

Amachyck Care Solution Ltd

Amachyck Care Solution Ltd

Inspection report

92
Wood Lane
Dagenham
RM9 5SL

Tel: 07576028514

Date of inspection visit:
17 November 2020

Date of publication:
04 January 2021

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Requires Improvement



Is the service effective?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inadequate



Summary of findings

Overall summary

About the service

Amachyck Care Solution Ltd is a domiciliary care agency registered to provide personal care. At the time of the inspection two people were receiving care.

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

Risks to people were not always recorded and there was little information on mitigating risks. Medicines were not managed safely and the service did not follow their own medicine administration policy. Staff recruitment was not robust though there were enough staff working at the service. It was unclear whether lessons would be learned when things went wrong as there had been no incidents or accidents at the service. Staff had completed training in safeguarding but there had been no local procedures drawn up for staff should there be an allegation of abuse. We have made a recommendation to the provider to follow best practice guidance in this regard.

Staff inductions were not recorded. Staff were using specialised equipment without the provider having evidence they were able to do so. No staff had received supervision.

Care plans lacked information to provide person centred care and at times gave inaccurate information and instructions.

There was only one quality assurance process at the service, medicine administration auditing which had been completed incorrectly as it merely copied information rather than checked on quality. The provider had failed to assure staff had read any of the service's policies so it was unclear whether they would know what to do in any situation. There had been no spot checks of staff and there were no records of people, relatives or staff providing feedback about the quality of care at the service. Staff meetings were not recorded. The registered manager and the service had no links to, nor was member of, any forums or support networks which may enable the service to learn from peer organisations.

Relatives spoke highly of the carers and of the registered manager.

Rating at last inspection

This service was registered with us on 20 June 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Requires Improvement 

Is the service effective?

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service responsive?

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

The service was not well-led.

Details are in our Well-Led findings below.

Inadequate 

Amachyck Care Solution Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

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

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who might work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with 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

We spoke with the registered manager for the service who was also one of the directors for the provider. We reviewed a range of records. This included two people's care records and medicine records. We looked at

two staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included speaking to two relatives about their experience of care and looking at updated care plans and risk assessments.

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 for this newly registered service. This key question has been rated requires improvement.

Assessing risk, safety monitoring and management

- Risks to people were not always recorded. Risk assessments did not contain enough information about the risks people faced or mitigating factors.
- There were no risk assessments for people's health conditions. People at the service had complex health conditions, such as muscular wasting and heart conditions, and also used a variety of specialised equipment. The risks associated with these conditions and equipment were multiple and varied. Care plans and risks assessments did not contain information about these risks.
- Risks were further compounded by the service having no record of staff having been trained how to use specific equipment and the provider not providing the training for this equipment.
- Care plans written by the provider contained incorrect instructions for staff. One care plan we looked at instructed staff to care for a person with the use of specialised equipment that required specialist training. The provider had no evidence the staff member was trained to use this equipment.
- We asked the registered manager about this and they told us the staff member was not required to follow these instructions in the care plan directing them to use this equipment. It was later confirmed by a relative that staff did not use this equipment. However, this meant the care plan was incorrect and there was a risk a member of staff could follow these instructions and misuse the equipment, potentially putting the person at risk of harm. This meant the person was potentially at risk because staff would not know what to do.

We found no evidence that people had been harmed however, the provider had not assessed the risks to the health and safety of service users of receiving care or treatment. This was a breach of regulation 12 (Safe Care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider sent us some risk assessments which were personalised, containing more detail about risks to people and covering some important aspects of care. However, it was apparent some of the risks highlighted would not apply to people as they did not live in care homes. These risk assessment templates were not suitable for people receiving care in their own homes and were not specific or personalised to the people receiving care.

- The provider also completed risk assessments for staff in the work place which covered use of specific equipment such as beds, use of water bowls and manual handling. These appeared to be chosen from templates rather than following the advice provided at inspection feedback and our call in July 2020 where we asked for specific assessments around risk of Covid-19. This meant the provider had not properly assessed the risk to people and staff around Covid-19 pandemic.
- The provider also sent us a training certificate for staff using specialised equipment. This training was completed with the provider's chosen training provider and had been completed after the inspection.

