

Amphion Home Care Services Limited

Amphion Home Care (NEL) Limited

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

Amphion Home Care Services Limited is a domiciliary care agency that is based in Scunthorpe. The service is registered to provide personal care to people who live in their own homes within the local authority area of North Lincolnshire.

This inspection took place on 8 and 11 April 2016 and was announced. This was to enable us to meet the people using the service and to ensure staff would be available to speak with.

The service was last inspected on 21 and 22 May 2014, when it was found to be compliant with the regulations inspected.

There was a registered manager in place for the service. 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.

People who used the service were protected from harm by staff who had been trained to ensure they knew how to recognise and report potential abuse and who had been safely recruited to ensure they were safe to work with vulnerable people. Assessments about potential risks to people had been completed to ensure staff knew how to keep people safe. Training had been delivered to staff to ensure they knew how to administer medicines safely. People told us they received a service from staff who were consistent and reliable and did not rush.

Staff had been provided with a range of training to enable them to effectively perform their roles. People told us that staff treated them with courtesy and kindness and communicated with them to ensure they were involved and consented to decisions about their support. People's support plans contained evidence of assistance provided to ensure their health and wellbeing was maintained. People told us they had developed positive relationships with staff who respected their wishes for privacy and supported them to be as independent as possible.

People told us they were happy with the service they received and were confident that any concerns they might have would be appropriately addressed and resolved where this was possible.

The service consulted and actively engaged with people who used the service to ensure their views could help it learn and improve. Systems were in place to ensure the quality of the service was monitored. Staff told us there was a management culture that was open, approachable and positive and which listened to people's views in order to help the service develop.

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

People were protected by staff who had been trained to ensure they knew how to recognise and report potential abuse.

People's needs were met by suitable numbers of staff who had been safely recruited and received training to enable them to carry out their roles.

Training had been delivered to staff to ensure they knew how to administer medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff completed a range of training to enable them to effectively meet people's assessed needs.

People were consulted to ensure they consented to support that was provided.

People's nutritional needs were supported and they were encouraged to maintain a balanced diet.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were courteous and kind and who respected their individual needs and wishes.

People were involved in making decisions and choices about support and their personal preferences for this were respected.

Staff knew how to support people's dignity and understood the importance of helping them to make choices and decisions whilst promoting them to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People's support was reviewed and they were involved in the planning of their care and treatment.

People's health and wellbeing was supported by appropriate medical professionals where this was required

A complaints policy was in place to ensure people were able raise concerns and have these addressed and resolved where this was possible.

Is the service well-led?

The service was well led.

People told us the service provided them with a consistently reliable service and that it was well led.

Care staff told us told us they enjoyed their work and that the service was well run and provided them with good support.

Systems were in place to enable people to provide feedback about the service and assure the quality of the service and enable it to learn and develop.

Good ●

Amphion Home Care (NEL) Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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 announced inspection was carried out by one adult social care inspector and took place on 8 and 11 April 2016. The registered provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to make sure the management team and staff were available for us to speak with.

The registered provider had not yet been asked to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. However, we checked our systems for any notifications that had been sent in as these would tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service.

We contacted the local authority safeguarding and quality performance team as part of our inspection process, in order to obtain their views about the service and whether they had any concerns. They told us they had no on-going issues with the service.

During our inspection we made a visit to the registered provider's office and spoke with the registered manager, a quality assurance manager, a business development manager, and a team care coordinator. We visited the homes of three of the people who used the service and subsequently spoke with six others and ten care workers by telephone.

We looked at the care files belonging to three of the people who used the service, staffing records and a

selection of documentation relating to the management and running of the service, such as quality audits and performance reports.

Is the service safe?

Our findings

People who used the service told us they felt safe and trusted the staff. All of the people we spoke with were very happy with the service delivered and said that staff were good at doing their job. During our inspection we visited the homes of three people who used the service. They all told us they felt comfortable with and were well supported by staff. One relative commented, "I can't believe how lucky I am, we always have the same regular carers who are always on time, you can tell the time by them and we have never missed a call." Another person with a physical disability told us "I am completely reliant on these ladies but I'm well satisfied. They are excellent at time keeping and as regular as clockwork and do not rush." Another person requiring specialist support in relation to their nutritional needs told us, "I am quite satisfied with the service; staff follow my instructions and work in partnership with me."

