

Arthur Morrison Ltd

# AM Care Services

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

AM Care services is a domiciliary care agency that is registered to provide personal care to people including those with mental health and or substance misuse issues. The service also managed three supported living services. 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.

At the time of our inspection the service was providing personal care to 21 people, eleven of whom were living at the supported living services.

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

There were systems in place to safeguard people from abuse. Risks to people were recorded and mitigated. Medicines were managed safely. Staff recruitment was robust and there were enough staff to support people's needs. Staff were trained on infection prevention control and there were systems in place around this to keep people safe. Incidents and accidents were recorded so the provider could learn from these events when they occurred.

The service was well led and promoted person-centred care. The registered manager and staff were clear about their roles and the provider understood and fulfilled their regulatory requirements. People and staff could engage and be involved with the running of the service through meetings and surveys. The provider had systems in place which assured quality and provided a means to continuously learn and improve care. The service worked in partnership with other agencies to the benefit of people at the service.

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 06 March 2019).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# AM Care Services

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is both a domiciliary care agency and a supported living service. As a domiciliary care agency, it provides personal care to people living in their own houses and flats. As a supported living service, it provides care and support to people living in three supported living' settings, so that they can live as independently as possible. People's care and housing in supported living settings 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

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority

and professionals who worked with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people; two people who used the supported living service and two people who used the domiciliary care service about their experience of the care provided. We spoke with four members of staff including three care staff and the registered manager.

We reviewed a range of records. This included four people's care and medicine administration records. We looked at three staff files in relation to recruitment and staff supervision. We also viewed a variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from risk of abuse. There was safeguarding policy and procedure for staff to follow. Staff had received safeguarding training. One staff member said, "we have had annual training on abuse; [learning about] physical abuse, verbal abuse."
- People told us they felt safe. One person said, "Yes, I do [feel safe]."
- The registered manager knew how raise safeguarding alerts with the local authority and notify CQC if there was a safeguarding concern or allegation of abuse. Where this had occurred in the past the service kept records of incidents and sought to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people were assessed and their safety monitored and managed. Each person using the service had a care support and assessment plan which included information specific to them and the risks involved in their support.
- Risk assessments included information about medicines, behaviours that may challenge and mental health.
- The service also managed supporting living residential properties. We visited one of these and saw there were risk assessments in place for the property to ensure people were safe. These related to fire safety and other environmental areas.

Staffing and recruitment

- Recruitment processes were robust. The provider had made checks on employees to ensure they were suitable to work with vulnerable people. These included checks to ensure staff's criminal records did not impact on providing people safe care. Other checks were made on employees' previous employment and identities.
- There were enough staff working to meet people's needs. One person told, "There is enough staff." Rotas indicated there were enough staff to meet people's needs and staff confirmed this.

Using medicines safely

- Medicines were managed safely. Care plans contained information about people's medicines and staff recorded when they administered medicines to people on Medicine Administration Record sheets (MARs). MARs were audited regularly by the provider to ensure people were administered their medicines correctly.
- We counted two people's medicines at one of the supported living service properties and found everything in order.

- The service had a medicines policy which staff followed, and training records indicated staff were trained in medicine administration, with refresher training completed regularly. Staff's competency to administer medicine was also checked regularly. One person told us, "They give me my medicines every day."

#### Preventing and controlling infection

- The service worked to prevent and control infection. Staff received training in infection prevention, which included correct usage of Personal Protective Equipment [PPE]. One staff member said, "We have been trained in infection control and use PPE."
- The service had an infection control policy which staff followed. This was in line with government guidance and sought to reduce the risk of the spread of infection. During the COVID 19 pandemic the provider had followed guidance and tested staff as required.

#### Learning lessons when things go wrong

- Lessons were learned when things went wrong. Incidents and accidents were recorded, and actions taken to ensure people were kept and lessons learned to mitigate re occurrence of incidents.

# 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 our last inspection we rated this key question Good. The rating for this key question has remained 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

- People and staff thought highly of the service and management. One person said, "The manager is very helpful. Any problems and they sort it out." Another person said of the supported living service, "It's a good place to live, I would recommend it." One staff member told us, "They are a very nice manager, they support [us] in terms of everything."
- Documentation at the service, from policies through to care plans, were person centred and sought to include and empower people. Equality and diversity were embedded into documentation with people's cultural needs and characteristics recorded, and supported where possible, including their faith and sexuality.

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

- Managers and staff were clear about their roles and understood quality performance, risk and regulatory requirements. Staff had job descriptions and there was a clear line management structure.
- The registered manager was one of the directors for the provider and had been in position since the service began working with people. They understood the law with regards to care and knew the requirements involved and could evidence interaction with local authorities and notifications to CQC. When things had gone wrong, they were forthright in their dealings with people and relatives and admitted culpability with candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were able to be involved and engage in their care. People were provided with surveys so they could feedback on the care they received. One person told us, "Yes [I've been asked for feedback]. I think I did a survey about a year ago" The provider used this information to learn and improve care. Similarly, in the supported living services, meetings were held with residents where they could be involved with how the service was managed.
- The provider held meetings with staff who could be involved and provide input into the future direction of the service. One staff member told us, "Every month we have team meetings. Usually, we talk about development of company and what we need to do right." Minutes focused on people using the service,



training and infection control as well as numerous other topics. Similarly, the provider also held regular supervision with staff where they could engage with management and input into how the service was managed.

- The provider had systems and process in place to continuously learn and improve care. The service completed spot checks and audits to assure quality at the service.

#### Working in partnership with others

- The service worked in partnership with others. A person told us, "A psychologist and OT [Occupational Therapist] come see us to make sure everything is OK." The provider worked with other health and social care professionals to the benefit of people using the service. This included local authorities and health care services, all of whom sought to ensure people received the care they needed.