Using medicines safely

- There were shortfalls in the management of people's medicines. Whilst relatives told us they were content with how the service administered medicines and staff had been trained to administer them, we found that medicines were not managed appropriately. One relative told us, "[staff] does it on time, through the nebuliser [a machine that helps people to breathe in a medicine as a mist through a mask or a mouthpiece] they will give medication like this." However, although the relative was happy with this, the provider had no record of staff having been trained to use the nebuliser to administer medicine.
- The provider did not follow their own medicines administration policy and administration was not being recorded correctly. Staff recorded people's medicines on daily logs rather than use Medicine Administration Record (MAR) sheets as their policy suggested. This meant there was no record of whether staff had followed best practice for medicine administration; checking medicines were administered at the right time to the right person, whether it was administered at the right dose via the right route and the right documentation was completed at the time of administration.
- The registered manager transferred this information from daily logs to digital MAR at the end of the month. These were being filled incorrectly as there were gaps in the MAR where no reason had been recorded as to why the person had not had medicine administered. The provider was able to tell us the reasons why, but it highlighted an error in what we believe to be a redundant document.
- As there were no MAR sheets being completed when administering medicines, this made it impossible to properly audit whether medicines were being administered correctly. The one medicine audit we saw was not completed correctly as it merely copied what information was in the daily logs about medicines, rather than checking on whether staff were recording administration of medicines correctly. Similarly, there had been no competency checks of people administering medicines.
- There were care plans specifically for medicines. However, these lacked information about what medicines were prescribed for, what they could potentially do and the risk associated with them. On one care plan we found that the medicines being administered by staff were not recorded at all. In the digital MAR, the registered manager completed at the end of the month, there was reference to what medicines do but we were told this was not seen by staff. This meant staff did not have access to important information about people's medicines which could potentially put them at risk of harm.

We found no evidence that people had been harmed however, medicines were not being managed safely. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider sent us updated medicines care plans but these still lacked information we would hope to find in a medicines care plan, as outlined above, as well as unclear instructions. For example, "Staff to only prompt [medicine]." The word prompt was used numerous times. This person whose care plan it was could not self-administrate and therefore the word prompt was inappropriate.

Learning lessons when things go wrong

- It was not clear whether lessons were learned when things went wrong. Staff told us they would inform the registered manager if there was an incident or accident. One staff member told us there had been no incidents or accidents but would let the registered manager know if there had been one. They said, "I would call the manager".
- The registered manager stated there had been no incidents or accidents at the service and we had no reason to believe otherwise. However, staff meetings had not been recorded and staff had not read the incident and accident policy. This meant staff might not know what to do if something went wrong and any learning would not be shared with the staff team.

Staffing levels

- Recruitment practices were not robust. We looked at three staff files and found incomplete employment histories and staff had no references. This meant the provider had not assured themselves whether employees were suitable to work with people.
- Staff had completed Disclosure Barring Service (DBS) checks. DBS checks assist employers by providing information about potential employee's backgrounds and criminal histories. they help prevent unsuitable people from working in care services. The provider had also completed identification checks on all employees.
- Staff rotas indicated there were enough staff to support people. Relatives told us staff were punctual and there had been no issues with calls. One relative said, "[staff] always arrives on time. There haven't been any problems."

Systems and processes to safeguard people from the risk of abuse

- Staff told us they knew what to do should they suspect abuse. One staff member said, "If I see a problem to do with safeguarding, I let the office know." Staff had undertaken safeguarding training and there was a safeguarding policy.
- There was no record of staff having read and/or discussed the safeguarding policy and there were no local procedures for staff to follow should they suspect abuse. There had been no safeguarding concerns raised at the service.

We recommend the provide follow best practice guidance around safeguarding and work with the local authority to ensure people are kept safe.

