

Amazin Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This announced inspection took place on 7 March 2016. This was the first inspection of this service which was registered with the Care Quality Commission September 2015.

Amazin Care Limited provides support and personal care to people in their own homes. At the time of our inspection approximately nine people were receiving personal care and support from this service. The service operates in the London Borough of Bexley and provides packages of care for the local authority and people who pay privately.

The service had a registered manager in post. 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.

We found breaches of regulations in respect of staff training and recruitment. Care workers told us they were well supported to carry out their work; however some improvements were needed to ensure they all received effective training to meet people's needs. You can see what action we have asked the provider to take at the back of the full version of this report.

The service was registered to provide care and support to a range of service user groups such as children and families and people with learning disabilities. However the registered manager told us they would not be taking on support and care work to these service user groups until staff received the right training to meet their needs.

People told us they felt safe and well cared for. Staff had received training on safeguarding adults. They knew the signs of possible abuse and were aware of how to raise any concerns. Possible risks to people were identified and plans were put into place to reduce risk. There were arrangements to deal with emergencies.

People were asked for their consent before care was provided. People told us they were involved in making decisions about their care wherever possible and were supported to be as independent as they could be. They said care workers were caring and reliable and that their dignity and individuality were respected. Where people were supported to eat and drink they were asked about their food and drink choices and any concerns were notified to family members or the GP.

Health care professionals were consulted when needed. An assessment of people's needs was completed before they started with the service and individual delivery plans detailed the care or support to be provided. People knew how to make a complaint if they needed to.

The manager was involved directly in people's care and was able to monitor the quality of the service directly; spot checks on care workers were also carried out to ensure care was provided as agreed. An

electronic call monitoring system had been introduced to monitor the quality of the service. There was effective communication between office staff and care workers. Staff told us the service was well led and the registered manager was approachable and supportive. The provider sought the views of people about the service through direct contact by phone and visits. However we found some improvement was needed as the issues we found had not all been identified by the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Recruitment checks were not robust enough to protect people from risk.

Individual risks to people were assessed and monitored and staff were aware of risks relating to people's care needs. Medicines were safely managed.

Staff understood their responsibilities in relation to safeguarding people from abuse and harm. There were enough staff to meet people's needs.

Is the service effective?

Requires Improvement 

The service was not always effective.

Staff told us they were well supported and received regular supervision. However staff did not always have the training to meet people's identified needs.

People were given information about the service and were supported to understand the care and support choices available to them. Arrangements were in place to comply with the Mental Capacity Act 2005 Code of Practice.

People were supported to eat and drink sufficient amounts to meet their needs where this was included in their support plan. However two people told us that staff did not always have sufficient knowledge about how to prepare some meals.

Is the service caring?

Good 

The service was caring.

People and their relatives told us they were happy with the care and support they received from the service.

People told us they were treated with kindness and care and that their dignity was respected. Care workers were attentive and helped them to be as independent as they wanted to be.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and individual care and support plans were developed, people's preferences were considered.

People told us they knew how to make a complaint if needed and the complaints policy and procedure was available to them. We saw any complaints that had been made were handled in line with the provider's policy and procedure.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

There were procedures and systems in place to evaluate and monitor the quality of the service provided. However not all the issues we identified had been recognised by the registered manager.

Staff told us the service was well run and the registered manager was supportive and approachable.

The provider took account of people's views about the service through personal contact, phone monitoring and spot checks.

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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 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.

The inspection was carried out by a single inspector and took place on 7 March 2016 and was announced. We told the provider before our visit that we would be coming. We did this because we needed to be sure that the registered manager would be in when we inspected as they are involved in providing care to people who use the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at this information and other information we held about the service. We also spoke with the local authority who commissions some contracts with the service.

We visited the office for the service; we spoke with the registered manager, a member of the office staff and two care workers, we also spoke with another care worker by phone. We spoke with three people who use the service and three relatives to ask them for their views about the service. We looked at four support plans and three staff files as well as records related to the running of the service such as the service guide, policies and procedures.

Is the service safe?

