Mr Peter Cole

Amandacare

Inspection report

17 Crook Log
Bexleyheath
Kent
DA6 8DZ

Tel: 02083043826
Website: www.amandacare.co.uk

Date of inspection visit:
10 May 2016

Date of publication:
06 June 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 10 May 2016 and was announced. Amandacare is a domiciliary care agency that provides personal care and support for people living in the London Borough of Bexley and its surrounding areas. At the time of this inspection 31 people were using the service to receive personal care . At our last inspection in March 2014 the service was compliant with the regulations.

Staff had completed medicines training and the provider had a medicines policy in place to support staff. The provider maintained adequate staffing levels to ensure calls were attended to.

Staff had regular group supervisions three times a year and these sessions were also used as team meeting and training sessions. Staff were safely recruited with necessary pre-employment checks carried out.

Procedures and policies relating to safeguarding people from harm were in place and accessible to staff. All staff had completed training in abuse and demonstrated an understanding of types of abuse to look for and how to raise safeguarding concerns.

Risks to people using the service were assessed, reviewed, recorded and managed appropriately. Detailed and current risk assessments were in place for people using the service.

People we spoke with told us that staff were caring and staff knew the needs and preferences of the people using the service. Care plans were personalised and reviewed annually.

Staff sought consent from people when providing them with support. The provider worked within the requirements of the Mental Capacity Act 2005, should the service offer support to a person who lacked capacity to make specific decisions about their care and treatment.

People were supported to maintain a balanced diet and had access to healthcare professionals when required.

Systems were in place to monitor and evaluate the quality and safety of the service. The provider regularly reviewed medicines records, and put an appropriate recording system in place for this at the time of our inspection.

An appropriate concerns and complaints system was in place. Staff we spoke with told us that the manager was accessible to people, and staff spoke positively about the support available to them.

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.

Medicines were safely administered and managed.

Risks to people had been adequately reviewed to mitigate risks.

Appropriate recruitment procedures were in place to protect people using the service against the risk of receiving care from unsuitable staff.

There were safeguarding adults procedures in place and staff had a clear understanding of these procedures.

There were sufficient staff deployed to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff were supported in their roles through appropriate training and supervision.

The manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and acted according to this legislation.

People received appropriate support with food and drink.

People had access to health care professionals when they needed them.

Is the service caring?

Good

The service was caring.

People said staff were caring and helpful.

People were treated with dignity and respect.

Staff were familiar with the needs of the people they supported

Is the service responsive?

Good

The service was responsive.

People received personalised support to meet their individual needs, and people's support plans reflected their views and preferences.

People knew about the provider's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

Good

The service was well led .

Quality assurance systems were effective in monitoring and mitigating risks to people .

Staff spoke positively about the management of the service and said that management were always available to help.

The provider took into account the views of people using the service through annual surveys.

Amandacare

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.

Prior to the inspection we reviewed information we had about the service. This included the provider information return (PIR) and the notifications that the provider had sent us. The PIR 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. A notification is information about important events which the provider is required by law to send us.

The inspection took place on 10 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be in.

The inspection was carried out by an inspector and an expert-by-experience made phone calls to people that use the service and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses a domiciliary care service. We spoke with three people that use the service, and six relatives over the phone. During the inspection, we spoke with three care staff, the deputy manager and the manager.

We reviewed the care records of four people who used the service, three staff records and records related to the management of the service.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe when receiving support from the service. One relative told us "We are very happy that she [family member] is safe with them."

We saw that potential risks to people were managed effectively. Current risk assessments were in place for people, including areas such as moving safely, security and emergencies and any food handling and nutritional risks . Risk assessments were regularly reviewed, and any actions taken following the review were recorded. For example, where one person required the use of a hoist we could see that an additional risk assessment had been completed to mitigate any specific risks.

People told us they felt staff arrived on time and that calls were rarely missed. One person told us "I have never had a missed call or anything." Another person said "They are on time, unless they get stuck in traffic, but they ring me or the manager does, it's no problem." The provider also had a system in place in order to manage any emergencies. People were aware of the agencies out of hour's telephone number.

There were sufficient numbers of staff deployed to meet people's needs. Staff told us that they had enough time to get to their calls. The provider had an appropriate system in place to allocate calls so that people received their care when required. The manager said staffing levels were arranged according to the needs of people using the service. We saw the scheduling rota for the past four weeks, and we could see that calls had been scheduled appropriately.

The provider checked to make sure staff were suitable for employment. Staff files confirmed that the provider undertook pre-employment recruitment checks including appropriate references and checks of photographic identification prior to the commencement of employment. Records showed that criminal record checks had been made to make sure people were suitable to work in the health and social care sector. Records seen confirmed that staff members were entitled to work in the UK.

