

Amethyst Care & Support Group Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Amethyst Care and Support Group Limited is a supported living service providing support to people living in their own homes or flats. 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. At the time of the inspection there were four people receiving personal care.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

People were provided with a service that was safe for them to use and for staff to work in. Service quality was reviewed, and changes made to improve people's care and support when required. This was in a way that best suited people. There were well-established working partnerships that promoted people's participation and reduced their social isolation. They had choices, followed their interests and hobbies and did not suffer from social isolation.

Right Care

People received responsive, person centred care and were supported with their needs that were regularly reviewed and recorded in their care and support plans. There were enough suitably trained, recruited and supervised staff who supported people to live in a safe way and enjoy their lives. Any risks to people and staff were assessed and monitored. Staff understood people's health needs and provided them with access to community-based health care professionals, as well as supporting them appropriately. People were protected by staff from nutrition and hydration risks and they were supported to choose healthy and balanced diets that also met their likes, dislikes and preferences. The premises were adapted to people's needs. Transition between services was based on people's needs and best interests. Complaints, concerns, accidents, incidents and safeguarding issues were reported, investigated and recorded. Trained staff safely administered medicines to people.

Right culture

The service had a warm, welcoming and friendly atmosphere with people enjoying the way staff gave them care and support. The staff we observed were caring and compassionate. Many positive interactions took place between people, staff and each other. Staff observed people's privacy, dignity and confidentiality.

People were encouraged and supported to be independent. The management was transparent with an honest, open and positive culture. The provider's vision and values were clearly defined, and staff understood and followed them. Staff were aware of their responsibilities, accountability and were prepared to take responsibility and report any concerns they may have. People did not experience discrimination against them, and their equality and diversity needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

This service was registered with us on 03 February 2021 and this is the first inspection.

Why we inspected

This was a planned inspection of a newly registered service. We inspected to give the provider a rating.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service also provides care and support to people living in 'supported living' setting's, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 20 September and ended on 22 September. We visited the people on the 21 September 2022.

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 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

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. We visited three people who use the service on the 21 September.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- The service had safeguarding procedures in place to report concerns to the relevant professionals including the local authority and the CQC.
- All of the people we spoke with told us they felt safe.
- Staff told us they had received training in safeguarding and would report any concerns to the manager or external agencies.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's needs, and any associated risks were assessed, monitored, and regularly reviewed. Staff had a proactive approach in ensuring people retained their independence where possible and managed their own risks.
- Care and risk management plans provided staff with the information they needed to support people in a safe manner.
- People's care records provided additional information about their health care needs and how these should be managed and met. This helped staff to have a clear understanding of the impact of people's conditions.
- Where accidents and incidents had occurred, these were regularly reviewed to help identify any trends and consider action to reduce the risk of reoccurrence.
- Where required, care plans were updated following an incident to help reduce the risk of repeat incidents. Changes to people's care and risk management plans were communicated to staff in a timely manner.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service's infection prevention and control policy was up-to-date.

Using medicines safely

- Staff made sure people received information about medicines in a way they could understand.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- People's medicines were administered by staff who were trained to carry out the task. Regular assessments of staff's competency were carried out to ensure they remained safe to administer people's

medicines.

Staffing and recruitment

- The service had enough staff, sufficient for one-to-one support for people to take part in activities and visits how and when they wanted.
- Staff recruitment and induction training processes promoted safety. Staff knew how to take into account people's individual needs, wishes and goals.
- The numbers and skills of staff matched the needs of people using the service.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A comprehensive assessment of each person's physical and mental health either on admission or soon after was carried out.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support, sensory and physical needs.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.

Staff support: induction, training, skills and experience

- Staff felt well supported by the management team and said they received the supervision and training they needed to work effectively.
- New staff had an induction and were expected to attain the Care Certificate if they were new to care work. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- All staff had attended mandatory training on learning disability along with other specific training such as disability and dyslexia awareness training.