Care staff told us about training they had carried out to enable them to recognise and report potential issues of abuse and ensure people who used the service were protected from harm. They told us they would raise any potential concerns with the registered manager and were confident appropriate action would be taken to follow issues up. We found safeguarding policies and procedures were available which were aligned with the local authority's guidance on this and staff were clear about their roles and responsibilities in relation to this aspect of their work. Staff were familiar with different forms of abuse and understood their duty to 'blow the whistle' about concerns or incidents of poor practice. We saw evidence the service cooperated with the local authority safeguarding team and worked closely with them to ensure potential issues of abuse were investigated and resolved, together with use of disciplinary procedures when this was required.

The service had a system of quality measures to enable the standard of service to be monitored and ensure support was delivered by appropriate numbers of staff with the skills needed to meet people's needs. There was evidence of an on-going recruitment for the service and we saw a number interviews were held for new staff during our visit to the office.

Staff files contained evidence that safe recruitment procedures were followed to ensure staff did not pose an identified risk to people who used the service. We saw this included Disclosure and Barring Service (DBS) checks before new staff were allowed to start work and ensure they were not included on an official list that barred them from working with vulnerable people. We found references of new staff were appropriately followed up, together with checks of their personal identity and past work experience, to enable gaps in their history to be explored before offers of employment were made.

People's care files contained assessments about known risks that were completed before services commenced with them, to ensure staff knew how to support them safely and keep them free from harm. People's risk assessments focused on their personal strengths and abilities to carry out tasks of daily living and included details about their nutritional and hydration and moving and handling needs together with issues concerning their domestic environment and health and safety. We saw people's risk assessments were monitored and updated on an on-going basis by staff in the service.

We found that some people who used the service were supported to take their medicines. We saw that

Medication Administration Records (MARs) were used by staff to record when people had taken or refused their medication. There was evidence that staff followed the prescribers instructions and that people were assessed so those who had the ability to do so, continued to self-medicate where this was required. Staff confirmed they had completed training on the administration of medication before they supported people to take their medication and that when errors occurred, investigations were completed to ensure lessons were learned.

Staff were issued with identity badges and uniforms for use when attending people's homes, together with personal protective equipment, such as aprons and gloves to enable staff to promote positive infection control measures.

Contingency arrangements were in place to enable people to make contact with the provider in case of emergencies. A 24 hour on call system was in place to ensure people and staff were supported should an emergency occur.

Is the service effective?

Our findings

People told us that care staff were effective at meeting their needs and that their individual support tasks were completed well. People told us care staff involved them about decisions concerning their support to ensure their personal needs and preferences were respected. People told us they had developed strong relationships with their care staff who promoted their quality of life. One person said, "They are punctual and come at the right time and stay as long as it takes." Another person told us, "They know what they are doing, I have a specific regime and they follow my instructions." Whilst another commented, "I have four regular carers. They do not rush and do more than they need. They even bring me in special meals they have cooked for themselves."

People who used the service confirmed staff consulted and communicated with them about decisions concerning their support to ensure they were in agreement with how this was delivered. People's support plans had been signed to demonstrate their agreement and consent to what was delivered from staff. Staff confirmed they understood the importance of gaining consent and agreement from people about their support. We observed care staff communicated sensitively with people and took patience and time to ensure they were understood. One person told us "They (staff) listen and explain things to me and do anything I ask."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. For people in the community who need help with making decisions, an application should be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and found that people's liberty was not being restricted and that the registered manager understood their responsibilities in relation to the MCA.

There was evidence training was provided to ensure staff had the right skills to meet the needs of people who used the service. We saw newly recruited staff undertook an induction to the service that was linked to the Care Certificate (The Care Certificate is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours.) Staff confirmed they were well supported and provided with shadowing opportunities to work alongside more experienced staff, before they were allowed to work with people on their own. Staff files contained evidence of regular supervision meetings with senior staff, to enable their performance to be monitored and their skills to be appraised. Care staff told us about nationally recognised accredited qualifications they had completed to ensure they had the knowledge and skills required to enable people's health and wellbeing to be promoted. We found unannounced observational competency assessments of staff were carried out to ensure their skills were effectively maintained. One member of care staff told us, "They train me well and keep my training up to date, I am

quite happy and have enough time to do my job. If there are ever any problems I see my care coordinator and they sort it and try to solve problems." Another told us, "I get good support from the office, I missed my job so much I came back from retirement. They take time to understand people's needs and the continuity of work is really good."

