted.

Good



Is the service responsive?

The service was responsive

People told us they were involved in all decisions about their care and that the care they received met their individual needs.

People were able to raise concerns and give feedback on the quality of the service.

Good



Summary of findings

Is the service well-led?

People told us they received a service that met their care needs and their views were sought about the service provided.

Processes were in place to monitor and consult with people about the quality of the service, but information was not always used effectively to improve the service.

Requires improvement



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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 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 took place on 18 and 22 September 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office when we visited. The inspection was undertaken by one inspector.

We spoke with eight people who used the service, four relatives, seven staff and a representative of the service.

We contacted the local authority who purchased the care on behalf of people so they could give us their views about the service provided to people. We looked at three people's care records the recruitment records of three care staff, minutes of staff meetings, quality assurance records, complaints and compliments. We reviewed all the information we hold about the service. This included notifications received from the provider. Notifications are required from the provider about their service in relation to accidents/incidents and safeguarding alerts which they are required to send us by law.

Is the service safe?

Our findings

All the people that used the service and relatives spoken with told us that they received a safe service. One person told us, "They are wonderful staff, I feel very safe with them." Another person told us, "Yes very safe and happy with the service." A relative told us, "I can go out and know that [named person] is in good hands. One person told us, "Staff make sure my doors and window are closed before they leave. When they move me in the hoist I feel safe with them, they are nice staff, very helpful." Another person said, "The staff are very careful that I don't get hurt." Staff we spoke with explained how they ensured people were left safely in their home when they had finished their call. For example, one staff member told us, "I check the environment so that it is clear of objects so they can't trip up and that they are comfortable, I make sure the doors are locked and the key put back in the key safe." A relative told us, "[Person's name] is safe, no doubt about that."

All staff spoken with and records looked at confirmed that staff had received training on how to keep people safe from harm. All the staff we spoke with knew about the different types of abuse and the signs to look for which would indicate that a person was at risk of abuse. Staff understood how to report concerns and felt confident action would be taken to protect people from harm. For example, staff told us that if they had any concerns about a person they would speak with people and observe for behaviours that were unusual for them and report to the office so further investigations could be undertaken. All staff we spoke with knew about whistle blowing. Whistle blowing means staff can raise concerns and their identity would be protected. Records we hold showed us that the provider reported concerns and appropriate referrals were made to the appropriate authority.

People were supported to keep safe because risks were assessed and plans put in place to manage them. Staff told us that risks associated with the care provided were recorded in people's care plans. Staff told us how they would minimise the risk so people were supported safely. A staff member told us, "We have the information we need and if in doubt we tell the senior who is really supportive and listens to us. We know the people we are supporting

and she will come out and look for herself or do an assessment of the person needs." We looked at three people's care records. These showed that risks had been identified and discussed with the individual so support could be provided safely. All staff knew the procedures for reporting new risks and all confirmed that when new risks were reported, prompt reviews of people's care were undertaken to ensure people were safe.

We had received information stating visits were being missed, because staff were not available to provide the calls. This indicated that there were not enough staff to provide the care and support that people needed. Everyone spoken with told us that there were enough staff to ensure people received a reliable and safe service. People and their relatives told us that the staff were reliable and that visits were never missed. One person told us, "Reliable service and no missed visits." Another person said, "On the odd occasion they are late, I phone the office and they send someone else." People told us they felt the staff understood their needs because they usually had the same care staff providing their support

The provider had an effective recruitment process in place to ensure staff were recruited with the right skills and knowledge to support people. Staff told us they had pre-employment checks before they started to work for the agency, including a Disclosure and Barring Service (DBS) check and references. The DBS check can help employers to make safer recruitment decisions and reduce the risk of employing unsuitable staff. Records showed that these checks were in place showing that the recruitment process had been implemented ensuring that only suitable people were employed.

People received support with taking their medication where required. One person told us, "They [staff] help with my medication by reminding me to take it." Another person said, "I take so many tablets the staff joke and say I could open a chemist. They [staff] say have you taken your medication [named person], come on we don't want you getting poorly. Really nice girls. All staff spoken with knew the procedure for supporting people with their medication and said they received training to ensure they followed the procedures.

