

Mr Suvendu Seal

Amily Homecare

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

Amily Homecare is a domiciliary care service providing personal care for people with a variety of needs including learning disabilities and people with mental health support needs. At the time of the inspection the service provided personal care to five people.

The service had sufficient numbers of staff to meet people's needs and safe recruitment process were followed.

Accidents and incidents were reviewed by the manager to reduce the risk of incidents happening again. A contingency plan was in place to ensure that people's care could be provided safely in the event of an emergency.

Relatives told us they felt their family members were safe and were confident in the staff that supported them. People were safe because staff understood their role and responsibilities to keep them safe from harm. Risks to people had been assessed and reviewed regularly to ensure people's individual needs were being met safely.

Relatives told us that staff were competent and skilled in carrying out their role. However the provider did not have effective arrangements in place to train, supervise and provide induction to staff.

People were supported by staff who promoted their independence, respected their dignity and maintained their privacy.

People were supported to make choices and decisions about their care. A policy was in place to guide staff in the principles of the Mental Capacity Act 2005.

People were supported to access support from healthcare professionals where required. The provider maintained regular contact with health and social care professionals involved.

People told us they were confident to raise any issues about their care and that any concerns would be listened to and addressed. However, there was no complaints policy in place during the inspection. The provider informed us that this had been completed and distributed following our inspection.

Relatives and staff told us that the service completed in depth assessments and responded well to people's needs. Support plans were in place to guide staff in the care people required.

The service did not have effective systems in place to monitor and improve the quality of the service provided.

The culture in the service was open, inclusive and transparent. Staff were supported, felt valued and were

listened to by the management team.

During the inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

Staff were recruited safely and relevant checks were completed to ensure they were suitable to work in the service.

Accidents and incidents were recorded and monitored to prevent them happening again.

Risks to people were assessed and monitored.

There were sufficient staff in place to cover care calls.

There was a contingency plan in place to ensure the service could continue to operate in the event of an emergency.

At the time of the inspection the service did not support anyone with medicines management.

Is the service effective?

Requires Improvement ●

The service was not always effective

Staff did not always receive appropriate training for their role.

People received care from regular staff and relatives felt they were well matched with staff who could meet their needs.

People had access to health care professionals.

People had been asked for their consent before care and treatment was provided.

Is the service caring?

Good ●

The service was caring

Staff knew the people they supported well.

People were supported to maintain and develop their independence.

People's privacy was respected.

Is the service responsive?

The service was responsive

There was a complaints procedure in place and relatives told us they felt confident that concerns would be addressed.

People's needs were assessed prior to moving into the service.

The service was flexible and responded well to people's changing needs.

People were supported to engage in activities which reflected their individual needs and preferences.

Good ●

Is the service well-led?

The service was not always well-led.

The registered manager did not carry out any audits to monitor the quality of the service provided.

Staff felt supported and valued by the provider.

The provider demonstrated a good understanding of the service and was committed to developing a positive culture.

Requires Improvement ●

Amily Homecare

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.

This was an announced inspection which took place on the 8 January 2016. We gave 48 hours' notice to make sure that the people we needed to speak to were available. The inspection team consisted of one inspector.

Prior to the inspection we reviewed the information we had about the service. On this occasion we did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This was because we inspected the service sooner than we had planned to. 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 spoke with two relatives of people who used the service, two members of staff and the provider.

We looked at the care records of four people who used the service, three recruitment files for staff, and staff training records. We looked at records that related to the management of the service including, audits, risk assessments and contingency plans.

This was the first inspection of the service.

Is the service safe?

Our findings

Relatives told us they felt their family members were safe with the staff members who supported them and raised no issues regarding people's safety. One relative told us, "I've never been worried, staff know what they're doing and would ask if they had a problem." Another relative said, "I have complete confidence in what they do."

