

Amazin Care Limited

Amazin Care Limited - Admin Offices

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This announced inspection took place on 9 November 2017. This was the first inspection of this service which was registered with the Care Quality Commission in October 2015.

Amazin Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people. At the time of our inspection nine people were receiving personal care and support from this service.

There were appropriate safeguarding procedures in place and staff knew how to safeguard people they supported. They knew the signs of possible abuse and were aware of how to raise any concerns. Risks to people were assessed, identified and monitored, clear information and guidance for staff on how to support people was provided. Medicine records showed that people were receiving their medicines as prescribed by health care professionals. Appropriate recruitment checks took place before staff started work. There were enough staff to meet people's care and support needs in a timely manner.

Staff completed an induction when they started work and had completed a mandatory programme of training. Staff were supported and received regular supervisions and appraisals. The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005(MCA) and acted according to legislation. People told us that staff asked for their consent before providing care and support. People were supported to have a balanced diet. People had access to a range of healthcare professionals when required in order to maintain good health.

People said that staff were kind and caring and they felt cared for. People said staff respected their privacy and dignity and they were encouraged to be independent whenever possible. People were provided with information about the service in the form of a service user guide.

People's needs were assessed to ensure the service could meet their needs and people were involved in their care planning which was person centred. Care plans were well organised and provided clear guidance for staff on how to support people in meeting their individual needs. People were aware of the complaints procedure and knew how to make a complaint. However, we saw that not all complaints made by people were logged and investigated.

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. Staff were complimentary about the service and the management. There were effective processes in place to monitor the quality of the service. Regular staff meetings took place and feedback was sought from people about the service, this included annual surveys.

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 meet people's needs.

There were appropriate safeguarding procedures in place.

Risks to people were assessed and identified.

Medicines were managed safely.

Appropriate recruitment checks took place before staff started work.

Is the service effective?

Good ●

The service was effective.

Staff completed an induction when they started work and received appropriate training.

Staff received regular supervisions and appraisals.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005(MCA).

Staff asked people for their consent before they provided care.

People were supported to have a balanced diet.

People had access to a range of healthcare professionals when required in order to maintain good health.

Is the service caring?

Good ●

The service was caring.

People said that staff were kind and caring.

People and their relatives when required, had been consulted

about their care and support needs.

People's privacy and dignity was respected.

People were encouraged to be as independent as possible.

People were provided with information about the service.

Is the service responsive?

The service was not always responsive.

People were aware of the complaints procedure. However, we saw that not all complaints made by people were logged and investigated.

People's needs were assessed and they were involved in their care planning which was person centred.

Care plans were clear and provided clear guidance for staff on how to support people in line with their individual needs.

Requires Improvement ●

Is the service well-led?

The service was well-led.

There was a registered manager in post.

There were processes in place to monitor the quality of the service.

Regular staff meetings took place.

The provider took into account the views of people using the service and staff to help drive improvements.

Staff were complimentary about the service and said that the registered manager was supportive and approachable.

Good ●

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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 inspection took place on 9 November 2017 and was carried out by a single inspector and was announced. We told the provider before our visit that we would be coming. We did this because we needed to be sure that the registered manager would be in when we inspected as they are involved in providing care to people who use the service.

Before the inspection we looked at the information we held about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. Usually we would ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to provide some key information about the service, what the service does well and improvements they plan to make. However, in this instance we did not request a PIR. We also asked the local authority commissioning the service for their views of the service.

We spoke with nine people and two relatives and asked them for their views about the service. We also spoke with the registered manager, the operations manager and two care staff. We reviewed records, including the care records of four people, four staff recruitment files and training records. We also looked at records related to the management of the service such as surveys, accident and incident records and policies and procedures.

Is the service safe?

Our findings

People told us that they felt safe with the staff who supported them. One person said, "Staff are professional so that makes me feel secure." Another person said, "Staff make me feel relaxed and I have confidence in them."

There were appropriate safeguarding procedures in place. Staff were able to competently describe the types of abuse that could occur, the action they would take to protect people and who they would contact should they have any concerns. Staff were aware of the organisation's whistleblowing policy and told us they would not hesitate to use it if they needed to. Staff we spoke with told us, "I know the different types of abuse to look out for and would report it to my manager without hesitation. I know I can also go to social services to the CQC to report any suspicions". Another staff member said, "I would report any suspicions I had to my manager and I am confident that they would take appropriate action." The registered manager submitted safeguarding notifications to the CQC as required.