Medicines were managed safely. One relative told us "They prompt [family member's] medication, they do that ok." People's care plans included details of the medicines prescribed to people, the condition they treat and where medicines were stored. Medicine risk assessments also confirmed whether covert administration was required, or whether people were able to self-administer their medicines. At the time of our inspection there was no one using the service that was subject to covert medicines. There was eight people using the service who self-administer and their medicines were managed safely.

Staff we spoke with told us that they prompted people to take their medicines following the instructions on the blister pack, as well as using the details in people's care plans which also listed the amount and frequency at which medicines were to be taken. One staff member told us "There's a list of people's medications in their care plans and I also record it on the log." Another staff member told us "I ensure medicines are taken properly, and I report [to the manager] if they're not taken properly." Care plans provided information on the purpose of the medicines prescribed, and guidance for staff on how to administer the medicines.

The provider used medicines logs for staff to record that they had prompted people's medicines. These included the date and time the medicine was given, and the staff member marked that the contents of the blister pack had been given. Where medicines were not in a blister pack we could see that the staff member had accurately recorded the name and dosage of the medicine given on the medicine log. A list of medicines prescribed was available at the home with the log. Medicines competencies were assessed as part of the annual staff spot checks.

People were protected from the risk of abuse, as staff had received training in this area and knew how to recognise possible signs of harm. A relative told us "We can go away and not worry". The service had an appropriate safeguarding policy in place which was available to staff. Staff knew to report any concerns to the office staff, and were aware of external agencies that they could contact if necessary. Staff were confident that any concerns they raised would be dealt with effectively. One staff member told us "I'd report any issues if something wasn't right."

The provider had a whistleblowing policy in place, and staff told us they would use it if they needed to.

Good

Is the service effective?

Our findings

People and their relatives told us that staff were skilled to meet their needs. One person said "They are very well trained and very nice." and a relative told us, "The lady who comes seems very well trained." One person told us "Even though they know where everything is they still ask if it's alright to go and fetch something."

Staff had the necessary knowledge and skills which equipped them to support people effectively. Mandatory training required by the provider included moving and handling, safeguarding adults, Mental Capacity Act, first aid, dementia, medicines, mental health and health and safety. Appropriate systems were in place to ensure that this training was refreshed regularly for all staff. New staff completed an induction into the service which included the duties of the role and training courses in line with the requirements of the Care Certificate. Staff files that we looked at contained a record of induction activities undertaken to show that that staff had been reviewed prior to starting work.

The provider completed group supervision three times a year; these sessions were also used to update staff training. Staff told us that they found these sessions supportive and that the manager was accessible outside of the sessions. One staff member told us "The manager is always there [in the office] or at the end of the phone." Another staff member told us "I get to attend supervision sessions regularly." Appraisals were completed on an annual basis, and we could see from records that these were scheduled to be completed with staff during the week of our inspection.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. Staff we spoke to had a good understanding of how to obtain consent, and knew that where required they would need to undertake assessments to determine people's capacity and support best interest decisions. One staff member told us of the need to discuss one person's care with their power of attorney to ensure staff were able to support the person in their best interests.

People were positive about the support that they received with eating and drinking. One person told us "They do me the meals or reheat them for me, I've got a shepherd's pie tonight and they'll do fresh veg to have with that." One relative told us "The breakfast is whatever [my family member] wants, they leave a sandwich for her lunchtime and she has ready meals in the evening."

Staff we spoke with were aware of people's dietary needs and preferences. One staff member told us "I worked with one lady previously who preferred Indian cuisine, so I would support her in preparing those

meals." Care plans that we looked at detailed people's preferences and how they liked to be supported with their meals. These included comments such as "make cup of tea but only half fill as finds it hard to lift the cup up".

People were supported to access healthcare professionals when they needed them. One staff member told us "I've taken them [person using the service] to the dentist and the hospital.".

Records we looked at held information in relation to people's health and medical care requirements. One person's file stated that a district nurse was due to attend twice a day to provide insulin, where the staff member had been present we could see that daily contact logs recorded that this activity had taken place. We found that another person's file contained information in relation to their continuing healthcare needs following discharge from hospital. There was continuation of people's care and people were supported to access healthcare professionals as appropriate.

Good

Is the service caring?

Our findings

People we spoke with told us that staff were caring and treated them kindly. One person told us "My carers are wonderful. It's so nice; they are so good to me." Another person told us "If everyone had care like this they would be alright." One compliment card we read stated "[Staff member] is a credit to your agency and both myself and mum will miss her very much."

People had access to relevant information about the service. They were provided with a service user guide to inform them of the provider's purpose and their rights as a user of the service. The guide also included emergency and out of hours contact details.

Staff were knowledgeable about the people that they cared for. One relative said "The girls are lovely with [my family member] there is one in particular that [my family member] gets on with really well, but they are all very nice." One staff member told us "One person I care for likes companionship and enjoys talking about their past." Another staff member told us "I always try to think as if that person is my own family, respect them and find out their likes and dislikes."

