

Amethyst Home Care Limited

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Inspection report

42 Rees Gardens
Croydon
Surrey
CR0 6HR

Tel: 02033710408

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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 13 July 2018 and was announced. At our previous comprehensive inspection of the service on 26 January 2017 we found the service was breaching regulations in relation to safe care and treatment, staff support and good governance and rated the service requires improvement. We undertook a focused inspection on 16 October 2017 to check the service now met legal requirements. We found the service had improved in all areas although we were unable to change the rating as we needed to see the improvements sustained over a period of time.

Amethyst Home Care is a domiciliary care service. It provides personal care to people living in their own houses and flats. It provides a service to older adults. At the time of our inspection there were five people receiving care and support from the service. The service had a registered manager in place. 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.

At this inspection we found the provider had sustained the improvements and we rated the service Good in all areas and overall.

People's medicines were managed safely. Staff received training in managing medicines and the provider assessed staff were competent.

There were enough staff to care for people and the registered manager provided care to people to ensure they knew people well. People received consistency of care and developed good relationships with staff.

Staff were recruited following robust procedures to check their suitability to care for people and the registered manager continued to check staff suitability during their probationary period.

Risks relating to people's care were reduced, such as those relating to medicines management, the environment and moving and handling. The provider assessed risks and put management plans in place for staff to follow.

Risks relating to infection control were reduced as staff received training and followed suitable practices.

Processes were in place to protect people from abuse and neglect. Staff received training in safeguarding each year and the registered manager and staff understood the signs people may be being abused and how to respond to keep people safe.

People received support in relation to food and drink and received meals of their choice. Staff supported people to maintain their health and to access healthcare services where this was part of their care package.

People received care in line with the Mental Capacity Act (MCA) 2005, although no people using the service were suspected to lack capacity to make decisions in relation to their care. Staff understood their responsibilities in relation to the MCA and received training in this each year.

Staff were supported to meet people's needs effectively with induction, training and regular supervision. Staff felt well supported by the provider.

People were positive about the staff who supported them as staff were caring. Staff knew the people they supported and developed good relationships with them.

Staff treated people with dignity and respect and understood people's diverse needs include those relating to gender identity.

People were involved in decisions about their care and were encouraged to maintain their independence as far as possible.

People's care plans clearly set out the care they required as well as their backgrounds, preferences and people who were important to them. People were involved in developing their care plans.

People were supported to take part in activities and keep in contact with relatives and friends when this was part of their care. This helped reduce their risk of social isolation.

The provider's complaint process remained unchanged and the provider informed people about how to complain. People felt comfortable to raise any concerns or complaints with the registered manager.

The registered manager and staff understood their roles and responsibilities. The provider had audits in place to monitor and assess the quality of care. The provider had systems to communicate with people and staff and to gather their feedback.

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. Systems were in place to protect people from abuse and neglect.

The provider assessed risks relating to people's care and managed them appropriately.

There were enough staff to care for people and staff were recruited via processes to check they were safe to work with people.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective. Staff received training and supervision to help them understand people's needs.

People's day to day healthcare needs were met. People received their choice of food.

People received care in line with the Mental Capacity Act 2005.

People's needs were assessed by the provider.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service was well-led. The registered manager understood their role and responsibilities and had good oversight of the service.

Systems were in place to communicate openly with, and gather feedback from, people using the service and staff.

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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 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 was a comprehensive inspection. The inspection took place on 13 July 2018 and was announced. We gave the provider 48 hours' notice of the inspection to make sure someone was available in the office to meet with us. The inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

During the inspection we spoke with the registered manager and administrator. We looked at a range of records including two people's care and medicines records, three staff files and other records relating to the management of the service.

On the same day as the inspection the expert by experience spoke with one person using the service and four relatives to gather their views via telephone and our inspector spoke with two care workers via telephone.

Is the service safe?

Our findings

At our comprehensive inspection in January 2017 we identified a breach in relation to medicines management. In our focused inspection in October 2017 we found the provider had improved and the provider was no longer in breach. At this inspection we found the provider continued to manage medicines safely. Staff received training in medicines management each year and the provider assessed their competency to administer medicines safely. The provider assessed the risks relating to medicines management for each person and guided staff on how to reduce the risks. The registered manager audited medicines records each month to check people received their medicines as prescribed.

There were enough staff to care for people safely. People told us there were enough staff and staff never appeared rushed. People also told us staff provided care at the agreed times. One relative said, "If something has happened to make staff late they will ring through and let me know. There have been no missed calls." The registered manager provided care directly to people most days and was also available to provide care to people if staff were on leave. The registered manager was in the process of recruiting two additional staff to enable them to increase the staff available to care for people.

People were supported by staff who were suitable to work with them. The provider interviewed candidates to check they had the personal qualities needed to care for people. The provider also carried out recruitment checks which included checks of candidates' employment history including obtaining references from former employers, checking identification and criminal records.

