Mr Peter Cole

Amandacare

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 09 January 2019 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. Not everyone using Amandacare received regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection 32 people were using the service to receive personal care. At our last inspection in May 2016 the service was compliant with the regulations.

The service had 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.

At this inspection, we found that medicines were not always managed safely. Falls risk assessments and management plans were not in place for people at risk of falls. The provider did not have effective processes in place to monitor the quality of the service as they had not identified the issues we found at this inspection. You can see what action we have told the provider to take at the back of the full version of the report.

There were appropriate safeguarding procedures in place to protect people from the risk of abuse. Staff understood the different types of abuse and knew who contact to report their concerns. There was a system to log accidents and incidents which were investigated in a timely manner and learning was disseminated to staff. Staff had been trained in infection control and people were protected from the risk of infection. Appropriate recruitment checks took place before staff started work. There were enough staff deployed to meet people's care and support needs.

Staff completed an induction when they started working for the service and they were supported through a programme of regular training and supervision to enable them to effectively carry out their roles. People's needs were assessed prior to joining the service to ensure their needs could be met. People were supported to have maximum 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. Staff told us they asked for people's consent before offering support. People were supported to have enough to eat and drink and had access to healthcare professionals when required to maintain good health.

Staff were caring and respected people's privacy and dignity. People were involved in making decisions about their daily care and support needs. People were supported to be as independent as possible. People were provided with information about the service when they joined in the form of a 'service user guide' so they were aware of the services on offer.

People were involved in planning their care needs. People were aware of the service's complaints procedures and knew how to make a complaint if necessary. People's religious and cultural needs were recorded and they would be supported to meet their individual needs if required. The service was not currently supporting people who were considered end of life. However, if there were this would be recorded in their care plans.

The provider carried out spot and competency checks to make sure people were being supported in line with their care plans. Regular feedback was sought from people about the service. Staff were complimentary about the registered manager and the service. The registered manager was knowledgeable about the requirements of their role and their responsibilities about the Health and Social Care Act 2014. Notifications were submitted to the CQC as required. The philosophy of the service was to provide a top-quality service, tailored to meet people's individual needs. The registered manager told us that they worked with the local authority to meet people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicines were not always managed safely.

Risks to people were not always identified and safely managed.

Accidents and incidents were appropriately managed.

There were appropriate adult safeguarding procedures in place to protect people from the risk of abuse.

People were protected from risk of infection.

There were enough staff deployed to meet people's needs in a timely manner and the provider followed safe recruitment practices.

Is the service effective?

Good

The service was effective.

People's needs were assessed prior to starting to use the service to ensure their needs could be met.

Staff completed an induction when they started work and were supported through regular training and supervision and appraisals.

Staff understood the principles of the Mental Capacity Act (2005) and supported people to make decisions appropriately. Staff told us they asked for people's consent before offering support.

People were supported to eat and drink and had access to healthcare professionals when required to maintain good health.

Is the service caring?

Good

The service was caring.

People were involved in making decisions about their daily care and support needs.

People told us staff were caring and respected their privacy, dignity and independence.

People were supported to meet their individual diverse needs if required.

People were provided with information about the service when they joined in the form of a 'service user guide' so they were aware of the services and facilities on offer.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in planning their care and support needs.

People were aware of the service's complaints procedures and knew how to raise a complaint.

If people required advanced care plans to document their end of life care wishes, this would be recorded in their care plans

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider did not have effective quality assurance systems in place to monitor the quality and safety of the service.

The registered manager told us that they worked with the local authority to meet people's needs.

Regular spot and competency checks were carried out to sure people were being supported in line with their care plans.

Regular feedback was sought from people about the service.

Staff were complimentary about the registered manager and the service.

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 checked whether the provider was 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 site visit took place on 09 January 2019 and was announced. The provider was given 48-hours-notice of the inspection. This was because the location provides a domiciliary care service and we needed to be sure that there would be someone available to speak with us. The inspection team consisted of one inspector and an 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 the inspection we looked at the information we held about the service. This included statutory notifications that the provider had sent CQC. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with one person using the service and nine relatives by phone, three members of staff, the registered manager, the assistant manager and the care co-ordinator. We reviewed records, including the care records of six people using the service, recruitment files and training records for six staff members. We also looked at records related to the management of the service such quality audits, accident and incident records, and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

Risks to people were not always identified and safely managed. Improvements were needed as risks in relation to falls or mobility issues were not always identified or assessed. Where risks to people had been identified, there were no risk management plan in place with detailed guidance for staff on how to manage these risks safely. For example, one person identified as having had a history of falls and needing support sometimes to mobilise whilst out in the community did not have a falls risk assessment in place to assess possible risks while they were mobilising in the community. There was no detailed guidance in place for staff on how the person should be supported and how any potential risks could be minimised.

