

Amicable Care Ltd

# Amicable Care Ltd

## Inspection report

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### 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 the 1 August 2018. We gave the service 24 hours' notice of the inspection visit because it is small and the registered manager was often out of the office supporting staff or providing care. The service was first registered in July 2017 and this was its first inspection.

Amicable Care Ltd is based in Carlisle. The service is a domiciliary care agency. It provides personal care for around 30 people living in their own houses, flats and specialist housing. It provides a service to older adults and younger disabled adults.

There was 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.

There were sufficient numbers of suitable staff to meet people's needs. Staff training was on going and they had received sufficient training to safely support and care for people. Staff were supported by the registered manager through regular staff meetings, supervision and appraisals.

When employing fit and proper persons the recruitment procedures had included all of the required checks of suitability. Hazards to people's safety had been identified and appropriately managed and staff knew how to identify and act on abuse allegations.

People's dignity and privacy were actively promoted by the staff supporting them. People were asked for their consent before care was provided and the decisions they made were respected. People received care from a small team of staff who they knew well and were treated with respect. Everyone we spoke with made positive comments about the staff who supported them.

Auditing and quality monitoring systems were in place that allowed the service to demonstrate effectively the safety and quality of the provision. A complaints procedure was available. People told us they would feel confident to speak to staff about any concerns if they needed to. People had access to an advocate if required.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received the support they needed to take their medicines safely. The staff identified if people were unwell and supported them to contact health professionals.

## 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.

There were enough staff to support people.

Risk assessments were in place to keep people safe.

The service had appropriate procedures and personal protective equipment to help keep people safe from infection.

### Is the service effective?

Good ●

The service was effective.

The staff were well trained and competent.

The service worked with health and social care professionals to ensure people were well cared for.

People's nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate.

Staff took the time to get to know people.

Staff were clear about the standards they expected for people in their care.

### Is the service responsive?

Good ●

The service was responsive.

People's risk assessments and care plans correctly identified people's needs.

There was a complaints procedure in place.

If required people could be supported to follow their interests

and access the local community.

**Is the service well-led?**

**Good** ●

- The service was well-led.
- The registered manager had clear vision and values about the service and high expectations of their staff.
- The staff respected the registered manager and told us they liked working for them.
- There was a quality assurance system in place.

# Amicable Care Ltd

## **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 checked 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 inspection took place on 1 August 2018. We gave the service 24 hours' notice of the inspection visit because it is small and the registered manager was often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by one adult social care inspector.

Prior to the inspection we gathered and reviewed information we held about the service including statutory notifications we had received. Statutory notifications notify us of deaths and other incidents that occur within the service, which when submitted enable the Commission to monitor any issues or areas of concern. We spoke with health and social care professionals including social workers and representatives of the local safeguarding authority and asked their opinion of the service. We reviewed the provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report.

We examined four staff files. We spoke with three people who used the service and two relatives. We also spoke with six members of staff including care staff, the nominated individual and the registered manager. We reviewed records relating to the safety and management of the care provided.

# Is the service safe?

## Our findings

We spoke with people who used the service and asked if they felt safe. One person said, "I'm safe, safe as houses." Another added, "I don't ever not feel safe." And another commented, "Oh definately, I feel very safe."

Staff we spoke with said there were enough of them to provide appropriate support to people. The registered manager and nominated individual explained they were recruiting staff on an on-going basis. Staffing levels were based on the amount of hours required to support people, this included travel time between people's homes. People we spoke with confirmed there were enough staff to help and support them and staff told us, "There is no pressure to get round people quickly." A relative said, "We have two visits a day, they are very flexible and can come at short notice."

We looked at the recruitment and selection processes used by the provider. We saw that all staff had received a disclosure and barring service check (DBS). A DBS check shows whether prospective staff have a criminal record or are barred from working with vulnerable people. In addition, staff had up to date references from previous employers which showed they were of good character and suitable to work with older people with vulnerabilities.