Preventing and controlling infection

- Staff told us they followed government guidance on keeping people safe during the pandemic. One staff member said, "You wear your PPE [Personal Protective Equipment] at all times, wear face mask at work and dispose of it correctly and the client is cared for wearing PPE. You have to wear them throughout your duties and wash your hands of course" Staff had taken training on Covid-19. There were instructions how to don and doff PPE at the service office.
- There were no risk assessments for staff being at higher risk of Covid-19 working with people, even though they were potentially at risk as they came from black and ethnic minority groups. We had a call with the provider in July 2020 to see whether they required support around the pandemic. The provider told us they would complete specific risk assessments with people and staff about being at higher risk with Covid-19. This was not done.
- There was no record of staff having read and or discussed the infection control policy. The registered manager told us they would ensure staff did this following the inspection, beginning at the next staff meeting planned shortly after inspection.

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 not been rated.

Staff skills, knowledge and experience

- Staff told us they had received training from the provider. One staff member said, "We've had Covid-19 training twice this year, safeguarding and medicines." The registered manager showed us all staff had completed training in safeguarding and medicines. However, the provider had not assured themselves staff were sufficiently trained to do their jobs.
- Staff were expected to use specialised equipment. The provider relied on staff's experience for this and was not able to evidence staff had training to use such equipment and had not provided the training themselves. For example, we asked the provider to show us training certificates for staff using specialised equipment, such as a nebuliser and suction machine, and they were unable to do so. This meant people were potentially being supported by staff who did not know how to use specialised equipment necessary to their care. Following the inspection, the provider sent us evidence that staff had taken training in nebuliser and suction use.
- The provider had not documented inductions of new staff. The registered manager told us new staff received an induction with shadowing of experienced staff and staff themselves told us they had read the care plan. However, there was no record of any this happening. This meant people may not receive a consistent standard of care as new staff would not always learn the same as each other. Also, people receiving care would not be assured staff knew what they were doing when they started work.
- The provider told us no staff had received supervision nor had they been competency checked in their roles. This meant the provider had not ensured their staff were doing what was required of them in a competent 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 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

- Care plans and risk assessments did not contain adequate information about people's capacity. Each person using the service had a number of care plans, but these did not overtly confirm or deny people's ability to make decisions. Risk assessments asked, "is the client on Dementia?" which whilst grammatically incorrect did not cover all aspects of people's capacity. The registered manager, who knew the service users

was able to tell us one person was a child and the other was able to make their own decisions.

- There were no consent to care agreements. One person was unable to make their own decisions as they were a child and therefore their relative would make decisions for them. People and or their relatives had not signed agreements consenting to care, nor was there any other evidence of people consenting to care, although this is a legal requirement. We informed the registered manager about this at inspection who stated they would get documentation signed. Having spoken with relatives we know they consented to care, this just wasn't documented.

Staff providing consistent, effective, timely care within and across organisations

- Staff documented people's care. We saw daily logs which recorded the care people provided. These logs contained information about medicine being administered and the personal care carried out with people. This meant staff, and or other professionals, would know what care people had received.

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 not been rated.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans had not been completed appropriately. They lacked information about people's needs and the risks to them. Some care plans had not been signed by the staff completing them. There was no evidence care plans had been completed with people using the service.
- Some care plans had specific titles which would relate to elements of people's care. These included communication, medicine, moving and handling and choking. However, these were not always personalised with information being copied and pasted from one to the other. Also, the contents of care plans did not always contain information related to their title. For example, one communication care plan contained only one line about communication and the rest of the document focused on health care needs not entirely associated with communication. This could potentially confuse staff.
- Some care plans contained incorrect information. One care plan provided instruction to staff to complete care duties that they did not need to do and which they may be unable to do as they were not trained to do so. The registered manager, and relatives, confirmed staff did not do this and therefore the care plan was incorrect.
- Some care plans lacked information. For example, people's communication care plans and medicines care plans lacked information about communication and medicines. One care plan did not list the medicines the person was taking. We identified this through conversation with the registered manager. This meant staff would not always know what to do and may provide care to people incorrectly.
- Following the inspection, the registered manager sent us updated care plans containing more information than was seen at inspection. However, these updates did not correct some of the issues outlined above and, in some cases, used incorrect language and provided incorrect instructions. For example, one care plan stated a person "had been stroked". This phrase was used multiple times. The care plan was inferring the person had a history of having strokes. This use of incorrect language meant staff at the service may be unsure of people's conditions or how to care for them.