Another person had been identified as not able to stand or walk unassisted and required assistance to transfer to and from their chair and into and from their bed, this person also used a walking aid to mobilise. There was no risk management plan in place with detailed guidance for staff on how to transfer the person and the number of staff required to transfer the person. There was also no guidance in place for staff on how to support the person when they mobilised using their walking aid. Staff were working on their own, unaccompanied in people's homes and without detailed guidance on how to minimise risks of falls there was a risk people could receive inconsistent or unsafe care. We brought this to the registered manager's attention at the time of the inspection, they told us that they carry out falls risk assessments for people who needed them.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke to told us that they knew people's mobilising needs well and supported people by walking next to them or ensuring they had their mobility aid to mobilise. We also saw that people had been assessed for risk in relation to the environment, electrical appliances, moving and handling, personal care and eating and drinking. We saw that risks had been identified and risk management plans in place. For example, for people who smoked there were risk management plans in place to support staff in minimising any risks.

Medicines were not always managed safely. We saw improvements were needed as people's records contained contradictory information about whether staff were responsible for administering their medicines or not. For example, one person's medication form recorded that it was 'Uncertain' whether or not they were self-administering medicines. On the same form it said that the person needed to be prompted to take their medicines and that staff should administer medicines. The registered manager told us that staff were administering medicines to this person and we saw completed medicines administration records (MARs) for this person. There was a risk that with unclear guidance staff may not give the person the correct support they needed with their medicines.

One person's MAR had not recorded the time they were administered medicines between 02 July and 15 July 2018 and 14 August and 28 September 2018. The person's medicines needed to be administered at the same time each day, so without the times recorded there was a risk the person may not receive their

medicines as prescribed by a health care professional as well as their health and well-being put at risk. We also saw that this person's MAR chart between 27 August 31 August 2018 recorded no other information other than 'no medicines'. Staff had recorded on the person's daily notes on 27 August that their medicines 'had not been delivered yet.' We discussed this with the registered manager, and although both the family and service were aware no further action was taken to ensure the person's medicines were delivered and they were able to receive them as prescribed.

The registered manager had not completed any audits of people's medicines records since September 2018 and as such had not identified the issues we found at this inspection in relation to medicines. The registered manager told us that medicines audits would be carried out and brought up to date. We will check this at our next inspection

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at a further sample of MARs and saw they had been completed correctly and in full. Medicines were administered only by trained staff who had undergone an assessment of their competency to administer medicines.

Accidents and incidents were appropriately managed. The service had a system in place to record accidents and incidents, this included the details of the accident or incident, what happened. The action taken to help prevent a reoccurrence and learning would be disseminated at staff meetings.

People's relatives told us that they felt their loved ones were safe. One relative said, "Yes [my relative] does feel safe. The staff are very kind and make [my relative] feel comfortable when they visit." Another relative said, "Yes we have the same carer each day so we know her and my [relative] feels safe'

People were protected from the risk of abuse. There were safeguarding procedures in place and staff understood the types of abuse that could occur and knew who to report any concerns to. Staff were also aware of the organisation's whistleblowing policy and told us they would not hesitate to use it if required. One staff member said, "I would go straight to my manager and I know that they would take action." Another staff member said, "I would tell my manager but I know I can also go to the local authority or CQC." There had not been any reportable safeguarding concerns, but the manager understood safeguarding protocols and said they would submit safeguarding notifications when required to the local authority and CQC.

People were protected against the risk of infection. Records showed staff had completed infection control training and they had access to personal protective equipment (PPE) which included aprons and gloves. Staff described with confidence how they prevented the risk of the spread of infections, for example by ensuring they wore aprons and gloves and washing their hands to prevent the risk of infection. One staff member said, "I wear a uniform, use aprons and gloves to protect myself and the clients from the risk of infection." Another staff member said, "Protective clothing is important to prevent cross infection."

There were enough staff deployed to meet people's needs in a timely manner. Staff rotas were planned in advance so staff knew what shifts they were working. Rotas showed that there were sufficient numbers of staff on duty to meet people's needs. The registered manager and staff told us that if they were going to be late, they would call the main office who would let people know. One relative said, "Yes the carers are very, very good and arrive on time daily." Another relative said, "Yes staff always arrive on time they have never been late in the many years we have had them." One staff member said, "I'm never late but if I ever was I would call manager and who would inform the client",

The provider followed safe recruitment practices to ensure that suitable staff could work with people. The provider also carried out the required recruitment checks before staff started work. Staff files we reviewed contained completed application forms which included details of employment history and qualifications. References had been sought and proof of identity had been reviewed and criminal record checks had been undertaken for each staff member. Checks were also carried out to ensure staff members were entitled to work in the UK.