Our findings

People and their relatives told us they felt safe from any risk of harm or discrimination and that care workers respected their homes and possessions. One person told us, "I feel safe." Another person commented, "I am safely looked after by my carers."

However, arrangements to ensure people were protected from the risks of unsuitable staff did not comply with regulations. A range of checks were completed including police checks, identity checks and character checks. However, staff records showed applicants had not provided their full employment history as required under law and there were identified gaps in the records of two staff members we looked at that had not been explored by the provider or explained. The registered manager appeared unaware that this was a requirement. In addition personal references had not been verified to ensure they were genuine. Effective recruitment procedures were not in place to ensure unsuitable staff were not employed.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

Care workers knew how to recognise possible signs of concern or neglect and completed adult safeguarding training. They understood their responsibilities under safeguarding procedures. The registered manager knew how to raise a safeguarding alert and the contact details for the local authority were readily available. Care workers knew what they should do under the whistleblowing policy in the event that their concerns were not acted on by the manager. There had been no safeguarding alerts or concerns raised in respect of the service since it started. Care workers had a uniform and an ID badge so that they were recognisable to people and their relatives when they arrived to deliver care and support.

Possible risks to people were identified and plans made to reduce the likelihood of these occurring. There were arrangements to manage emergencies. People had an emergency number readily available for ease of use. They told us there was always someone available if they needed to call them. Care Workers told us that the manager was always available to respond to any calls at any time. Checks were made for any environmental risks prior to the service starting and risk assessments completed to assess the level of risks. There was guidance for staff on how to reduce the risks occurring. For example the moving of any obstacles to ensure someone could safely mobilise between rooms. Care workers received first aid training and were able to describe how they would react in an emergency. A call monitoring system had been introduced at the service to identify any possible problems with the running of the service and ensure people received their care when they should and for the time length they should. There were no missed or late calls on the day of the inspection.

Any health or care risks were assessed. There was an accident and incident record for staff to record any accidents or incidents and we were told there had been no accident or incidents since the service started.

Medicines were safely managed. The registered manager told us that most people who currently used the service managed their own medicines or were supported by their relatives. Details of people's prescribed

medicines were recorded in case there were any issues that care workers needed to seek advice on. Care workers received medicines administration training so that they understood how to safely support people with their medicines when required. There were medicines administration records for staff to use to record each time they administered medicines and this included a list of the prescribed medicines and the doses. There was a policy for the safe administration and recording of medicines and a process for dealing with medicines errors should any arise. In line with current guidance new care workers would have their competency to administer medicines checked during their induction and the registered manager was in the process of organising annual competency checks for care workers to ensure they had the necessary skills to administer medicines safely.

People told us there were enough staff to meet their needs. The registered manager told us they had a small group of regular carers and that any holidays or sickness was covered by the service without a problem. Care workers told us they had sufficient time to provide care at a pace to suit people without rushing them and that they had time to travel to people in between calls.

Is the service effective?

Our findings

People told us most staff knew what they were doing. One person told us, "They seem well trained and to know what to do!" Another person commented, "They know what to do."

Care workers told us that they had received training to enable them to carry out their roles. The service provided care and support to requests for reablement by the local authority. Reablement is about helping people regain the ability to look after themselves following illness or injury. The registered manager told us staff had received eLearning training on reablement. Records confirmed that training had been provided on a range of topics the provider considered essential such as safeguarding adults, first aid, health and safety and medicines administration. The registered manager told us she was in the process of completing an electronic training matrix for staff. However, we found some gaps in completed training. One care worker told us they had experience and training from previous employment but there was no record of this or that their competencies had been checked by the registered manager. There was no training provided to staff on the Mental Capacity Act or on dementia. While some care workers had previous training and showed their understanding when we spoke with them, there was no training available for inexperienced care workers. We received feedback that some care workers were unclear on how to present breakfasts of people's choice. We discussed this with the registered manager who told us this would be addressed in training and supervision.