The provider assessed and managed risks relating to people's care. One relative told us, "When [my family member] had a fall they handled everything. They took control and advised me." The provider assessed risks relating to the environment and care related tasks each person required such as moving and handling. The provider put suitable management plans in place when they identified risks to provide guidance for staff to follow to reduce the risks. Staff understood how to reduce the risks to keep people safe. Staff told us the registered manager explained the risks before they began providing care to people and showed them how to reduce the risks in person. Risk assessments and management plans remained reliable for staff to follow in caring for people as the provider reviewed them annually or more often if people's needs changed.

Risks relating to infection control were reduced by the provider. Staff received training in infection control and any risks were identified in people's care records for staff to refer to. Staff were provided with personal protective equipment (PPE) when providing care and understood precautions to take when handling contaminated waste.

People were safeguarded from abuse and neglect due to processes in place. People told us the staff who supported them made them feel safe. One relative said, "I trust the registered manager's choice of carers and those I've had have been reliable." Staff received training in safeguarding adults and understood the signs people may be being abused and the action to take if they had any concerns. There had been no safeguarding allegations since in the past year and the provider was aware of the process to follow in responding to concerns and reporting them to the local authority safeguarding team. The registered

manager told us there had been no accidents, incidents or near misses in the last year although they had systems to record and report any if they occurred.

Is the service effective?

Our findings

At our comprehensive inspection in January 2017 we identified a breach of the regulation relating to staff support as there was a lack of staff supervision. At our focused inspection in October 2017 we found the provider had improved and staff were receiving the support they needed to care for people effectively. At this inspection we found the provider had sustained the improvements. Records showed staff received regular supervision and they reviewed the best ways to care for people and their training needs during these. The provider continued to check the competency of staff to provide care during observations and spot checks. The provider checked staff were respectful and kind when they cared for people and that they carried out the tasks required of them to a suitable standard. Staff told us they felt very well supported by the registered manager.

People were supported by staff who received suitable induction and training. People felt staff were suitably trained and records confirmed this. One relative told us, "I do think staff are well-trained, they are always going on courses. They seem to keep up to date with anything that is happening." Staff also told us the training was good quality and appropriate. New staff received training over three days which covered key areas such as safeguarding, medicines management, basic life support and moving and handling. Then new staff shadowed the registered manager or other experienced care workers to get to understand how people required their care. The provider renewed staff training each year in all mandatory topics.

People received the support they needed in relation to eating and drinking. One person told us, "Staff do ask me what I want." A relative told us, "They do persevere in getting [my family member] to eat, they have been very good on that side." People told us staff prepared and provided food and drink to their taste and people's preferences were recorded in their care plans for staff to refer to. Staff were available to prepare food to meet cultural, religious or ethnic needs and preferences. When a person was at risk of malnutrition and dehydration the provider monitored their food and fluid intake closely. The registered manager also monitored people's weights to check for any concerns and help people get the right medical support.

People received support with their day to day health. A person told us, "I'm sure they would call the doctor if I needed one." Staff were available to arrange and attend healthcare appointments such as GP visits. Staff were also available to arrange referrals for specialist support if necessary although the registered manager told us this had not been necessary since our last comprehensive inspection. The provider assessed people's needs before they began to provide care by meeting with people and their relatives and reviewing any professional reports. The provider recorded people's healthcare needs in their care plans and our discussions with staff showed they understood these needs.

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. The registered manager and staff told us there were no people using the service who they suspected lacked capacity in relation to their care. However, the provider had systems in place to assess

people's mental capacity and make decisions in their best interest if necessary in the future. People told us staff always obtained their consent before carrying out personal care. Staff received training in the MCA and our discussions showed they understood the importance of the MCA in their work.

Is the service caring?

Our findings

People found the staff who supported them to be kind and caring. A relative told us, "Staff look after [my family member] like she's one of their relatives. There was an episode her feet were very, very sore and staff took it upon themselves to make her life more comfortable. They started massaging and creaming her feet." A second relative told us after their family member fell, "Staff were quite willing to be with her for eight hours when she was in hospital." A third relative told us, "Staff are very willing and compassionate towards [my family member]." The registered manager celebrated people's special occasions with cards and gifts such as flowers to make them feel they mattered. A person who received live-in care received close attention to their appearance and the staff member took pride in sharing photos of the person each day with the registered manager and relatives, with the person's consent. The registered manager and staff spoke about people in a very kind manner and it was clear they were motivated to provide a caring service to people.

Staff understood a person's needs in relation to their gender identity. The registered manager checked staff had the right attitude and beliefs to provide care to a person in relation to their gender identity during recruitment. In addition, all staff received training in equality and diversity to help develop their understanding in this area. This meant people received care from staff who were positive about their diverse needs.

People told us they received consistency of care from the same staff. This meant staff knew people well and also helped develop good relationships over time. One relative told us, "They good at talking to her about her past, the things she used to do when young and about her husband." Staff knew people well including people who were important to them, their backgrounds, daily routines and interests. There was a low staff turnover which helped people receive consistency of care.

People were involved in decisions about their care. The registered manager asked people what was important to them before their care began and ensured staff delivered care in line with people's preferences. People had full choice in the care provided and felt confident in refusing care if they preferred. People had choice of care worker and met staff to check they wanted to receive care from them.