Good

Is the service effective?

Our findings

Staff were supported to carry out their roles effectively. New staff members completed a programme of training to help them carry out their roles effectively. All new staff were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new care workers. People said that staff knew their jobs well and had the skills to provide the care and support they required.

Records showed that staff had completed programme of training which included, safeguarding, diabetes, medicines administration, health and safety, food safety, mental health and nutrition." One staff member said, "Yes all of my training is up to date, the training is very good here." Staff received regular supervisions and appraisals. Areas discussed included training, objectives and areas of concern. One staff member said, "I have supervisions and appraisals. I can discuss concerns I may have and get feedback about my performance." Another staff member said, "My supervisions are up to date, I can discuss how I am getting on and concerns I have."

Assessments of people's needs were conducted prior to them joining the service. The registered manager told us this was done to ensure the service would be able to meet people's care and support needs. These assessments were used to produce individual care plans so that staff had the appropriate information and guidance to meet people's individual needs effectively.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. The registered manager told us all of the people using the service had capacity to make decisions about their care. They said that If they had any concerns about any person's ability to make a specific decision they would work with the person and their relatives and, if appropriate, any relevant health and social care professionals to ensure decisions were made appropriately on their behalf and in their 'best interests' in line with the MCA. Staff had an understanding of the MCA 2005 and they also understood the need to gain consent when supporting people. One person said, "Yes staff always ask me if I am ready to have a shower or before they assist me with personal care." A relative said, "Staff do ask my [relative] for their consent before they start any task." One staff member said, "I always ask people for their consent before I help and talk through what I am doing." People's rights were therefore protected as staff met the requirements of the MCA.

People's nutritional needs were met if required. These were documented in their care plans and they were supported to eat and drink if needed. Staff generally assisted people with breakfast and heating meals in the microwave if people requested this. One person said, "Yes staff check with me what I want to eat."

People had access to a range of healthcare professionals if required. The registered manager and staff told us that when required staff supported people to attend healthcare appointments, this included visiting the GP and hospital appointments. Staff also confirmed that if they noticed a person was unwell, they would immediately call an ambulance and inform the person's family. On relative told us, "This morning the staff member thought my [relative's] cough had got much worse and they needed to be seen by the GP." Staff told us that they consulted with GPs and district nurses if they needed to.

Good

Is the service caring?

Our findings

People's relatives told us that staff were kind caring. One relative said, "Yes staff are very kind and caring. A couple of times I have observed that staff have my [relative's] best interests at heart when caring for them." Another relative said, "Yes the staff are very caring. They chat to my [relative] and cheer them up if they are a bit down."

Staff were knowledgeable about people's individual likes, dislikes and preferences such their hobbies and what they liked to talk about. For example, one staff member said, "One person really likes strong builder's tea and I also make it how they like it. One person likes to stick to a routine, so I make sure I am always on time."

People were involved in decisions about their daily care such as what time they wanted to wake up or go to bed, what they wanted to wear and the time they wanted to receive support. People's individual needs were identified and respected. One relative said, "Yes my [relative] always chooses their own clothes." Another relative said, "Yes carers always enable my [relative] to make daily decisions." One staff member said, "One person likes to choose their own clothes and wake up at a set time."

Staff protected people's privacy and dignity. Staff told us they knocked on people's doors and obtained permission before entering their rooms. Staff told us they closed curtains and doors and ensured people were covered during personal care. One person said, "Staff always cover me to protect my privacy when necessary." One relative said, "The staff take their time and treat my [relative] with respect and dignity." One staff member said, "I shut doors and cover people during personal care." Another staff member said, "I make sure curtains and doors are closed and I put a towel round them." People's information was kept confidential by being stored in locked cabinets in the office and electronically stored on the provider's computer system. Only authorised staff had access to people's care files and electronic records.

Staff told us that they promoted people's independence where possible by encouraging them to carry out aspects of their personal care such as washing their face and relatives confirmed this. One relative said, "Staff encourage my [relative] to wash and clean their teeth." Another relative said, "Without the staff my [relative] wouldn't be as independent as they are." One staff member said, "I encourage people to walk if they are able to and wash themselves if they can."

Although the service recorded people's religious beliefs, there was no-one presently that required support to practise their faith. The service also did not currently have anyone with any diverse or cultural or spiritual needs that required support. The registered manager told us if they did, this would be documented in the care plan as well as the support they required.

People were given information in the form of a 'service user guide' prior to joining. This guide detailed the standard of care people could expect and the services provided. The service user guide also included the complaints policy, so people had access to the complaints procedure should they wish to make a complaint.

Good

Is the service responsive?