Risk assessments were carried out in relation to medicines, mobility, health and safety, communication and falls. Risk assessments were up to date and regularly reviewed. Risk assessments were available in care plans for all staff to view and risks were clearly identified. Risk assessments included guidance for staff on how to support people to reduce the likelihood of any harm coming to them. For example, one person was at risk of falls, there was guidance for staff informing them to how to reduce the risk of falls by ensuring they wore appropriate footwear, used their walking aid at all times and making sure that there were no trip hazards on the floor.

The service maintained an accident and incident file which recorded all incidents and accidents for people using the service. This included the details of the incidents or accident, i.e. what happened, what action was taken. We saw that accidents and incidents were followed up in a timely manner. For example one person using the service had suffered a fall as the staff member was leaving. The accident was documented and the person was checked for injuries. They did not have any injuries and refused to go to hospital.

Medicines were safely administered and recorded appropriately. Medicines were signed for after they had been administered. This meant that people received their medicines as prescribed by health care professionals. We checked Medicine Administration Records (MAR) and found they were legible, completed in full and did not contain any gaps. People told us they were happy with the support they received with managing their medicines. One person said, "Staff help me with medicines and they write it in the book." Staff had completed medicines administration training and had undergone competency checks. One staff member said, "I have regular medicine competency checks, they are good and make sure medicines are being given to people as prescribed by the doctor."

The provider carried out appropriate recruitment checks before staff started work. We looked at four staff files and saw they contained completed application forms which included details of employment history and qualifications. References had been sought, 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.

The registered manager and staff told us that travelling time was factored into people's appointments. The service had also operated an on call system to ensure staff had support outside the office working hours. One staff member said, "Whenever I have called, the call has always been answered, I feel supported."

Staff rotas showed that there were enough staff to meet people's needs. The registered manager told us as the service was small they only took on people who lived within the Erith area. The majority of staff also lived within the Erith area and did not drive. One staff member said, "I drive so I am always on time." Another staff member said, "I am always on time during the weekdays, but on occasion have been late at weekends due to unreliable buses. I always let the client know I am going to be late and inform the office." One member of staff told us, "I don't think there are enough staff at weekends as I have been asked to cover more shifts, although all the calls we have are always covered. I do know that the service is always recruiting, it's difficult to find staff."

We spoke to the registered manager about this who told us that although they tried to provide the same staff to people, a lot of the staff were students so only able to work limited hours every week. Therefore, it was difficult to provide the same staff to people, but the service did do this whenever possible. The registered manager told us that although they were currently recruiting staff, all client calls were covered as they personally ensured that they attended calls if there was a need.

We also spoke to the local authority who had commissioned the service of Amazin Care on people's behalf. They told us that they had no concerns at all about the service Amazin Care provides. One local authority staff member said, "Amazin care are a very reliable and person-centred care agency and it is a pleasure to work with them. I am unable to recall any issues with late or missed calls. If there were ever any delays, I know the office would contact the client to explain, as per their procedures. I also know of occasions where the agency have been short staffed and the registered manager would complete the care calls herself, rather than the call be missed." Another said, "In my experience with Amazin Care workers, they are punctual and caring."

Staff had completed infection control training. We saw staff attended a practical course in-house where they were introduced to the different types of personal protective equipment (PPE) they had to use during the course of their work. This included gloves, aprons and wash cloths. Staff told us they were aware of the PPE they were required to wear. One person told us, "[Staff] come mainly to help me with personal care as I am housebound. They always wear gloves and aprons when helping me." A staff member told us, "I always use appropriate PPE and ensure that I throw gloves away after supporting people with personal care."

Is the service effective?

Our findings

Three people told us they thought that staff were well trained. One person said, "I think they're really well trained". A second person said, "Yes I think they are well trained."

We checked with the registered manager who told us that new staff shadowed more experienced staff until they were observed to be competent to carry out calls on their own. No staff were sent out to support people until they had been assessed as competent. The registered manager confirmed that they personally assessed staff competencies themselves. We also saw documentation showing that staff shadowed more experienced staff and when they had been assessed as being competent to attend people on their own. Staff confirmed this. One staff member said, "I shadowed a colleague until I felt happy to go out by myself. The registered manager also came out to observe me."

We saw staff had completed an induction. All new staff were required to complete an induction in line with the Care Certificate. The Care Certificate was introduced in April 2015 and is the benchmark that has been set for the induction standard for new care workers. All staff had completed a mandatory programme of training which included safeguarding, medicines, moving and handling, first aid, fire, infection control and health and safety. One member of staff said, "I have done all my mandatory training and am going to be completing dementia training soon."

Staff were supported through regular supervisions and appraisals. Areas discussed included training, equality and diversity, medicines and spot checks. One staff member said, "I have regular supervisions and find them useful. I can discuss clients, get feedback and generally speak to the manager about anything I want." Another staff member said, "Supervisions are very useful, they keep me on track."

