

Mr Suvendu Seal

# Amily Homecare

## 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

### About the service

Amily Homecare provides personal care to people in their own homes. 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. The service was providing support to 39 people with personal care needs at the time of our inspection.

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

People felt safe with the staff providing their care. They told us staff arrived on time and stayed the duration of the call. Staff were clear regarding their responsibilities in keeping people safe from avoidable harm and abuse. Medicines were managed safely. The service monitored accidents and incidents to reduce the risk of them happening again.

People were supported by skilled staff who received a comprehensive induction, training and supervision to support them in their role. 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.

There was a strong ethos of supporting people and staff with kindness running throughout the service. People told us that staff were caring and always willing to help. People were involved in decisions regarding their care from the point of assessment and their care needs were continually reviewed. Support to access healthcare was provided when required. People told us staff responded quickly when they were unwell.

There was a positive culture throughout the service which put people at the centre of what they did. People's opinions of the service were sought regularly and checks were completed on staff performance. Staff told us they felt supported in their roles. People and their relatives told us the management team were accessible and always willing to listen and respond promptly to any concerns or suggestions.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 22 March 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

## 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 was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Amily Homecare

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors 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.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection visit because we needed to be sure the provider would be available to support the inspection. Inspection activity started on 20 September 2019 and finished on 1 October 2019. We visited the office location on 20 September 2019.

#### What we did before the inspection

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

#### During the inspection

As part of our inspection we spoke with three people who received care from Amily Homecare and visited

one person in their home. We spoke with four relatives to gain their views of the service provided to their relatives. We also spoke with the provider, care manager and three staff members. We reviewed a range of documents about people's care and how the service was managed. We looked at five care plans, three staff files, medication administration records, risk assessments, policies and procedures and internal audits that had been completed.

After the inspection

Following the inspection, we spoke with an additional two staff members. We reviewed additional information requested from the provider including staff training records and further audit information.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them. One person told us, "I have never felt unsafe or uncomfortable with any of the carers." One relative told us, "She is definitely safe with them and it's comforting for us as a family to know how good they are."
- Staff had a good understanding of what signs of abuse to be aware of and reporting procedures. One staff member told us, "We have to report it immediately to the office if we suspect abuse or if we feel someone is in danger in any way."
- A safeguarding and whistleblowing policy and procedure was available for staff to follow should they need to report or escalate concerns. Where concerns regarding people's care had been identified, this had been discussed with the local authority.

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

- Risks to people's safety were assessed and plans implemented to minimise the risk of harm. Risk assessments were completed in areas including moving and handling, medicines, choking, skin integrity and the environment. Where concerns were identified, measures were implemented to minimise risks and guidance provided to staff.
- Where people's needs changed staff communicated with the office to ensure people continued to receive their care safely. Following a period of illness one person required additional support to mobilise. Additional equipment and guidance to staff had been implemented promptly.
- Accidents and incidents were reported and used when developing people's care. One person displayed high levels of anxiety at times due to their health needs. Incident forms had been completed and reviewed in detail. This had led to changes in the way the person was supported. Additional guidance had been provided to staff on how to support the person with their anxiety and behaviours and a reduction of incidents had been noted.
- A business continuity plan had been developed to ensure people would continue to receive a safe service in the event of unforeseen circumstances.

Staffing and recruitment

- There were sufficient staff to cover all care calls and no missed calls were recorded. One person told us, "The carers always come. I have never had any problems with them not turning up."
- Staff told us they had enough time to spend with people and did not have to rush their care. Travel time was part of the rota which enabled them to arrive at each call on time. One staff member told us, "Travel time is allocated so we never use clients time for travel. They give us enough time for everything."
- Systems were in place where staff contacted the office or the on-call service to let them know each time

they arrived and left a care call. This enabled the office staff to monitor that no calls were missed.

