

Amazin Care Limited

# Amazin Care Operations Office

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Amazin Care Operations Limited is a supported living service providing the regulated activity personal care. The service provides support to people living with dementia, learning disability, autistic people and brain injury. At the time of our inspection there were five people using the service.

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.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support

Staff supported people to take part in activities and pursue their goals and interests and to interact with people who had shared interests. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

### Right Care

Staff promoted equality and diversity in their support for people. They understood people's diverse needs and supported them in a caring way. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to provide an effective service. People's communication needs had been assessed and met. Care and support was planned and delivered to meet individual needs and promote their wellbeing.

### Right culture

People led inclusive and empowered lives because of the values, attitudes and behaviours of managers and staff. Staff placed people's wishes, needs and rights at the heart of everything they did. People were supported to maintain positive relationships with those important to them. The service valued and acted upon people's views. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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 and update

The last rating for this service was good (published 20 April 2018). There was no breach of regulation, however key question responsive was rated requires improvement.

### 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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Amazin Care Operations Office

## **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 provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

### 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. Inspection activity started on 25 October 2022 and ended on 25 November 2022. We visited the location's

office on 25 October 2022.

#### What we did before the inspection

We reviewed information we had received about the service since registering with us. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does 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 two relatives on the phone to gather their views about the service. We spoke with the registered manager and three support workers.

We reviewed a range of records. This included three people's care and medication records. We looked at three staff records in relation to recruitment and training. 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

- People were protected from the risk of abuse, neglect and ill-treatment. Relatives confirmed they had no concerns of abuse and their loved ones were safe using the service.
- The provider had safeguarding adults' and whistleblowing policies in place. Staff had completed safeguarding training and knew of their responsibility to report any concerns of abuse. Staff told us they would escalate any concerns of poor practice to the registered manager, local authority or CQC. Staff felt confident the registered manager would act if any concerns of abuse was brought to their attention.
- The registered manager knew of their responsibility to respond to safeguarding concerns, report any allegations of abuse to the local safeguarding team and CQC. At the time of this inspection, there were no concerns or allegation of abuse.

Assessing risk, safety monitoring and management

- People were kept safe from the risk of avoidable harm. Risks to people's health and welfare were identified, assessed and well-managed.
- Risks to people were assessed in areas including personal care, medicines, moving and handling, choking, COVID 19 and the environment. Risk management records included guidance on how staff could prevent or mitigate individual risks occurring.
- Risks relating to people's health such as epilepsy had management plans in place. Staff knew people well and their individual risks and told us of the support they provide to ensure they remained safe.
- Risks were reviewed regularly to ensure people's changing needs were identified and safely managed. Care records were updated to ensure care staff had access to up-to-date information they needed to safely care for people.

Staffing and recruitment

- There was enough staff available to support people's needs. Relatives confirmed appropriate staffing arrangements were in place and people were supported by regular staff who knew the level of support they required.
- The registered manager informed us staffing arrangements in place were based on individual assessed needs. Staff confirmed the staffing numbers were sufficient and they did not feel rushed.
- The registered manager was involved in the day to day delivery of the service and covered any vacant shifts where required.
- The service followed appropriate recruitment practices and carried out pre-employment checks before new staff began working. These checks included employment histories, proof of identification, employment references and right to work in the United Kingdom documentation. Criminal record checks were completed

through the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were managed safely. A relative informed us they were happy with the support their loved one received with their medicines.
- Staff had completed medicines training and their competency was checked to ensure they had the knowledge and skills to safely support people with their medicines. Staff told us they felt confident to support people with their medicines.
- A medicines administration record (MARs) was in place and completed to evidence the support staff had provided people with their medicines.
- Where people were prescribed 'as required' medicines (PRN) such as antibiotics, there was a PRN protocol in place for staff to guide them on when and how these should be administered.

#### Preventing and controlling infection

- People were protected from the risk of infection. A relative confirmed staff wore personal protective equipment (PPE) including masks, aprons and gloves.
- The provider had an up-to-date infection prevention and control policies and procedures in place which provided guidance for staff on how to minimise the spread of infections or diseases.
- Staff had completed training in infection prevention and control and had access to PPE. A member of staff said, "We have enough PPE and I don't have any concerns about infections here."
- Daily and monthly infection control checks were in place to control and prevent the spread of diseases.