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA. The registered manager told us all but one person had capacity to make decisions about their own care and treatment. If they had any concerns about this person or any person's ability to make a decision they would work with the person and their relatives and if appropriate any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005. We saw this had been done, a best interest meeting had been held for one person with regards to them moving to another place to live as their present home was not suitable. We saw that social services, an advocate and the mental health team had been involved in making this decision and the person would be moving soon.

Staff were able to demonstrate their understanding of the MCA 2005 and understood the need to gain consent when supporting people. One person said, "The staff are very good to me, they ask me how I want things done and do it like that." One staff member said, "I always ask my clients for their consent and always explain how I am going to support them."

The registered manager told us that most people receiving personal care received support only with heating up meals rather than actually having food prepared for them. One person said, "I don't have help with meal preparation, only heating it up. They only do what's in the agreed plan."

People had access to a range of healthcare professionals when required. Staff monitored people's health and wellbeing and if there were any concerns, people were referred to appropriate healthcare professionals. One person told us, "I've never had to have [staff] take me to a doctor or call a doctor for me. But if I'm ill they would call an ambulance for me." A staff member said, "Families usually support people with medical appointments, but if anyone required this support we would offer it."

Is the service caring?

Our findings

People said that staff were very kind and caring. One person said, "Yes the [Staff] are caring. They are always patient and kind with me." Another person said, "[Staff] know I get lonely here by myself all day so they make a fuss of me." A relative told us, "Yes [staff] are kind and caring."

We spoke to the local authority who told us, "Yes, [staff] are very caring. They take the responsibility of looking after clients very seriously and will often go above and beyond their core duties to ensure someone is looked after. For example, we had one client who had run out of food and had no money so the registered paid for some shopping, and then claimed it from social services in retrospect. The registered manager also went to the Civic to collect food vouchers for the client."

People and their relatives when required, had been consulted about their care and support needs. One person said, "Staff listen to me and do what I want them to do."

People's privacy and dignity was respected and they were treated with respect. One person said, "When [staff] have helped me with washing and dressing they always check have they done it right. It is done the way I want and they make sure they cover me with a towel." Another person said, "[Staff] do treat me with respect."

People's information was treated confidentially. Care records were stored securely in locked cabinets in the office. Only authorised staff had access to people's electronic records. Staff files were also securely locked in cabinets within the office and only staff authorised to view them had access to them.

Staff told us they encouraged people to be as independent as possible and to do as much as much as they could for themselves. One person told us, "[Staff] always ask me what I want them to do or do I want to do things for myself. At 89 this I am as independent as I can be." One staff member said, "I encourage people to do as much as they can for themselves. It is important. This includes washing their face or brushing their hair."

Staff had undertaken equality and diversity training and we saw that care records documented people's choice of faith. The registered manager told us that they did not have any service users any diverse needs or preferences. However, should this change then the service would provide this support.

Staff told us that care plans were located within people's homes but they were moving across to being electronically recorded on the live ECM system. Staff had access to care plans and daily notes. One staff member said, "If any of my client had a change in their needs, I would immediately record it on my mobile phone and also call the registered manager so that any changes could be put in place."

We saw that people were provided with appropriate information about the service in the form of a service user guide before they engaged the service. This ensured they were aware of the standard of care they should expect.

Is the service responsive?

Our findings

People told us that they were involved in their care planning needs. One person told us, "I do have a care plan and it was all discussed with me. It reflects what I need and it gets reviewed roughly six monthly." Another person said, "I have a care plan and last week I had someone from the Agency come out to see me to ask if everything was alright... this was a review."

Pre-assessments of people's needs were carried out prior to people joining the service. The registered manager told us that prior to any person being accepted by the service an assessment of their needs was undertaken by them personally to ensure the service could meet their needs. These assessments along with referral information from the local authority were used in producing individual care plans and risk assessments.

People's care files included individual care plans addressing a range of needs such as communication, personal hygiene and physical needs. Care files were regularly reviewed and contained daily progress notes that detailed the care and support delivered to people. For example daily notes detailed the tasks that had been completed for people on a daily basis, how the people were and if there was a change in their care needs. However, although the registered manager and staff we spoke with were aware of people's life histories, choices, their likes, dislikes and preferences, we found that this was not always recorded in people's care records. For example the times they liked to get up or go to bed or the food they liked or disliked.

We raised this with the registered manager who said that they would update people's care records with this information. We will follow up on this at our next inspection of the service to ensure improvements have been made. However, when we spoke to staff, it was clear that they knew people and their preferences and choices well. One staff member told us, "One of my clients dislikes any food that is red because they don't like red onions. So I always make sure they don't have any food that is red. My client loves cod and scampi."