- Robust recruitment processes were in place. Prospective staff completed an application form and had a face to face interview. Staff files contained references, evidence of the right to work in the UK and a Disclosure and Barring Service check (DBS). DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

#### Using medicines safely

- Where people required support with their medicines they told us staff managed this safely. One person said, "I do have problems with my memory and so they prompt me to take my tablets and there has not been any problem."
- Medicine administration records were fully completed and regularly audited. Where people were prescribed as and when required medicines (PRN) guidance was available to staff on when and how these should be administered.
- Staff received training in the administration of medicines. Information on the medicines prescribed for people was available in their homes which enabled staff to monitor potential side effects.

#### Preventing and controlling infection

- Processes were in place to minimise the risks and control the spread of infection. Staff had access to personal protective clothing such as gloves and aprons.
- People told us that staff wore gloves whilst supporting them with their care. One person said, "They have gloves and they bin them here afterwards. They always look clean and tidy."
- Each person had a risk assessment on file which covered areas including sanitary conditions, waste disposal facilities, food preparation and any specific health conditions.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; Staff working with other agencies to provide consistent, effective, timely care

- Information within people's care records demonstrated that assessments had been completed prior to their support starting and people confirmed this was the case. One person told us, "Initially when they came out it was (care manager) who came and they really listened to me but we also had such a laugh. I felt very happy and comfortable with them. They went through absolutely everything."
- Following assessments, basic care plans were completed for staff to follow. The provider told us the original assessment notes were then destroyed. This meant there was no record to ensure the person was receiving the care in line with their initial assessment. The provider acknowledged this concern and told this information would be retained going forward.
- Staff worked alongside other agencies to ensure people received co-ordinated care in line with their needs. This included working with other care agencies to provide two staff members for support and to ensure live-in carers had breaks.

Staff support: induction, training, skills and experience

- People and their relatives told us they had confidence in the skills of the staff supporting them. One relative told us, "They do seem well trained and they notice things and changes in Mum." A second relative described their family members specific health conditions. They told us, "When we are chatting they seem to have an understanding of these conditions."
- Staff completed a range of training during their induction period including the Care Certificate where required. The Care Certificate is a set of agreed standards that health and social care staff should demonstrate in their daily working lives. The provider information return (PIR) stated, 'Depending on the experience level of the applicant, the training may include Care Certificate Training, Additional Specialist Modules, Mandatory Training etc. Safeguarding training is also a standard element within these training modules'.
- Staff confirmed the training they received was relevant to their role. One staff member told us, "The training is good and gives you a refresher. There is more training offered if you want to do it."
- People were supported by staff who had regular supervision to support them in their role and to monitor their performance.

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

- People who were supported with meal preparation told us this was done in line with their wishes. One person said, "They always ask me what I want for my breakfast, and then at lunch. They also always leave me a drink and leave me a flask for overnight." A second person said, "I always get my breakfast and they



make me a cup of tea. If I ask for something to eat they will always make it for me."

- People's care plans contained information regarding the support they required to eat and drink. Staff demonstrated an awareness of ensuring people were always left with a drink within reach.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare support as required. One relative told us, "They are proactive. For example, they thought Mum might have an infection so they got a sample and took it to the GP surgery and then they phoned me to let me know. It takes some of the worry out of it for us." A second relative said, "They do liaise with her Macmillan team and they (staff) will change the care plan in consultation with Mum, us, and the MacMillan team."
- Processes were in place to ensure any healthcare concerns were dealt with promptly. When concerns or changes to people's health were observed by staff the office would be notified. This information was followed up by speaking to relevant healthcare professionals.
- Records showed healthcare professionals such as GP's, district nurses and occupational therapists were involved in people's care where required.

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 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. 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.