Is the service effective?

Our findings

People who used the service told us that they thought the staff were trained in what they did. One person told us, “They look after me very well and I don’t have to tell them what to do, I think they are trained because they [staff] seem to know what they are doing.” Staff spoken with told us they received training in relation to their work and called this mandatory training. Records showed that training was not always specific to people’s individual needs such as where staff supported people with epilepsy and diabetes. One staff member told us, “We do need some training in specific medical conditions. It would enable us to look after people better if we had more of an understanding, but we know the people we look after.” The deputy manager told us the training coordinator was discussing staff training needs as part of their personal development. Dementia training was being delivered by a specialist trainer. Staff spoken with confirmed that they had one to one meetings with the senior staff where they could discuss their personal development and training needs. Staff told us that the deputy manager and senior staff were very supportive so they felt confident to contact them for advice.

People who used the service told us they were involved in making choices in the meals and drinks that care staff prepared for them as part of their support. The care staff offered different levels of support according to people’s individual needs. Care staff told us it was important for people to get the meals they enjoyed or wanted. One person told us, “They [staff] always offer me a choice of what I want, they help me prepare it so it still gives me some control.” Staff told us that if there were concerns

about a person not eating and drinking they would contact the office so they could contact the family. This showed that where required, staff supported people with managing their meals, and were able to identify and take action where people may be at risk of not eating and drinking to remain healthy.

People who used the service said staff would always ask them for consent before carrying out any support and care needs. The Mental Capacity Act 2005 (MCA) sets out what must be done to protect the human rights of people who may lack mental capacity to make decisions are protected. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit an applications to the Court of protection’ for authority to deprive someone of their liberty, in order to keep them safe. Staff could not explain the implications of the MCA or DoLS. However, they were able to explain how they supported people to make decisions about their care and support and training had been arranged. Staff told us if they had any worries or concerns about any of the people they supported they would contact the office for guidance. The deputy manager told us they had arranged for training on the MCA (2005) and DoLS to take place.

People using the service and relatives spoken with said they were confident that staff would contact the doctor if they were not able to do so themselves. One person said, “If I am unwell they would call the doctor.” Staff spoken with were clear about what they would do in an emergency. One staff member told us, “We would contact the person’s relative or the relevant service if someone was poorly and make sure they were okay before we left and inform the office.”

Is the service caring?

Our findings

People who used the service said they had a good relationship with the staff. One person told us, “They [staff] always have a chat; I look forward to seeing them.” A relative told us, “I am so pleased with the service we get, they look after [named person] so well I can only give them [staff] praise.” People spoken with told us that staff listened to their wishes and did as they asked. One person told us, “They are kind and respectful.” All people we spoke with were positive about the care staff and support they received. One person said, “Staff are easy to get along with.” People told us that staff chatted with them whilst supporting them with personal care.” One member of staff told us they spent time with the person chatting and not rushing the person. People told us they usually had the same care staff providing their support, so they felt they understood their needs. Records confirmed that a discussion took place so people were involved in how they wanted their care to be provided.

Staff spoken with had a good understanding of people’s human rights, including respecting people’s choices and wishes. One staff member told us, “It is important to maintain people’s dignity by making sure they [people who used the service] are helped to feel in control of their day to day support and be mindful in the way we speak with them.” Staff spoken with gave good examples of how they ensured people’s privacy and dignity was maintained. This included, discussing the care with people to ensure they were in agreement with what staff assisted them with. One person told us, “I am happy with how they do things like close the doors, and cover me with a towel. I don’t feel embarrassed.”

Staff spoken with were able to explain people’s different care needs and what they needed to do to meet these needs. Staff told us that people’s independence was promoted when they assisted with personal care and gave us examples how they did this. For example, by encouraging people to do as much as they could for themselves. A relative told us, “[Person’s name] is fiercely independent and [staff name] will follow their lead.”

Is the service responsive?

Our findings

We had received information in relation to calls to people who lived with dementia not being undertaken and their care needs not being assessed. We looked at how the service ensured people received their calls. The information provided to us stated that some people who were living with dementia did not have their call on time, were sometimes missed or care was not as per their assessed need. The information did not include names of people that this related to so we were unable to establish if the information was correct. We looked at the system in place to minimise the risks involved where people were not able to make contact with the office. The service uses a system called a people planner; however this system does not identify where people are unable to contact the office to say that their call has been missed or late.