People were supported to maintain their independence. Staff encouraged people to maintain their independence as far as possible by encouraging them to be involved in their personal care and to remain active.

People told us staff respected them including their privacy. A relative told us, "Staff cover my family member with towels during personal care [to maintain their dignity]." Staff spoke with people in a respectful manner and wrote about people in daily logs in a respectful way.

Is the service responsive?

Our findings

People were involved in their care plan and they were based on people's needs and wishes. A relative told us, "Staff asked me to give a pen picture [about her past and family background] just so they can use it as a prompt if she's drifting off a bit." The provider met with people and their relatives to gather key information about people and to develop and review their care plans. People's care plans included information about their preferences, backgrounds, family and religious beliefs to help staff understand them better. Staff told us they always read people's care plans before providing care and if there were any changes. In addition, the registered manager discussed people's care plans with staff and demonstrated how to support individuals in person to help staff provide responsive care. People's care plans were regularly updated as people's needs changed and so were reliable in guiding staff. People received care which was responsive to their needs and one person told us, "I have been improving since I've been with them."

People were supported to do activities they were interested in and maintain social contacts when this was part of their care. The provider helped people attend local groups such as 'singing for the brain' and other social activities. Staff understood the importance of these activities to people and provided care at the agreed times to ensure people were able to attend. Staff frequently supported a person to speak with relatives via video call. The registered manager was in regularly contact with relatives to update them on people's condition when this had been agreed in advance.

The service provided end of life care to some people and worked alongside community nurses who provided clinical support. The registered manager showed compassion in attending funerals for all people who had passed away. In addition, the registered manager had been involved in preparing the body for several people who had passed away in line with their cultural beliefs and in making funeral arrangements at the relative's requests. The registered manager told us they did not develop end of life care plans with people and did not always have access to end of life care plans developed by the hospice. This meant the provider may not be aware of how people preferred to receive their care at the end of their lives. However, the registered manager told us they would review end of life care planning in collaboration the local hospice where relevant. Training in end of life care was available to staff who required this.

People understood the complaints process and received guidance on how to complain from the provider. A relative told us, "The complaints procedure is laid out in the book and website. The manager comes to 90per cent of the visits and I have no problems with raising a complaint." A second relative told us, "I would go to the staff or the manager but I have no complaints." The registered manager told us they had received no concerns or complaints in the past year although systems in place to investigate any issues remained suitable. The provider received several compliments from people and their relatives and these were used to help the provider understand and promote their strengths.

Is the service well-led?

Our findings

In our January 2017 inspection we found the provider was in breach of the regulation relating to good governance as they lacked oversight of the service and had not identified and resolved the issues we found. At our focused inspection in October 2017 we found the service had improved and the provider was no longer in breach. At this inspection we found the provider had sustained the improvements and people were no longer at risk of poor care as a result of poor governance. A relative told us, "Overall I'm impressed I can see they have improved."

The provider continued to have suitable systems to monitor the quality of care. A relative told us, "The agency is a small one and the registered manager supervises the care my family member receives." The registered manager carried out regular observations of staff caring for people to check they supported people in the best ways possible. The registered manager kept care documentation under review to ensure they were up to date and reliable for staff to follow. The registered manager also audited medicines management to ensure this aspect of care was satisfactory. The registered manager kept track of staff training needs and staff supervision to check they were providing the right support to their team. The provider continued to use an electronic system to check people received care at the agreed times.

The service was led by a registered manager who understood their role and responsibilities. People using the service and staff were complimentary about the registered manager. A relative told us, "I find them well-led, actually they do remarkable job." A second relative told us, "They are pretty well run." Staff told us the registered manager was "amazing" and "incredible". Staff told us the registered manager was approachable, encouraging and very supportive. The registered manager was also the director and had operated the service since it registered with us. Our inspection findings and discussions with the registered manager showed they were competent in their role.

The registered manager kept themselves up to date with best practice. The provider undertook specialist training in topics relating to care of older people. Recent courses they completed included those relating to dementia care and Parkinson's and they planned to do further courses. The registered manager also attended local authority forums and forums run by specialist care organisations to keep up to date with developments in the care sector.

The provider had systems in place to gather feedback from people and staff and to communicate openly with them. The registered manager visited people in their own home several times each week to provide care to them and also to check people were comfortable and receiving the right care. The provider also telephoned people frequently to find out their views and experiences. The provider sent questionnaires to people to find out their views every three months. We viewed recent questionnaires and saw feedback from people was positive. A relative told us, "I filled out a questionnaire a month or so ago and gave them top marks on near enough everything." The registered manager gathered feedback from staff informally while working with them providing care and formally during three monthly staff supervisions.

The provider liaised with external professionals to help them receive the right care. relative told us when

their family member was admitted to hospital the registered manager, "...paid a visit to the ward to glean appropriate info having asked me first. She chased the hospital OT about something and was very proactive. The registered manager made sure my relative got an air bed [as they were at risk of pressure sores]."