- People and relatives confirmed that staff always sought their agreement before providing their care. Staff demonstrated they understood the importance of gaining people's consent. One staff member told us, "I will always ask a person before I do anything. It can sometimes be difficult but you have to explain to the person and maybe use humour to encourage them."
- People's legal rights were respected as the principles of the MCA were followed. The majority of people receiving support from Amily Homecare had the capacity to make decisions regarding their care and had signed agreements in place.
- Where people did not have capacity to consent to their care assessments had been completed and best interest decisions recorded. This process had been followed for one person with regards to having a living carer in their home.
- Following our inspection, the provider informed us they had completed a review of their support planning documentation to further ensure this was embedded into staff practice and understanding.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 we spoke with all described staff as caring and kind in their approach. One person told us, "The carers I see are more like friends. We have a laugh and joke but they also notice how I am on that day." Another person said, "My carer has always been so professional but that word doesn't do her justice. She is very very keen to help, never too tired and has never cut short the time."
- Relatives we spoke with also told us that staff treated their loved ones in a compassionate way which provided them with reassurance they were being well cared for. One relative told us, "They are very good, kind and loving towards (family member). They give him a cuddle when they come in and when they go and they do anything we ask. He loves them and they make a fuss of him." A second relative told us, "We don't live nearby but we can tell she is happy with them. They phone us if there is anything they are concerned about and as far as we are concerned they are brilliant."
- Staff demonstrated an understanding of what was important to people. For example, when one person was admitted to hospital staff continued to care for their pet as they knew this would be a worry for the person.
- People shared examples of how staff had demonstrated a caring approach. One person described having fallen in their garden. When staff arrived they called an ambulance and sat on the ground with the person until it arrived.

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

- People confirmed they were provided with choices regarding their care calls and were fully involved in the development and review of their care plans. One person told us, "They did ask me what gender of carer I would prefer but I don't mind. They come every 2-3 months to check everything but nothing has needed to change on my care plan and I have nothing negative to say about them. They are caring and they actually have their clients best interests at heart."
- Care plans and daily records were kept in each person's home for them to review and contribute to. One person told us, "They always record everything and it always looks accurate to me. They always consider my needs and keep me in the loop as to what is happening and when."
- People told us they valued being supported by regular staff which enabled positive relationships to develop. One person told us, "I have a principle carer who comes most days and is fantastic. I was told at the original meeting who my main carer would be."
- Wherever possible new staff were introduced to people prior to supporting them. People told us they found this reassuring as they were not receiving strangers in their home.

## Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected by staff. One relative told us, "They shut the window if I have opened it and pull the curtains over. They are respectful. The carers do check how I am too. I have never heard them talk about anybody else they visit and I wouldn't stand for that if they did."
- Staff understood the importance of treating people with respect and encouraging them to maintain their independence. One staff member told us, "We have to allow the client to do as much as they can for themselves but be close by so we can help them if they need us."
- People and their relatives gave examples of how the service had enabled them to maintain their independence in a range of different ways such as continuing to work, maintaining their mobility and being able to remain in the home they loved.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good At this inspection this key question has remained the same. 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 felt involved in decisions regarding their care. The care manager told us people's wishes regarding the timing of calls were discussed prior to assessment to ensure they could be met. They told us, "During the initial enquiry we will establish what people want to ensure we can meet their preferences. We wouldn't give false hope to people that we can make the times they want if we haven't got the calls available. We will do all we can to meet what people want."
- People were supported by staff who were motivated to provide person centred care. Staff spoke with enthusiasm and interest about the people they supported. They demonstrated they knew people well and were able to tell us about people's lives, families and interests in detail.
- People told us that staff arrived on time and stayed for planned duration of the visit. One person told us the timing of their call was important to them due to other commitments, "They have always been on time and if they were going to be a bit late she would always ring me."
- Care plans guided staff on the support people required at each care call and how the person preferred their support to be provided.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People and their relative told us the agency communicated well with them. They told us the office would call to inform them of any changes, would respond to calls, emails and messages promptly and planned regular visits to discuss their care.
- People's care plans contained information on people's communication needs and, where required, guided staff on how to approach people.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint and where concerns had been raised they were satisfied with the response. One relative told us, "You can be really honest with them and they deal with any issues straight away. For example, with a slight personality clash Mum had (with a staff member). They don't make you feel embarrassed about saying anything. They just seem to get it and totally understand. It really doesn't feel like a business. They are truly caring."
- The provider maintained a complaints log which demonstrated that any concerns had been recorded and responded to in line with policy and procedures.