#### Learning lessons when things go wrong

- There were systems in place to monitor and support learning from accidents and incidents. The provider had policies and procedures on reporting, recording and managing accidents and incidents.
- Staff understood the importance of reporting and recording accidents and incidents and how best to respond. However, there had not been any accidents or incidents since our last inspection. The registered manager told us they would follow their policy where required.



# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection people's life histories, choices, their likes, dislikes and preferences were not always recorded in their care plan. Enough improvement had been made at this inspection and this information had now been included in each person's care plan.

- Care and support was planned and delivered to meet people's individual needs. Each person had a care and support plan in place. The care plans included information about their physical, medical and social care needs; including their personal care, medicines, nutrition, mobility, communication and behaviours.
- People had choice and control of their day to day lives and their decisions were respected. Staff knew people well and the level of support they required.
- The service understood the importance of working within the principles of the Equality Act and supported people's diversity in relation to their protected characteristics including their race, disability, sexuality, sexual orientation and religion in a caring way. People were supported to maintain relationships they were in with others.
- Care plans were kept under regular reviews to ensure people's changing needs were identified and met. Daily care notes showed the care and support provided was in line with the care and support planned for.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and met. How people communicated including any aids and support they required was documented in their care files.
- Some people were supported to communicate through pictures or using digital devices to accessing information in formats that met their understanding.
- Staff gave us examples of how they supported a person by using simple words and showing them options.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain relationships with those important to them. People were

supported to spend time with their family and friends and to promote positive relationships. People also used digital devices to contact those important to them.

- People were supported to be active members of their community and access activities that were of interest to them. This included volunteering at a local shop or attending community hubs.
- People were supported to go for holidays, visit places of interest, discos, cinemas, restaurants and parks. People were supported with one-to-one activity of choice or in-house group activities including karaoke nights. People were also supported to celebrate important events and occasions such as birthdays and Christmas.

#### Improving care quality in response to complaints or concerns

- The provider had a complaint policy and procedure in place which included guidance on how to make a complaint and the timelines to expect any complaint investigation to take.
- People told us they knew how to make a complaint, but they did not have any complaints to make. Relatives confirmed they had nothing to complain about at this time.
- The registered manager told us they had not received any complaints from people or their relatives since our last inspection. They said if they receive any complaints, they would follow their complaint policy and procedures to ensure people were satisfied with the service.

#### End of life care and support

- At the time of this inspection, no one using the service required end of life care and support. We saw that advance care planning was discussed as part of people's initial assessment.
- The registered manager told us if end of life care and support was required, they would work with the person and appropriate health and social care professionals to ensure their end of life care needs and wishes were met.

# 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; 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

- Management and staff put people's needs and wishes at the heart of everything they did. The registered manager instilled a culture which protected people's rights and enabled them to develop.
- The culture at the service was positive, the registered manager was visible at the service and was actively involved in the day to day delivery of care. They took a genuine interest in what people, staff, relatives and other professionals had to say.
- The registered manager understood their responsibilities under the duty of candour and knew they had to be open, honest and take responsibility when things went wrong.

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

- There was a registered manager in post who understood their responsibility to meet the requirements of the role and they knew they had to notify CQC of any significant events that occur at their service.
- There was an organisational structure in place and staff understood their individual roles and responsibilities.
- There were systems in place to assess and monitor the quality of the service. Monthly audits were completed in various areas including health and safety, infection control, medicines and staff files. Any issues identified were rectified to improve on the quality of the service.
- There was continuous learning to improve on the quality of the service. The registered manager also showed a keenness to learn to improve the quality and safety of the service.

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

- People and their relatives views were gathered to improve on the quality of the service.
- The service used surveys to gather feedback from people and their relatives. Feedback results in March 2022 was positive. The results showed relatives were either very happy or happy with the service, the food served, activities available and with their individual key workers.
- Service user meetings were also held to gather people's views. Minutes of meetings showed topics discussed included a house party, having a male house mates, introduction of new in-house activities and the days these should be done.
- Staff views were sought through surveys and team meetings. The survey results were positive in which

staff stated they were happy, they felt valued and supported. However, where a staff member raised concerns about the shift patterns, this was addressed in a team meeting. Staff meetings were also used to share information, educate and gather staff views about the service.

#### Working in partnership with others

- The service worked with health and social care professionals to ensure people received good care. Records showed that staff worked alongside and communicated with health and social care professionals and the local authority to ensure people's needs were appropriately met.