People's care files contained support plans that had been developed to address their various medical conditions. There was evidence of liaison and involvement with health care professionals when this was required and people told us they were supported to attend appointments, for example GP's, opticians and consultants. People told us they were happy with this aspect of support and that the service worked in partnership with them.

Care staff told us they provided emotional encouragement and practical assistance to ensure people maintained a healthy diet and enable their nutritional needs to be met. Training on nutrition and food safety was provided to ensure staff were aware of safe food handling techniques.

Is the service caring?

Our findings

People who used the service were universally positive about the caring approach that was delivered by their care staff. People told us how their independence was promoted by staff who treated them with dignity and maintained their confidentiality. People told us care staff were courteous and friendly and treated them with respect. One person said, "They see things that need doing, they help me enormously, I couldn't do without them." Another person told us, "They have willingness to do extra jobs and treat me with courtesy and respect. We are able to have a laugh and a chat." A relative told us, "We look forward to their visits, they encourage [name] to get involved in their care with a song. They don't rush and [name] gets on with them all." Another person told us, "They are lovely girls; they are ever so friendly, I am ever so happy. I treat them as my friends and they treat me as a friend."

People told us staff assisted them to be as independent as possible. We observed care staff had established positive relationships with people who used the service and knew them well. People told us care staff respected their wishes for privacy and treated them with consideration, whilst ensuring their personal dignity was maintained. People told us care staff assisted them sensitively with personal care tasks and that they were able to arrange additional time for their care tasks if this was required.

Care staff told us they enjoyed their work and that they generally provided support to the same group of people to enable continuity of support to be delivered. We observed care staff were familiar with people's preferences for how support should be delivered. Care staff told us about training they had undertaken that focussed on the importance of maintaining people's dignity and the importance of maintaining people's confidentiality. One member of care staff told us, "I am really happy in my job. The support is there when you need it and there is always someone on call." They told us they had been given, "Plenty of opportunities to shadow experienced staff when I started to work to help me gain confidence and learn about people's needs." Another member of care staff told us, "I really enjoy my work, I always work with the same people and support is always there when you need it." Another told us, "I have worked in the same job for 13 years, I wouldn't have gone elsewhere, it is the longest I have ever worked and I enjoy my job."

People confirmed they were given a welcome pack which gave information to help them understand the role of service and who to contact if required. People told us staff communicated with them in a courteous and friendly way and involved them in reviews of their support. We saw people care files contained individual plans of care that focussed on their individual strengths and needs, together with details about how their support was provided. People's care records contained assessments about known risks to help staff to protect them from potential hazards, together with liaison and requests for equipment, to maximise their independence and enable their abilities for self-control to be promoted.

Is the service responsive?

Our findings

People were very positive about the service they received. Everyone said they knew how to raise a complaint if this was needed and had confidence these would be appropriately addressed and resolved. One person told us, "I know how to complain and would definitely tell if I was unhappy about something." Commenting about the support that was provided a relative told us, "The carers are brilliant and ever so cheery; I feel as if I'm really involved and can't speak highly enough of them."

There was a complaints policy in place to enable people to raise a concern and have these investigated and where possible resolved. We saw evidence the registered provider had responded to formal complaints that were received and provided written responses to people with an outcome of their investigation. We found complaints and concerns were monitored by the service to enable potential themes to be highlighted and enable learning strategies to be implemented. We found a proactive approach was adopted by the service to people's concerns and welcomed their comments to help it develop. There was evidence that people were involved in the development of the service and quality assurance questionnaires and 'spot check' visits were used to enable them to provide feedback to help it improve. One person told us, "We saw one of the coordinators last week on their regular visit and I can talk to [name of quality assurance manager], I know they will try their very best to sort things out."

There was evidence that assessments of people's support were carried out when they began using the service together with risk management plans to ensure it was able to safely meet their needs. We saw plans of support had been developed from people's assessments which were reviewed and updated and covered a range of their needs and abilities to carry out tasks of daily living in order to help staff to maximise people's independence and self-control. We saw people's assessments covered areas of known risks such as skin integrity, mobility and falls in order to help staff keep them safe from harm. One person showed us a care plan for eating and drinking that had been developed with them, that gave clear guidance on how care staff should ensure their wishes for independence were respected, whilst enabling their personal safety to be promoted.