## End of life care and support

- The service had received a number of thank you letters from families and friends regarding the care provided to loved ones at the end of their life. One relative had commented, 'I always felt the carers you provided for Mum, had a love for her and I've thanked each one individually. Thanks also to yourself (provider) and (care manager) for the support and help you gave us'.
- The service was not supporting anyone receiving end of life care at the time of our inspection. Although some care plans referred to people's choices regarding end of life care this was not consistently recorded. The provider assured us this issue would be discussed with everyone using the service and their wishes recorded. Following the inspection, they forwarded an updated support plan which gave guidance regarding recording people's wishes. We will review the effectiveness of this during our next inspection.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; 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;

- People and their relatives felt the service was well led and that the office staff were accessible and approachable. One person said, "I've had loads of different agencies and carers over the years and this is definitely the best agency. I've always been able to get through to the office on the phone and have spoken to somebody out of hours too." A second person told us, "I sacked three or four care agencies before I had Amily as they really didn't care but these are really good. The carers care and I can always get hold of the office."
- Staff told us they felt the service was managed well. One staff member said, "I am very impressed with Amily Care. They are so approachable and they help all the staff. If I have any concerns I phone them and they always support me and help me to deal with it. They are better than any other agency I have worked for."
- The service had clear values which were embedded through the service. The care manager told us, "We want clients to know that the care provider they are using is competent and makes them feel safe and reassured. They need to feel we respect they are an individual and they matter."
- The provider had a duty of candour policy in place. The provider management team were clear on its purpose and the need to be transparent when things went wrong. The care manager told us, "I always believe honesty is the best policy. You don't get in trouble for being honest. We're big on quickly resolving and responding to things."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider and care manager supported each other in their roles and were committed to providing personalised care. The provider told us, "We work towards the delivery of high-quality care and support, from the management, the support and the carers. It's a team ethos and working together."
- Robust quality assurance processes had been implemented to monitor the service people received. Senior staff completed regular spot checks on staff providing care which included timekeeping, approach, communication, medication, moving and handling and following people's care needs. Feedback was provided to staff in order for them to address any areas of improvement.
- Audits of systems including medicines management and record keeping were completed monthly and any shortfalls addressed directly with staff.
- The provider and care manager were committed to a process of continuous improvement. Plans of how to

develop the service to ensure standards were maintained whilst the business grew were in place. The provider had recently researched the use of electronic records and monitoring systems to streamline systems.

- The provider told us that whilst they acknowledged the implementation of systems to aid the running of the service was important, they remained focussed on the values of the service. They told us, "It's important to keep grounded and not get completely caught up in the mechanics. We have to remember what the core business is and what it's all about."

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

- People and their relatives were regularly asked for their feedback regarding the service they received through quality check phone calls and visits. Feedback seen was positive with comments made such as, 'I think (provider) is a great manager and keeps me happy and all of the team are great' and, 'All the staff deserve a gold medal, you are all fantastic and I don't worry about anything'.

- The provider told us they believed that staff retention was essential in building a reliable and focused team. They told us, "The culture is driven by supporting staff. As managers we're responsible for taking the stress, we want them to enjoy their role. Support, mentoring and making sure staff feel valued are essential. It's a respect thing for staff. You want it from staff for the clients but you need to give it back to them."

- Staff confirmed they felt valued and supported in their roles. One staff member told us, "They are lovely people and very professional, everyone in the office. I do feel valued and enjoy working because they are so nice to work for."

- The service had developed positive working relationships with other services. These including voluntary organisations such as The Grassroots Project, a voluntary organisation promoting care and leisure facilities in the community, and a group of providers looking to develop a sitting service to support people living with dementia.

- The service was also committed to maintaining relationships with people who moved on from their service. An advocate recently approached the provider regarding a person who they had previously supported who was struggling to settle into residential care. The provider took time to go and visit the person and discuss support approaches with staff.