People who were able told us that they had no missed calls. One person told us, "I have never had a missed call, if the staff are going to be late they let me know". Another person told us, "Staff always come, never had to contact the office because they were not here." Records seen showed that there was an on call service, where a member of staff was allocated to be on call so any late or missed calls were covered. There were no records to indicate that there had been missed calls. While this system would be beneficial for those people who were able to contact the office, this would not be effective for those people who did not have the capacity to make the call. The deputy manager told us that this was an area that the organisation had identified for improvement and was looking at ways to minimise a potential risk to people who were not able to contact the office. This included contacting people planner to ensure the system captured specific needs relating to people using the service and risk assessments that highlighted those people who may be at risk.

People who used the service said they were involved in planning their care, so they decided how they wanted their care and support to be delivered. A senior care told us that reviews would take place annually, although if there was a change in a person's care and support needs, a review would take place earlier. We saw that assessments were carried out and care plans written. Care records we looked at had a copy of the care plan, which had been reviewed or was due to be reviewed. People told us that they were always asked their views about the service they had. One person told us, "When staff come they ask me if everything is all right, do I need anything. I have no problems with my care or the staff who come." Staff spoken with told us they always discussed the care with people. One person told us, "They [staff] take time to find out what I like. I never feel as if they don't care what I think. I am still in control." Another person told us, "You only have to ask and the staff do their best." Staff we spoke with confirmed their knowledge of the people they supported; including an understanding of their likes and dislikes.

People told us that information about how to complain was given to them when they started to use the service. Staff told us that if people wanted to make a complaint they would support them to do so by contacting the manager. One person told us, "The staff will listen if you are worried about anything at all, even little things, they are all very good." All the people spoken with told us they had no concerns and had not made any complaint about the service they received.

Records seen showed that there were processes for dealing with complaints. Records seen at the provider's office showed that two complaints had been received which had been investigated. A monitoring form had been developed so complaints could be measured so the organisation could minimise reoccurrences.

Is the service well-led?

Our findings

There was a registered manager in post. However, the registered manager was not available during the inspection. In the absence of a the registered manager a deputy manager was available to managed the service on a day to day basis. We had not been notified that the registered manager was not present at the location; however this was within the 28 day period that the manager is allowed before notifying us. The provider must inform us if the registered manager is absent for more than 28 days as required by their condition of registration. The deputy manager told us that the registered manager would not be available for a few more weeks, however it was the intention and plan for him to become the joint registered manager and an application would be submitted to us for consideration.

People told us when their regular care staff were on leave, they did not really know who would be coming. One person told us, "The staff are very nice who come, but it is a bit frustrating when you have to repeat what you want doing to new people. Especially if I have five or six different carers coming. So I think they could improve on this and try and get the same couple of staff coming when my own carer is off." All the people spoken with told us staff were approachable, had the time to listen to them and the staff asked them about how they felt about the service provided at the review of their care. Records looked at showed were people had given feedback an analysis of the information had not been undertaken so that a learning process could take place to improve the service.

Records showed, complaint although investigated were not analysed so improvements could be made. Training to enable staff to have up to date skills and knowledge had not been completed and staff spoken with confirmed that further training would enable them to have a better understanding with peoples' different ailments.

We saw recent a copy of a recent annual audit undertaken by the deputy manager. This identified gaps in the systems and we saw that an action plan had been put in place to action these gaps. We saw that some action had been taken. For example, staff told us that recently changes had been made so all calls were scheduled within a reasonable distance of each call to enable people to receive their call on time. This was in response of people informing the office that on occasions some staff were a little late. Further training and staff meetings had been arranged so that staff had a say in how the service was provided and how improvements could be made. Staff told us they were clearer about their roles and responsibilities and told us the provider was open and accessible to them if they had any concerns or needed advice. This showed that there was an open culture within the service so improvement could be made were needed. At the time of writing this report the provider had commenced taking action in relation to the areas identified as requiring improvement during inspection. An action plan was sent to us on the second of the inspection.