There had been no practical manual handling training provided to staff. The manager told us the service did not currently support anyone who needed help to mobilise and we confirmed this with the local authority. However there was a concern that people could deteriorate and then require such support and care workers may not have had the necessary training.

These issues were in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). You can see the action we have told the provider to take at the back of this report.

Following the inspection we were sent the dates for practical manual handling training for all staff to be completed that month and copies of their certificates by the provider. However we were unable to verify this had been completed at the time of the inspection.

The service is currently registered for a range of service users including children, people with learning disabilities and mental health needs. The registered manager told us she was in the process of sourcing suitable training to cover the different needs of these service user groups and would not take on support to people where staff had not had training to meet their identified needs.

New staff were provided with an induction period of shadowing and training. Care workers who had recently joined the service told us they had support to learn about the job through their shadowing experience and training. The registered manager told us they were in the process of registering with a trainer for the Care Certificate for new staff and evidence of this was provided at the inspection. The Care Certificate is a new nationally recognised qualification for people working in health and social care. The manager told us that

the period for shadowing for new care workers was a week but it varied with experience and could be extended depending on the care worker's needs. There was a check list to confirm that new staff had been observed to assess their competence in various areas prior to working alone. Staff told us they felt well supported with their work and had received supervision and records confirmed supervision sessions had been held to support individual staff.

People told us they were asked for their consent before care or support was provided although there were no consent forms in people's care plans to record their consent to the care provided. Care workers told us they understood the need to gain consent when they supported people and where someone may have difficulty in communicating their consent they looked for nonverbal clues from their body language or from the use of tools such as pictures or writing things down.

There were arrangements to comply with the Mental Capacity Act 2005 (MCA). 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. This provides protection for people who do not have capacity to make decisions for themselves. We checked whether the service was working within the principles of the MCA.

The manager was aware of the Supreme court ruling in respect of mental capacity and its implications. She understood the need to assess people's capacity to make specific decisions and that where they observed deterioration in people's capacity to make a decision they may need to speak to relatives and or health professionals in their best interests.

People told us where it was a part of their agreed support plan, care workers involved people in decisions about their food and drink. Care workers told us they offered people a choice of food where possible and support delivery plans provided some information about people's preferences. Relatives confirmed that any cultural needs in respect of people's dietary requirements were discussed with them and then recorded to ensure care workers were guided on how to meet these needs. Care workers told us any concerns about people's eating or drinking would be documented and they would notify the office who would, where needed, speak with relatives or health professionals to ensure the changes were communicated.

Relatives told us that the care workers kept them informed of any changes to their family member's health. Where it was appropriate the service worked with health professionals to ensure people's health needs were addressed. People's healthcare needs were discussed and any contact details for relevant healthcare professionals were available. Staff told us they worked alongside district nurses and other professionals such as occupational therapists. They told us they would notify the office if they noticed people's health needs changed. The registered manager told us they would contact the relevant family member or health professional if a need or concern was identified.

Is the service caring?

Our findings

People and their relatives told us although the service had not been running for very long, they usually had the same regular care workers who knew their needs and were "kind" and "caring" and "thoughtful." One person told us "They are great and look after me well. I have no complaints." A relative told us "They are caring, friendly and willing to listen." The service had also received three compliments about the care provided since the service began. One commented how pleased they had been with how their family member was looked after and about the good communication. Another remarked on the "excellent job" and punctuality of the service.

People told us they were treated with dignity and respect by the care workers. One person told us the care workers were "polite and considerate". Another person told us, "The staff are very caring; it's a good service." Care workers knew how to address people correctly and they respected this. People told us care workers ensured curtains were drawn and doors closed during personal care and that care workers treated their property and possessions with respect. Care workers confirmed they tried to ensure people's dignity was respected at all times and gave examples of how they might do this by covering people up as much as possible when providing care.

People and their relatives confirmed they were involved in the drawing up of their care and support plan. They knew where the copies were in their home and that they could refer to it if needed. Care workers told us that care plans were promptly reviewed if someone's needs changed and that the care plans reflected people's up to date needs. Relatives said they were kept advised of any changes.