We spoke with members of staff and asked them how they safeguarded the people who used their service from abuse. Staff were able to tell us about different kinds of abuse such as physical, financial or emotional. They told us they would speak with the registered manager if they suspected abuse was taking place. This meant staff knew how to identify and report abuse. We spoke with the registered manager who demonstrated their knowledge on how to report issues relating to abuse and safeguarding. There was a whistleblowing policy in place that instructed staff on what to do if they had concerns about the practice of a colleague.

The registered manager ensured that risks to people's health and wellbeing were safely managed. We saw risk assessments were in place for moving and handling, falls and personal care. Staff at the service also completed an environmental risk assessment of each person's home, for example looking for trip hazards.

The provider had a business continuity plan in place to ensure people would continue to receive care following an emergency. This included what to do in bad weather. The registered manager was able to give examples of how the service had coped during heavy snow. This included staff walking to people who used the service near to their home. The registered manager had learned lessons from the incidents of bad weather and made sure that staff now had access to a four by four vehicle and had devised a system to prioritise people who were at high risk if they did not receive a visit. For example people with no relatives or carers nearby.

People were supported to take their medicines by staff who were appropriately trained to do so. Care plans were in place that showed staff how this was to be done. Medicines were stored by people who used the service in their own homes.

The service had procedures in place to safely manage infection control. Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons. People confirmed that staff wore PPE and a uniform.

# Is the service effective?

## Our findings

We asked people if they thought the staff were well trained. One person commented, "I do think they know what they are doing." Another added, "Of course they [the staff] know what they are doing!"

The service provided appropriate training to their staff. Staff we spoke with said they received plenty of training and it was the right training to carry out their role. One staff member said, "We are all well trained." We confirmed from our review of staff training records and discussions that staff were suitably qualified and experienced to fulfil the requirements of their role. Staff completed an induction programme that included completing the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected.

Staff were supported by the registered manager through supervision and a yearly appraisal. Supervision is usually a meeting in which the registered manager provides guidance and support to staff. We saw the registered manager also carried out observational supervisions meaning that she watched staff work to check they were competent in the care they were providing.

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.

At the time of this inspection the service was supporting people who lived with dementia. We saw appropriate care plans were in place to guide staff in how to meet peoples' needs. Some of the care plans needed to be clearer about what levels of capacity people had and the registered manager began rectifying this on the day of our inspection. When we spoke with people and their relatives they told us the staff were good at ensuring that they asked for consent before providing care.

Care plans were developed from assessments that outlined how people's needs were to be met. For example, some people needed help getting in and out of bed. Risk assessments were carried out to see how to do this safely and what equipment and staff were required. A care plan was then written that showed staff how to do this safely and correctly.

The service worked with health and social care professionals such as occupational therapists, social workers and speech and language therapists. This helped ensure people were provided with the best possible care and support and had the right equipment to support their independence.



People were supported to meet their nutritional needs where necessary. Staff had the necessary skills to prepare food safely if needed and monitored people's nutritional intake if required. One person we spoke with said, "I'm never hungry when they're [the staff] about."

## Is the service caring?

### Our findings

We asked people if they thought staff were caring. One person commented, "Very kind, very kind." Another mentioned, "I think they are smashing." A relative told us, "They take the time to sit down with my husband and chat and spend time with him."

Staff we spoke with talked about the people they supported with care and compassion. Staff demonstrated they knew people well and wanted the best outcomes for them. Comments included, "I treat and care for people like I would expect my nana or grandad or mam or dad to be looked after." And, "I like to get to know people, we like to get to know folk here." And, "I don't think people would have a bad word to say about us....we're the best in the city." Staff were knowledgeable about people's likes and dislikes, interests and the people important to them. We saw all this information was documented in the care plans. One person commented, "We always go through my care plans, I like them to be right and so do the staff."

The registered manager knew how to contact local advocacy services that could assist people to make decisions or express their views if they required support. Advocates are people who are independent of the service and who can support people to make important decisions and to express their wishes. At the time of our inspection no one was using an advocacy service.