During the inspection we found the service did not always operate safe recruitment procedures as staff files did not contain references from previous employers. Following the inspection the provider took immediate action to rectify this and provided evidence to show that references had been obtained. The provider told us they had experienced delays in staff being able to start work due to waiting for references being returned. Following taking external advice they had made the decision not to request references. Information provided following the inspection showed that staff now had satisfactory references in place to demonstrate they were safe to work in the service. Staff files contained Disclosure and Barring Service (DBS) checks, application forms, interview records and health screening forms. The DBS helped the provider to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with children and adults.

The service had procedures in place for monitoring accidents and incidents. One incident had been reported and records showed that appropriate action had been taken and all relevant people had been informed. Staff told us they were aware that they should inform the manager of any accidents or incidents.

People were safeguarded from abuse. The home had safeguarding policies and procedures in place for staff to refer to. Staff were able to explain how they would recognise and report abuse. They told us they would report concerns immediately to their manager or to the police if this was necessary. The service had a whistleblowing policy in place which gave staff clear steps to follow should they need to report poor practice.

The service employed enough staff to ensure that care calls could be met. People we spoke to told us that staff arrived on time and if there was a problem they would receive a call to let them know that the staff member was running late. One relative told us there had been one occasion when a support worker had arrived late. They had informed the provider and the issue was dealt with swiftly with no further reoccurrence. Staff completed timesheets which were signed by people or their relatives to confirm staff had stayed for the allocated time. One relative told us, "They're more likely to stay longer rather than less time."

Rota's showed that regular staff members were scheduled to support people to ensure they knew their needs well. Schedules were sent to people so they knew who to expect in advance. During the inspection one staff member phoned to say they would be away from work for several days. Other staff members stepped in to cover calls and people were informed swiftly. The provider told us that they preferred not to use agency staff and had sufficient staffing hours to cover unplanned absence. Rota's we viewed evidenced this was the case.

Risks to people were identified and assessed. Support plans provided staff with information about how to support people in a way that minimised risk for each person while still supporting people to remain independent. For example, one person was assessed as being at risk due to poor mobility. Their support plan contained information regarding appropriate footwear, ensuring the floors were free of obstacles and encouraged the person to move slowly. Risk assessments were completed on the environment within the home and moving and handling where appropriate.

There was an emergency continuity plan in place that considered actions that would need to be taken in the event of emergencies including how the service would operate should the provider not be available. The plan contained detailed cover arrangements with contact details and listed where all information was held and how this could be accessed. The provider had tested the plan and made adjustments where required.

Is the service effective?

Our findings

Relatives told us they were confident that staff had the skills and experience they needed to support their family member. One relative said, "I'd say all the carers were good and have the skills to do what they do."

Despite these comments we found that not all staff were provided with training to support them in their role. The provider told us that not all staff had completed mandatory training due to the needs of the service or because they had completed training in previous roles. At the time of the inspection seven of the 11 staff employed had not completed all mandatory training including safeguarding, first aid, and health and safety. The provider told us they had contacted a health and training safety group to facilitate training. We saw evidence that this was the case and that provisional dates for training were being explored. People may not receive safe, appropriate care if staff have not received training to meet people's needs.

Systems to show that staff had received induction training were not in place. The provider told us that staff were given a copy of the staff handbook and they would discuss the aims of the service. Staff were not given the opportunity to shadow more experienced staff before making care calls on the own. One staff member had completed care calls unsupervised on their first day of work for the service. The provider told us that they emailed a copy of the persons support needs to staff and had a conversation with them to check that they understood the needs of the person. Staff confirmed they received information regarding each person's needs prior to visiting them for the first time. Following the inspection the provider told us that systems had changed to ensure staff on induction received support and were able to shadow other staff members.

Staff did not receive supervision on a regular basis although they told us they felt supported by the provider. One staff member told us, "We can ring anytime and talk about anything." There was a supervision policy in place which stated that staff would receive supervision on a quarterly basis. Records showed that only one staff member had received supervision during this time. There was no formal system of conducting spot checks during care calls, the provider said this was done when delivering paperwork or supplies. The provider told us, "I speak to staff all the time, on the phone or when they call into the office. I have really good feedback on how much they like working here."