People told us that relevant health care professionals were contacted if their needs changed. Phone numbers for doctors, district nurses were present in people's care records so that staff could liaise and make contact with them if this was required. Care staff told us they reported changes about people's needs and conditions to the office staff, to ensure additional time could be arranged if this was needed.

People who used the service and their relatives told us they were consulted and participated in the development of their support. They told us staff listened and involved them in decisions to ensure the support met their needs in a person centred way, which they were happy and satisfied with.

Staff told us they encouraged people to follow their interests and hobbies and participate in social events of their choice. People told us staff supported them to maintain relationships with friends and families in order to maximise their opportunities for social inclusion.

Is the service well-led?

Our findings

People who used the service, their relatives and staff told us they thought the service was well-led. Comments and feedback received from people and staff was consistently positive about the service. People were universally positive about the reliability and consistency of staff in meeting their needs. One person told us, "I have the same set of regular carers who work back to back shifts so I know who will be coming." Another person said, "I can't find any faults at all, I have the same lovely carer, she does a good job, I am really happy." Whilst another commented, "I couldn't get a better service, Amphion service is good, they are doing a decent job."

Care staff all told us they enjoyed their work and that the service was well run. Care staff told us they felt well supported and management was approachable. One member of care staff told us, "I can ring the office and have any concerns or queries quickly addressed, any problems are dealt with straight away." Another told us, "Amphion are good at training and support is always there, there is always someone available to give advice." The member of care staff went on to say, "The coordinator's listen and address issues for us. The organisation is good, they make changes to our rota's to adjust our workload and they definitely respond, especially when people's needs change and there is a need to extend our calls. I am impressed at the way information filters down to staff. I am happy to work for the company; they enable me to do my job." Another told us "It is better run and more effectively led than other agencies, I can't fault it in any way, and it's like a family."

There was a registered manager in post who had a range of knowledge and experience of health and social care services and was aware of their responsibilities under the Health and Social Care Act 2008 to report incidents, accidents and other notifiable events occurring during the delivery of the service. The registered manager was supported by a range of ancillary staff including a quality assurance manager and a business development manager, together with administrative and financial staff. The business development manager told us, "We are trying to improve and change things for the better, we have recently introduced the 'living wage' and pay travelling time for care staff and have developed a closed Facebook page to enable communication with staff to be developed and enhanced."

Systems were in place to enable the aims of the service to be delivered, whilst enabling it to learning and develop. There was evidence a range of audits were carried out of different aspects of the service, together with weekly management meetings to ensure leadership and direction to be provided to staff. We were told these covered a range of key performance indicators such as incidents and accidents, staff training issues, medicines management, people's care records, the environment, safety issues and complaints. This enabled trends and patterns to be analysed and helped improvements to be implemented whilst assuring the quality of the service remained well led.

We found the service operated a culture and approach based on involving people and staff in its on-going development. We saw evidence of surveys and spot checks were carried out to ensure the service was meeting its operational objectives and provide people with an opportunity to provide feedback. The registered manager showed us a copy of the vision and mission statement for the service which we were

told had been recently developed. Staff told us this had been discussed in meetings with them and covered 15 points including culture, commitment, ownership, integrity, excellence, success, communication, teamwork, and consistency of service delivery. The registered manager told us "We are getting into the habit of testing and measuring our outcomes, I want to learn from staff." Staff comments about the service stressed the openness, approachability and honest style of management approach. One told us they felt recent developments were a genuine way forward and this was based on providing people with better outcomes and not about cutting down their care hours.

There was evidence the registered manager placed an importance on the development of an inclusive culture that encouraged staff to question practice and ensure communication was open and constructive. Staff told us the registered manager was fair and listened to them. We saw evidence of meetings and observations of staff with members of office based staff to enable their behaviours and attitudes to be monitored and their skills to be appraised. A whistleblowing policy was in place that enabled and encouraged staff to highlight issues of poor practice and potential abuse. Staff were confident the registered manager would take action to follow issues up where this was required.