There were systems in place that ensured people received their care on time. The registered manager told us that the service operated an electronic monitoring (ECM) system which is a live computer system that the service could monitor. It showed when staff were travelling between visits, were running late, when they had arrived, how long they had spent with people and the duties they had carried out. Staff carried a mobile phone which allowed them to log into the Electronic Call Monitoring (ECM) system on a daily basis so that the service was aware of details of their daily calls. We spoke to people and staff about late and missed calls. One person said, "[Staff] are late sometimes because they come on public transport." A second person said, "We should have one visit five times a week but they are often late..."

The registered manager also said that if staff were going to be late, they identified this on the live ECM system. This meant they were immediately able to check with staff why they were late and contact people if the staff member had not already done so. We monitored the ECM system during our inspection and for the past month and found that there were no late or missed calls.

We saw the service had a complaints policy and complaints log in place and people were aware of how to make a complaint should they need to. However, we saw that not all complaints made by people were logged and investigated. The complaints we reviewed were dealt with appropriately and in a timely manner. For example, one person was not happy with a staff member; the service rectified this by changing the staff member attending the person's calls. One person said, "I've never had to complain about anything, the girls are good to me, they do their job." Another person said, "I would just phone the office if there was a problem. The manager is very pleasant." However, a relative said, "I have had to complain to the manager about all the different carers and the fact they didn't seem to know what to do when they got here. In fact I spoke to her on Monday. I'll have to see what they do about it, if anything. The care plan as it stands would be good if some of the people were confident enough to do it, but some of them, no you couldn't rely on them." We did not see documentation to show that this complaint had been logged and investigated by the service in line with their complaints procedure.

We recommend that the service reviews their complaint recording procedure to ensure that all concerns raised with the registered manager are recorded and appropriately responded to.

Is the service well-led?

Our findings

We received positive feedback about how the service was managed. Both staff and people were complimentary about the registered manager. One person said, "The manager is very nice. Approachable." Another staff member said, "The registered manager is amazing just like the name of the service. They always want things done properly and is both encouraging and supportive." Another staff member said, "The registered manager is very nice, understanding and always available, she will also go out and do calls herself."

The service had a registered manager in place who was supported in running the service by the operations manager. The registered manager was knowledgeable about the requirements and their responsibilities with regard to the Health and Social Care Act 2014. Our records showed that notifications were submitted to the CQC as required.

There were systems in place to monitor the quality of the service and the registered manager recognised the importance of quality monitoring. The quality of the service was checked by the registered manager carrying out spot checks on staff to determine that they were dressed appropriately, used the required protective clothing and delivered care in line with people's care and support needs. Medicine competency checks were carried out on a regular basis to ensure that staff were competent in the administration of medicines. MAR charts were checked to ensure they were completed in full and correctly. Care plans were checked on a regular basis and were organised well.

Regular staff meetings were held. Minutes of the last meeting showed areas discussed included, medicines, training, safeguarding, mental capacity and the ECM system. We saw that staff were reminded to use the ECM system to log in and out to inform the office that they had arrived on time and completed tasks within the time slot. Staff said that they enjoyed attending staff meetings and benefitted from them. One staff member said, "We have staff meetings and they are really good. Different staff are asked to bring a topic they are interested in to discuss. I discussed dementia, and disseminated learning about characteristics of people living with dementia and how we can offer specific care in relation to this."

We also saw that learning from accidents and incidents was disseminated at staff meetings. Staff were reminded to complete accident and incident forms as soon as possible and clearly record all details. The registered manager reiterated actions to be carried out such as calling an ambulance if required, notifying next of kin and the office and updating care records.

We saw the service sought staff and people's view about the service by carrying out annual surveys. Overall the feedback from people was positive but there were a few comments suggesting people were not totally satisfied. One question the surveys asked was, "Are your needs being met in your care plan?" One person replied "No." Another question asked, "In the way we talk to you, do you understand what the carers say to you." Two people answered "No." The registered manager told us that they had followed this up with the people to remedy any negative feedback.

Staff survey feedback was positive and showed that staff were happy with training offered, supervisions and the support offered by the registered manager. Staff told us they were happy working at the service. One staff member said, "I love my job and helping people." Another staff member said, "I do like my job very much and enjoy it."

We saw that the service carried out partnership working whenever they had the opportunity. For example, the registered manager told us that one person lived with Alzheimer's. They had no family or support network. Through the contact the service made with the Alzheimer's Society, the client now regularly attends an Alzheimer's support group that protects them from social isolation.