The lack of supporting staff was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

There was a MCA policy in place to provide staff with guidance. Support plans guided staff on how to support each person to make choices and decisions. Staff were able to give examples of how they involved people in decisions about their care and relatives confirmed this. One relative told us, "They respect (family

member) has choice and will take (name) views and opinions into account wherever possible." The provider told us they were vigilant when looking through care notes and having conversations with staff. For example, one staff member had recorded that they had restricted the purchase of items they did not believe were good for the person. The provider rang the staff member and explained that as the person had been assessed as having capacity to make this decision the staff member could not put this restriction in place.

Staff were available to support people to attend healthcare appointments if needed. The provider liaised with health and social care professionals involved in their care if their health or support needs changed. For example, the service had begun to support one person following their previous care package breaking down. The service had worked closely with health and social care professionals to ensure the right package of care was implemented and to ensure everyone involved in the persons care had up to date information. People's care files contained contact details for their GP and other health professionals so they could be contacted if there were any concerns.

People were supported at mealtimes to have food and drink of their choice. Relatives said that they were happy with the support staff gave in relation to eating and drinking. Support plans contained details of people's likes and dislikes and where appropriate where they preferred to visit when eating out. One staff member said, "We go shopping together so I know what (name likes and doesn't like. They struggle with food so going shopping means they get to choose the food they like and are more likely to eat it."

Is the service caring?

Our findings

Relatives spoke highly of the service they received and told us they believed the service was caring. One relative said, "What's impressed me most is that they respect my (family member) as a human being, not just someone they work with." Another relative said, "They understand my situation and how difficult it can be. It's obvious that (provider) cares about their staff and the clients, not just his business and this makes the carers want to do a good job for him."

Staff had time to spend with people and support them in an un-hurried way. The provider told us they did not accept any care packages which were less than 3 hours, "The quality of care I want to provide can't be done in short calls, it takes time to get to know people. I want staff to feel they have time to develop relationships." Staff told us, "We have the time to follow things through with people. We can go out and do shopping, go to appointments and do activities. It's about improving people's quality of life and I've got time to do that."

Relatives told us they were involved in making decisions about their care together with their family member. Relatives told us that it was important for their family members to have consistent staff to support them and this was provided. People's care files contained evidence that relatives were involved in their family members care. For example, one person's care needs and risk assessment had been changed at their relatives request to better reflect the priorities of the care their family member required.

People were supported in developing their independence. Staff members told us that they were provided with information about what the person is able to do and supported them to achieve this. For example, one staff member told us they supported people to prepare meals. They encouraged people to make choices about what they would like to eat and offered prompts and guidance on how to prepare meals rather than taking over and doing it for people.

Staff demonstrated an understanding of providing support in a respectful manner which maintained people's dignity and choice. One staff member told us, "I always wait for people to give me permission before entering their home, if it's the first time I've met them I ask what they prefer to be called. When supporting someone with personal care I make sure this is in private. I follow the care plan but always encourage people to do things for themselves."

Is the service responsive?

Our findings

One person told us the care they received was personalised and felt that staff understood their needs. One relative said, "Staff are well briefed and it's acknowledged that they need to work with parents to train them up but (family member) is now happy to go out with carers without us."

The provider told us they received referrals from the local authority and would arrange to visit the person and their relative to discuss their needs before deciding which staff members they believed would have the right skills and experience to support the person. They would then send staff profiles of the person to enable them to choose which staff members they would prefer to be supported by. Where making a choice would be difficult for the person staff members would visit the person to help them choose. One relative told us, "We met to discuss everything in great detail then three staff visited and spent time with my family member. They were all good but one stood out and my (family member) got on well with them. It was obvious from learning about their experience they were the best person and it's gone really well."