We saw people received care when they needed it and in a way that took account of their expressed wishes and preferences. Care plans showed that people had informed the service about how they wanted their care to be. People and staff confirmed that these care plans were followed correctly. People's privacy and dignity was respected. People told us, "They always knock before they come in." And "They always tell me when they are here."

People's needs were correctly assessed by staff. Each person had assessments in place that identified their strengths and areas where they required additional support. The service provided to individuals was focussed on supporting them to maintain their independence as long as possible in their own homes. The service was able to provide a range of different types of support to meet people's needs from supporting them to eat and drink to assisting them to get out of bed.

Staff had received training on equality and diversity. The registered manager told us they were mindful of the different cultures and backgrounds of people who lived in the area. They were able to access information about this locally and were aware of the different places they could go such as local churches and shops if they required more detailed information.

## Is the service responsive?

### Our findings

We asked people and their relatives if the service responded well to their needs. One relative told us, "I'd give them 10 out of 10, it takes a terrific burden of worry from us." Another person commented, "I think they are smashing, they take good care of you."

Information was available in people's care records that reflected their care and support requirements. People told us they had a copy of their care plan in their home. The registered manager was part of the team that supported people and regularly visited their homes to review their care plan with them to check it was still appropriate to meet their needs. People's care records included information about their families and personal life history. The staff we spoke with said this was useful as the information meant they could speak to people about the things that were important to them.

Staff said communication was effective. They made sure any important information was handed over to the registered manager and documented it in the written notes in people's homes so the next carer to call could see it.

People lived at home as independently as possible. They accessed the local community and followed their own interests and hobbies as and when they wished. If they required additional support to do this the service was able to provide it such as ensuring their care visit coincided with a person needing help to get ready to go out.

The provider had a formal process for receiving and responding to concerns and complaints about the service it provided. The registered manager told us that they preferred to deal with things that concerned people in an informal way and as quickly as possible. People we spoke with could tell us how they could raise a concern or complaint. One person told us, "If I had concerns I would tell them [the registered manager]." Another said, "I have no complaints." The service had no on-going complaints at the time of our inspection but did keep a complaints log to ensure that any complaint could be properly dealt with.

Records showed that, where possible, people were involved in decisions about end of life care choices. Staff had received appropriate training to help support people at this time in their lives

## Is the service well-led?

### Our findings

At the time of this inspection there was 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 asked people what their thoughts were about the leadership in the service. Comments included, "I have met the [registered] manager, she's very good."; "They are a nice enough person."; "They are always available whenever you need them."

Staff said the management team were very supportive. One member of staff told us, "I like the registered manager's high standards." Another added, "They are the best, we're a small company with high standards."

We spoke with the registered manager who told us, "I know each and every one of our clients personally." People we spoke with confirmed this. We asked the registered manager to explain their visions and values for the service. They said, "We believe that, where possible, an individual should be able to access the care they need in their own home. Home care also affords a level of independent and personalisation. Domiciliary care is often more effective and can help to reduce the financial pressure of caring for loved ones." They then added, "We recognise that each service user is unique and will have different requirements."

During the inspection, the registered manager and their team were keen to work with us in an open and transparent way. All documentation we requested was produced for us promptly and was stored according to data protection guidelines. The registered manager was aware of their duty to inform us of different incidents and we saw evidence that this had been done in line with the regulations. Records were kept of incidents, issues and complaints and these were all regularly reviewed by the registered manager in order to identify trends and specific issues.

There were regular staff meetings so that important issues could be discussed and any up-dates could be shared. Staff meeting minutes were clearly recorded so that members of staff who were not able to attend could read them afterwards. We observed a culture where the staff and the registered manager had worked hard to improve the service. There was also evidence within records that people and, where possible, families were consulted about the care and support the service provided. The service consulted with people and their relatives in a variety of ways including face-to-face formal meetings and intended to send out customer satisfaction surveys.