Our findings

People and their relatives told us they were involved in planning their care and support needs. One person said, "Yes, I do have a care plan and know what is in it." A relative said, "Yes we have a care plan for my [relative] and we have read it." A third relative said, "Yes we are asked for our views during the annual review."
People's needs were assessed and care plans had been developed based on an assessment of their needs, which had been carried out by the provider. Care plans contained information about people's desired outcomes from using the service, such as maintaining their mobility and independence.

Care plans were regularly reviewed and updated following a change in people's care or support needs. People's care plans addressed a range of needs such as mobility, the environment, nutrition, personal care, communication and mobility. This also included the equipment people needed, such as walking and mobility aids. Care files included details about people's individual routines, preferences and their preferred call times.

Care files included information about people life histories, choices and information about the things that were important to them. Such as what they enjoyed doing including reading, knitting, watching television and their food likes and dislikes.

The service had a complaints policy and system in place to log and investigate complaints. People and their relatives knew how to raise a complaint if they needed to. The service had not received any complaints; however, the registered manager said that if they did they would investigate them in line with the complaints policy and disseminate learning to staff. One person said, " Yes I know how to make a complaint and all information is in my care file." A relative said, "If we had a complaint we would contact the registered manager and the information about making a complaint is in my [relative's] care file." A third relative said, "I have no complaints about the service."

The service did not currently support people who were considered end of life. The registered manager told us that if they did then they were aware of best practice guidelines and would consult with relevant individuals and family members where appropriate to identify record and meet people's end of life preferences and wishes.

Requires Improvement

Is the service well-led?

Our findings

The service had systems in place to monitor the quality and safety of the service provided, however, these were not always effective because they had failed to identify and address issues we found during this inspection. For example, audits of medicines administration records (MARs) had not been completed since September 2018. The provider had not identified that medicines records contained contradictory information or were not completed fully. They had also failed to take action to ensure one person received their medicine as prescribed when they were not available for a period of four days.

Care plan audits had not been carried out as the provider had failed to identify that risks assessments relating to falls had not been carried out and there was no adequate guidance for staff on how to minimise this risks.

These were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We brought this to the attention of the registered manager, who told us that they would be carrying out effective quality assurance audits going forward, covering areas including medicines, falls and care plans. We will check this as part of our next inspection.

The provider carried out regular spot and competency checks to make sure staff were suitably carrying out their roles effectively. This also included checking staff were wearing their uniforms and badges, using PPE and were providing care in line with people's preferences and support needs. The sample of checks we reviewed showed that no concerns had been identified and that people were receiving appropriate support at the times they had requested.

The service had a registered manager in post. The registered manager was knowledgeable about the requirements of their role and their responsibilities about the Health and Social Care Act 2014. Notifications were submitted to the CQC as required. The philosophy of the service was to provide a top-quality service, tailored to meet people's individual needs. Staff told us the service did deliver its philosophy.

People's relatives' and staff we spoke to were complimentary about the service. One relative said, "The management team is brilliant, they are very, very good." Another relative said, "The management is excellent – top class, always polite and always there when you need them."

We saw compliments from people's relatives which stated, 'Amandacare is a credit to the care sector and should be commended for their dutiful but compassionate approach for caring for others in the community. A company to be admired by others.' And, 'I feel blessed to have someone so genuinely kind and considerate looking after [my relative.] [Staff member] always goes the extra mile."

The registered manager told us it was very difficult to get staff together for staff meetings so staffing matters were discussed at the end of group supervisions which were held regularly and training on medicines,

dementia, pressure sores and first aid was delivered. Meetings also discussed the running of the service and to ensure staff were aware of the responsibilities of their roles. One staff member said, "Staff meetings we have are very good so we can discuss clients and best practice." Another staff member said, "We get told what's going on in company."

People's feedback was also sought at these competency checks. People's feedback was also obtained in the form of annual surveys. The registered manager told us they were presently in the process of receiving people's feedback for 2018. We looked at the survey for 2017 and found that feedback from people was positive, comments included, "Staff are very good and caring" and "Communication between carers and office staff is good." The registered manager told us that if they received any negative feedback they would use this to drive improvements.

Relatives and staff, we spoke to were complimentary about the registered manager and the service. One relative said, "They are brilliant, very, very good." Another relative said, "Excellent – top class, always polite and always there when you need them." One staff member said, "The registered manager is brilliant, so caring and listens. Always there at the end of a phone 24/7, they has an open- door policy. Another staff member said, "The registered manager is always there on hand." The registered manager told us that they worked with the local authority to meet people's needs as well as working with GPs and district nurses when needed. Staff confirmed this. The service had been nominated for an award in 2018 recognising it's care and commitment to vulnerable people in the borough of Bexley.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not always identified and safely managed.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were not effective systems in place to monitor the quality and safety of the service