People told us their independence was encouraged and we saw this was reflected in the care plans. One person told us, "They do help me to try and do more for myself." Care plans gave guidance to staff about what aspects of their care people could manage to do themselves and what they needed support with. People's diverse cultural and spiritual needs and human rights were addressed. We saw care plans addressed people's cultural needs with regard to people's diets, or personal care routine. Relatives told us that care workers were sensitive to people's cultural needs and sought advice about how these could be best met. People were provided with advice about the service when they joined and this explained what people could expect from the service.

Is the service responsive?

Our findings

People told us they had a plan of care to meet their support needs and this had been drawn up during discussions with them and or their relatives where this was appropriate. One person told us "There is a book and the girls [staff] always write what happens in it." A relative told us "There is a plan of care and it is up to date."

Most people who received care did so under a re-ablement package which involved the service supporting them to become independent wherever possible. We saw that an assessment of people's needs was carried out when people joined the service to check the service could meet their needs. An individualised service delivery plan was then drawn up to guide staff on what support was required and what people could manage for themselves. People's needs were identified across a range of needs such as any mobility, communication and health needs and their preferences were recorded for example preferences about personal care or food choices.

Care workers told us the care plans reflected people's needs and the office was quick to update them with any changes to people's needs. One care worker said, "We are told about changes really quickly with our phone app." People told us that office staff checked if they were happy with the care plan from time to time. The registered manager told us care plans were kept under review constantly and changed when needed. As the service had only been running since November 2015 there had been no formal reviews of people's care plans. We observed that the service was flexible where possible to try and meet people's needs for example by altering the time of a call to suit someone's preference that day. Daily notes we looked at showed that the care and support provided was in line with the care plan including what aspects people had managed independently.

People were provided information on how to make a complaint and who to refer to if they were unhappy with the outcome. There was a complaints policy and procedure which gave information about what people could do if they were unhappy with the response following the complaint. We looked at the complaints log and saw there had been one complaint since the service started which had been dealt with in line with the complaint policy.

Is the service well-led?

Our findings

People told us they thought the service was well managed. One person told us "It is well run. I have no concerns." A relative told us, "It is good, professional and there is good communication between us." They were aware of their responsibilities as a registered manager in relation to notifying CQC about reportable incidents.

However we found some room for improvement. The registered manager was unaware of all the requirements for employment checks as required by law. They were aware that they needed to improve their training arrangements and were in the process of working on this but had not always ensured that care workers had received the necessary training to support people's needs before they provided care.

Care workers told us they were happy working for the agency and understood the service's aim to provide good quality care. They said that the communication between the office and themselves was very good and helped to ensure people received their care as planned. Care workers spoke positively of the registered manager as someone who was very approachable and encouraging. One care worker told us, "I enjoy working here. The manager is very supportive and always contactable if you need them." Another care worker commented, "You don't feel like a number. You feel appreciated."

Care workers were given a staff hand book as a guide to remind them about the service policies and procedures when they were delivering care. There had been one staff meeting since the service started. The registered manager told us further meetings would be held but there was no identified frequency as yet. They said care workers often called into the office to discuss issues and regular updates were provided by phone. Care workers confirmed they felt well supported and able to raise issues with the manager.

People's views about the service were asked for and taken into account. People told us the manager asked them for feedback when they visited or she contacted them by phone to ask them for their views on their care. A relative told us where they had needed to raise a small issue this had been promptly addressed.

There were processes to monitor the quality of the service. The manager delivered hands on care at times throughout the week. They told us they felt this meant they could directly check the quality of the service by observing staff, checking records and obtaining feedback from people who used the service. In addition spot checks on care workers were also carried out to ensure people received their care as planned. No issues had been identified at the time of the inspection from these checks. The daily log records were returned to the service at regular intervals to be checked to ensure that support was being provided as planned.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures did not ensure that the information required under Schedule 3 of this act was available. Regulation 19 (1)(3)(a)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not always provided with suitable such training, as needed to enable them to carry out the duties they were employed to perform. Regulation 18 (1)(2)(a)