Is the service well-led?

Our findings

Well-Led – this means 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 inadequate.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Risk assessments and care plans had not been completed appropriately nor were they person centred. They lacked information about people's needs and the risks to them. Medicines were not managed safely and staff did not have access to adequate information about them to ensure the provision of safe care. Staff were recruited without full employment histories or references.
- CQC spoke with the provider in July 2020 and we had been told would complete Covid-19 specific risk assessments for people and staff. This was not done by the time we completed the inspection in November 2020.
- The provider was unable to evidence staff being inducted into the service, being trained correctly to complete all aspects of their jobs or being competency checked in their role. Similarly, staff had not received supervision. This meant there was no evidence of the provider assuring themselves of staff being capable to fulfil their roles or supporting them with their work.
- There was no record of staff having read any policies. There was an electronic system which could monitor staff accessing policies. We saw hardly any policies had been accessed and when they had been it was for less than a minute and only by one member of staff.
- People's consent to care had not been recorded. This is a legal requirement.

We found no evidence that people had been harmed however, the provider had failed to maintain accurate records in relation to the management of regulated activity. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Good Governance

Following the inspection the registered manager sent us updated documentation such as care plans and risk assessments. However, this fell short of what we would expect to see at a service providing care for people.

- The provider recognised improvements could be made at the service. The registered manager, who had experience in the care sector, was in the process of completing a health and social care qualification which would likely provide a better understanding of being a registered manager. This learning had been delayed due to the current pandemic. The registered manager was keen to improve the service and welcomed numerous suggestions the inspector made at inspection and subsequently following the inspection. However, there were serious shortfall in the governance at the service.
- Relatives spoke highly of staff of the service and of the registered manager. One said of a care staff, "They are very caring. They do most things others don't do." Another relative said, "I must say, [the registered manager] is good."

Continuous learning and improving care

- Quality assurance measures at the service were inadequate. The service had not completed any spot checks, though the registered manager told us they were booked in, nor had they recorded feedback from people or relatives. The only audit which had been completed was one medicine administration record audit, which had been completed incorrectly. This meant the provider had no assurance of the quality of care the service was providing.

We found no evidence that people had been harmed, however. The provider did not ensure there were sufficient quality assurance measures to assess, monitor and improve the quality of care provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Good Governance.

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

- There had been no complaints or incidents or accidents recorded since the service started caring for people. Whilst there was poor governance and lack of quality assurance systems in place, the provider told us they spoke with relatives regularly which was confirmed by relatives. One relative said of the registered manager, "[Registered manager] comes across as a really good person and really kind and we communicate really well."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager told us they had held a staff meeting but no record had been produced of what had occurred at the meeting. This meant any staff learning or responsibilities for actions had not been documented which is poor governance practice.
- People and relatives' feedback had not been captured as they had not been asked to complete any surveys or questionnaires. This meant there was no record of their engagement and potential to assist improve the service.

Working in partnership with others

- The provider was unable to evidence their working with others. People had complex health conditions and there was no information in people's care plans which would indicate communication with any health and social care professionals. The registered manager confirmed they had not had any communication with these professionals but worked with instruction from relatives. This meant people might not be receiving joined up care; with all professionals aware of what other agencies are doing and working to support people in the best way.
- The registered manager and or the service was not a member of any support networks, forums or organisations that could potentially provide information to support the service improve.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people were not always recorded and nor were mitigating factors provided. Medicines were not managed safely. Staff recruitment was not robust. There were no local safeguarding procedures.</p> <p>Regulation 12 (1)(2)(a)(b)(c)(e)(g)(h)</p>

The enforcement action we took:

We have issued a warning notice

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality assurance measures at the service were either incorrect or did not exist. Governance at the service was not good; Care plans and risk assessments were incorrect or lacked information, Staff had not been recruited safely and in some cases adequately trained. Staff had not read policies. There had been no staff meetings. The provider had failed to capture feedback from people, relatives or staff about the quality of the service.</p> <p>Regulation 17 (1)(2)(a)(b)(c)(d)(e)(f)</p>

The enforcement action we took:

We have issued a warning notice.