People had support plans in place which took into account their needs and preferences. However, for most people these were taken from the plan provided by the local authority. This gave guidance on what support each person required but did not always provide guidance to staff on how the support should be provided. For example, the provider said that one person lived with a family member although they still had their own flat which they liked to visit. There was evidence that staff supported the person in this area although this information was not recorded within the person's care file. One person's file viewed contained additional information for staff on how to support them which was detailed and considered risks to the person and the staff members supporting them. Staff members told us they always received detailed information about people prior to visiting for the first time and were always updated of any changes. Following the inspection evidence was provided to demonstrate that support plans had been changed to reflect how people preferred to receive their support.

Relatives told us that they had never had cause to raise a complaint regarding the service but would feel able to contact the provider if they had any concerns. One relative told us, "We have regular calls and visits (from the provider) to check everything is ok and I'm sure they would deal with anything." However, the provider did not have a complaints policy or system for monitoring concerns. The provider told us they had not received any complaints since the service started but would address anything if it should arise. Following the inspection the provider forwarded evidence to show a complaints policy had been developed and sent to people, relatives and staff.

People were supported to engage in activities which reflected their needs and preferences. One family member told us, "There's always a plan about what they will do together and they think about the things (family member) likes." People's care files contained information regarding people's likes, dislikes, hobbies and interests and records showed that they received support which reflected these.

The service was responsive to people's individual needs and circumstances. For example, during a crisis the service provided additional support, including overnight stays and transport, to support the family. Staff

reported that another person required equipment to meet their needs over the Christmas period. The service provided the resources needed immediately and discussed this with the local authority following the holiday period. One relative told us, "I rang and said that things were difficult and I needed support in the evenings and this was provided."

Is the service well-led?

Our findings

Relatives told us they believed the service was well-led. One relative said, "It's refreshing to come across an agency that cares so much." Another said, "I've used a number of agencies and this is definitely the best." It's obvious that (provider) cares about their staff and the clients, not just his business."

However, regular audits were not completed to monitor the quality of the service provided. The provider told us that they were aware of the need to complete this and had a format in place to do so but due to difficulties in recruiting admin support this had not yet been completed. They told us that due to the size of the service they felt they were able to keep track of how things were progressing. However, we noted that areas identified as requiring improvement during the inspection had not been identified by the provider.

The lack of effective quality assurance systems and action was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives told us that the provider was in regular contact to check that they were happy with the quality of the service and made changes where required. On relative said, "In the early days they would ring every week to check how things are going. Things are established now but they still ring at least every couple of weeks to check." Another relative said, "They ring all the time to make sure everything is ok." However, the provider was unable to show us records of the phone reviews and there was no system in place for reviews to be completed on a regular basis. The provider told us they planned to implement a formal system but due to the size of the organisation they were in close contact with staff, people and their relatives so they were confident any issues were addressed. Following the inspection evidence was provided that questionnaires were being completed to gain people's views on the care they received.

The provider was able to show us emails sent to social care professionals which evidenced that they were monitoring the support provided and responding to changes where required. During the inspection we observed the provider speaking to social care professionals to implement guidelines regarding a person's finances.

The culture within the service was open and transparent. The provider said that they ensured staff were aware of the values of the organisation by talking to staff regularly and leading by example. They told us, "I talk about what I want to achieve right from interview stage. I want people to have good care." Staff told us the service was well led and that the manager was professional and approachable. They said they that they would feel comfortable in discussing and issues and were confident the provider would take action. One staff member told us, "If I have any questions they will always get back to me. I always get the support I need." Another staff member said, "It's the best place I've worked. They know everyone so well so they can always give you advice and help."

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 17 HSCA RA Regulations 2014 Good governance The registered provider had not ensured quality assurance monitoring systems were implemented and effective.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider had failed to ensure that staff received appropriate training and supervision to carry out their role.