Supporting people to eat and drink enough to maintain a balanced diet

- People received effective support with eating and drinking. Staff helped people to manage their own diets and promoted independent planning and cooking.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked in partnership with other professionals to ensure people's healthcare needs were understood and appropriate support was provided.
- People's care plans showed that they were supported to see healthcare professionals when needed. We also saw any recommendations were acted upon in a timely manner.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff empowered people to make their own decisions about their care and support.
- Staff understood their responsibilities regarding the MCA and DoLS.
- Consent to treatment of relevant persons was obtained and recorded in care plans. One person said, "Staff always ask me before they help me with anything."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with respect, equally and their diversity recognised. This meant their rights and dignity were maintained and they were involved as partners in their care.
- People told us how friendly, supportive and caring staff were and that characterised the way staff interacted with people throughout the inspection. People's positive and relaxed body language and affectionate response to staff showed that they felt staff were caring, they enjoyed staff's company and were relaxed in it.
- We observed good practice such as staff often just sitting and talking with people who were relaxing in their home.
- Staff received equality and diversity training enabling them to treat people equally and fairly whilst recognising and respecting their differences. This was reflected in inclusive staff care practices that made sure no one was left out. Staff treated people as adults, did not talk down to them and people were treated respectfully and equally.

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

- People were supported to express their views and involved in deciding their care. This meant they had control over their lives.
- One person was hard of hearing and staff supported them to express their views by talking slower and using non-verbal methods of communication. This meant their views were heard.
- Staff knowledge and experience of people's likes, dislikes and preferences were built up by people using the service and staff forming relationships, and bonds. A person told us, "I like [staff name] I always want that support because [name] is like a friend."
- People told us that they were able to express their choices and live their lives the way they wanted. One person said, "I can do what I want with my support hours, sometimes I prefer to do things on my own but other times I'm happy to go out with others and do group activities, it's always my choice."

Respecting and promoting people's privacy, dignity and independence

- People were given time to listen, process information and respond. Staff took the time to understand people's individual communication styles and develop a rapport with them.
- People were enabled to make choices for themselves and staff ensured they had the information they needed.
- Staff supported people to maintain links with those that are important to them. People told us they visited friends and saw people they knew. One person told us, "I am getting my own car and that is going to help me to get out and about more, I'm going to visit my family."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's support plans reflected their needs and preferences. This meant staff had the information needed to support people in accordance with their wishes.
- People's cultural and religious preferences were recorded.
- People were able to voice their opinions about the care they received and were fully involved in planning and reviewing the support they received.
- Systems were in place to check people's needs were being met and they were satisfied with the service being delivered.

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.

- People's communication needs had been assessed to support and guide staff on how to effectively communicate with people.
- The registered manager told us that information could be provided in accessible formats, such as large print, for people where required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain relationships and this meant they avoided social isolation.
- People participated in activities that were individual to them and as a group. During our visit we saw people had been involved in various activities and they also had the opportunity to build friendships.
- The registered manager said, "The service runs as a community and people do a lot of activities together, they enjoy days out, but also spending time having garden BBQ's, quizzes, and meals. They also enjoy chatting and sitting in the sun or playing games whether it is snooker or dominoes."
- People were supported to build meaningful relationships, keep in contact with relatives, and for friends and relatives to visit.

Improving care quality in response to complaints or concerns

- There was a robust system for logging, recording and investigating complaints, that was followed.
- People and their relatives said they were aware of the complaints procedure and how to use it.
- Complaints and concerns were addressed openly and honestly. They were used as an opportunity for learning and improvement.

End of life care and support

- At the time of the inspection no one was receiving end of life care, but staff had received training in this area of 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had fostered a person-centred culture, where staff treated people as individuals, upholding their rights and encouraging and enabling them to live life as they wanted.
- People knew the registered manager well and frequently approached her during the inspection. They spoke positively about the registered manager.
- Staff found the registered manager and senior staff to be approachable and supportive. They felt able to raise concerns with them.
- The senior management team routinely spent time with people and staff whenever they were on site, observing and hearing about how the mood was around the service and about any concerns people raised.

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 registered manager was aware of the duty of candour and their responsibilities to be open and honest with people and their relatives in the event of something going wrong or a near miss.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and staff voiced confidence in the leadership of the service.
- The registered manager had invested time and effort in developing staff skills and confidence, delegating tasks with support so staff felt more able to manage a range of situations in the registered manager's absence.
- Care staff understood their roles and responsibilities. Regular staff supervision made clear what was expected of them and gave them feedback about how they were doing.
- Quality assurance processes gave the registered manager and provider an overview of the service, helping ensure people received safe, good quality care and support. This included audits of various aspects of the service, such as medicines, health and safety and infection control. Any issues identified were listed on the service's action plan, for the registered manager and provider to monitor that they had been rectified.
- The service had notified CQC of significant events and incidents, which is a legal requirement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service worked in partnership with others and maintained good links with professionals and services

within the local community. The provider worked with the local authority and other health and social care services to benefit the lives of people living at the service.

- People told us that they were able to voice their views and the registered manager was accessible and helpful.