People that we spoke with told us they were involved in decisions that were made around their care. One relative said "They always do what you want." Staff were able to tell us about how they supported people if they noticed any change in their needs. One staff member told us "I would speak to the manager, the family would be contacted and I'd record everything in the contact log."

We saw that wherever possible, staff supported people in meeting their spiritual needs. One care file we looked at showed that one person was escorted to attend their local place of worship at their request. One staff member told us of one person they looked after, "They liked to light candles for special prayer and I helped them with that."

Staff treated people with dignity and respect. Staff told us they tried to maintain people's privacy and dignity as much as possible by supporting them to manage aspects of their care as independently as they could. One staff member told us "I'd ask them [the person] if they'd like to do something [when providing personal care]." Another staff member told us that they worked with someone who was reluctant to receive support with personal care as they were embarrassed, so the staff member suggested different ways to help the person feel comfortable with the support, which worked well.

Good

Is the service responsive?

Our findings

People felt they were involved in the planning of their care. One person we spoke with said "I have a care plan and they come and review it sometimes to make sure it is still what I want." One relative said "We did a care plan with the care manager, [my family member] and I, it was how [my family member] wanted it." Another relative told us "They came out originally and went through everything with my [family member] and sorted out a plan of what he wanted."

Care plans were personalised and provided a clear overview of people's preferences. One relative told us "It's very good, it suits [my family member's] needs very well". Care plans were kept at the office for reference, as well as at people's homes. They included a daily plan of care, medicines details, mental capacity assessments, health and medical care, daily lifestyle activities and communication needs. This provided guidance for staff on how best to support the person. Care plans were detailed in outlining the support that people required and how they liked to be cared for. One care file that we looked at specified the brand of products that the person wished to use during personal care. People's care plans were well documented and easy to follow and were reviewed annually or earlier if people's needs changed. Daily care notes were kept up to date and returned to the office for quality checks every three months to check that the appropriate care had been given at the time that the person needed it.

People we spoke with told us that staff supported them to undertake their preferred activities. One person told us "My carer takes me shopping once a week and we get Danish pastries and coffee, it's so nice." One plan we looked at showed that when a person had been unable to visit their place of worship the staff member went with them to get some sweets and watch a film with them instead. This meant that people were supported with their personal preferences and supported in participating in a range of activities.

There was a complaints policy and people and relatives were provided with the complaints procedure when starting with the service. The last complaint had been raised in 2013, and had been dealt with appropriately in line with the provider's policy. Staff identified the steps they would take if they received any complaints which included alerting the management and ensuring that the complaint was recorded appropriately. We also saw recent compliments from relatives thanking the provider for their support.

Good

Is the service well-led?

Our findings

People and staff spoke positively about the management team. One person that we spoke with told us "The office is great if you ring, I've got [the managers] phone number and email if I need to use it, it's really good – you only have to ring them if you need something." Another person knew all the office staff by name and told us "To be honest I don't need to ring the office much, but they are very helpful if you do." One relative told us "The manager is really good, I get on well with him and the office is very nice when you ring them."

There was a registered manager in place at the time of our inspection, and they were aware of their responsibilities to report to the CQC.

Staff spoke positively of the support they received from management. One staff member told us "[The manager] is on the ball, nothing goes without investigation." The staff member also told us that all the staff communicated well to ensure the needs of the people that they are caring for were met. Another staff member said "I love my job. If I call [the manager] with any problems, he listens and sorts them out quickly and efficiently – the best boss I've ever had."

Staff meetings were combined with group supervision and training sessions and were held three times a year. Staff we spoke with told us they were able to attend these sessions regularly and that they cover any issues that have arisen. One staff member told us they are encouraged to drop in once a month but are also able to talk with management on the phone if they need to, and that they are always available. The topics covered at the most recent session included mental capacity, abuse and dementia.

The provider took into account the views of people using the service through annual surveys. Relative and staff satisfaction surveys were also conducted to monitor the quality of the service. Staff told us that spot checks were positive and could see how they supported them to fulfill their roles. The last annual survey conducted for 2015-2016 had received mostly positive feedback with people stating that the care provided was 'very good'. We could see that where feedback had been received action had been taken to address the information. For example, one relative had used the survey to request additional care for the weekends and this had been put in place.

The provider had quality assurance systems in place to monitor and improve the service. These included annual reviews of care files as well as quality monitoring calls to people using the service. Audits of accidents and incidents were also conducted in order to verify any actions taken. Medicines records were regularly received from people's homes and checked, but there was no formal record of this. However, when this was raised with the manager at the time of our inspection an audit system was implemented ready for use the following day.

There were annual reviews of people's care files and risk assessments, as well as periodic reviews and regular audits of daily contact logs as they were returned to the office. Staff were subject to annual spot checks and records we looked at showed that these had been completed and any identified issues were addressed.

Accidents and incidents were recorded and monitored. We could see that appropriate liaison had taken place with partnership agencies and that any actions were recorded and completed and that any learning was shared.