

Amplelime Healthcare Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Amplelime Healthcare Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Not everyone using received a 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 our inspection the service was providing personal care to one person.

This inspection was the first inspection since the service was registered with the Commission on 14 August 2017.

What life is like for people using this service:

The service met the characteristics of requires improvement in three out of the five key questions.

- We found one breach of the regulations in relation to staff training. We also made recommendations in relation to recruitment, seeking consent and good governance.
- Staff had not been adequately supported to ensure that they received training that the provider deemed as mandatory in the service. There were no records to demonstrate care staff had been supported with induction and supervision.
- The systems for checking staff suitability to work with vulnerable adults was not consistently followed. Not all staff had the required number of references. We have made a recommendation in relation to safe recruitment practices.
- There were also good practices within the service.
- People liked using the service. We received positive feedback from relatives of people supported.
- People were protected against abuse, neglect and discrimination. Staff ensured people's safety and acted when necessary to prevent any harm.
- People were assisted to have maximum choice and control of their lives.
- Staff spoke passionately about their roles and wanting to provide quality care.
- Assessments had been carried out before people started using the service. Care records were comprehensive, and person centred. Reviews had been undertaken with the involvement of people and their relatives.

- There was good evidence that equality and diversity had been considered, in particular around those with protected characteristics such as culture race and religion.
- Staff knew people well. They had developed good relationships with people.
- There were up to date systems to support good governance and the monitoring of the service, however these had not been adequately implemented to ensure compliance with regulations.
More information is in the full report.

Rating at last inspection: This inspection was the first inspection since the service was registered with the Commission on 14 August 2017.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Enforcement: Information relating to the action the provider needs to take can be found at the end of this report.

Follow up: We will continue to monitor the service to ensure that people received safe, high quality care. Further inspections will be planned for future dates. We will follow up on the breaches of regulations and recommendations we have made at our next inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-led findings below.

Requires Improvement ●

Amplelime Healthcare Limited

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 was conducted on 22 January 2019.

Inspection team: This inspection was conducted by one adult social care inspector.

Service and service type: The service was a domiciliary care agency.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 24 hours' notice of the inspection visit because it is domiciliary care service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did: Our plan took into account information we held about the provider. We also considered information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners and safeguarding team who work with the service. Due to technical issues we had not received a provider information return (PIR). This is the 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 used all this information to plan our inspection.

During the inspection, we spoke with a relative of the person using the service to ask about their experience of the care provided. The person who received care was not able to share their views with us due to their communication needs.

We spoke with the registered manager, one of the directors. We attempted to contact staff on the telephone however this was unsuccessful. We looked at one person's care records and a selection of medicines administration records (MARs). We looked at other records including, recruitment and training records for all staff members and records of checks carried out on the premises and equipment.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe. Staff recruitment practices were not robust and there was no ongoing safeguarding and medicines management training.

Systems and processes

- The recruitment processes in place were not always safe. The relevant pre-recruitment checks, such as disclosure and barring service (DBS) checks had been undertaken appropriately and gaps in employment had been explored. However, we found robust and appropriate references were not always in place. Three of the files we reviewed contained one reference each and one file contained no references at all. The organisations' policy required that a minimum of two references must be obtained before staff were appointed. Identity records for prospective care staff had been checked however this was not consistent as some files had no evidence to show that the provider had checked people's identity. The registered manager told us they had seen the identity records during interviews however they had not obtained copies. They took immediate action to address some of our concerns during the inspection.

We recommend the registered provider to follow safe recruitment guidance this can be found under Schedule 3 of the Health and Social Care Act, 2014.

- Staff members were provided with guidance on what actions they would take if they had any safeguarding concerns and informed us they had received safeguarding training from their previous employers. However, there was no ongoing safeguarding training provided by the service. We spoke to the registered manager who showed us they had signed up with an established training provider who will be providing staff with training. This was still work in progress at the time of our inspection. We have covered shortfalls in training in the question is the service effective.

- The relative we spoke with told us they felt their family member was safe and were full of praise about the care support provided.

- Records we saw contained information about safeguarding policies and procedures. The policies were up to date however they had not been followed in relation to safeguarding training.

Using medicines safely

- Records we reviewed showed that medicines were, in the main managed safely.

- Records we saw demonstrated people received their medicines safely by trained members of staff. Medicine administration records (MARs) had been completed accurately and in full and a new improved MAR had been introduced.

- While staff had received training from their previous employers, they had not received ongoing medicines

training since commencing their employment with the provider. This meant people were not assured they would receive their medicines as prescribed by staff who have the right competences.

- MAR records were brought back to the office for auditing to ensure any concerns were highlighted promptly.

Assessing risk, safety monitoring and management

- There were up to date procedures for managing accidents and incidents and staff had been provided with guidance on how to respond to any accident or incidents. There had been no incidents reported since the service was registered.
- Emergency procedures for keeping people, staff and others safe, were in place, this included a lone working policy.
- Risks of falls, skin breakdown and risks associated with nutrition had been assessed and identified and plans were in place on how to manage these risks. The assessments took into consideration people's own strengths and capabilities.
- A variety of environmental risk assessments had been completed including guidance for staff in the event of an emergency while working in people's homes.

Learning lessons when things go wrong

- There had been no incidents that had occurred at the service. However, systems for learning from incidents were in place and the registered manager knew how to implement the procedures in the event they needed to do so.

Preventing and controlling infection

- Care staff members were responsible for supporting people with cleaning and for the laundering of people's clothes. They were also responsible for preparing meals. We saw there was an infection control policy. However, only one of the staff had up to date training in infection control and food hygiene. Staff had been provided with personal protective equipment such as gloves.

Staffing levels

- One care staff member was provided to support the person for a period of time as the service was offering a 'live-in' service. This is where a care staff member stays with a person in their home while caring for them.
- Rotas reflected the staffing levels the registered manager told us were in place.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff skills, knowledge and experience

- Relatives of people who used the service felt staff had the skills, knowledge and experience to meet their needs. However, we found shortfalls in training arrangements at the service. There was no arrangement for the provision of ongoing training to staff employed at the service.

- While some care staff had been employed with valid training from their previous employers, we found four of the five staff files we checked did not have evidence of current or previous training.

- Supervisions and spot checks were informal and had not been recorded.

- The registered manager informed us that on commencement to their roles staff completed an induction programme. We saw an example of the guidance provided to staff which covered various aspects of health and social care and the provision of care under the 'live -in care' arrangement. However, there was formal records to demonstrate the induction completed.

- At the time of the inspection there was no training matrix to show what training the provider had deemed mandatory for the role. Evidence from staff files showed there were shortfalls in various areas including safeguarding, medicines management, mental capacity to name a few. We discussed this with the registered manager who agreed the action needed to be taken. They told us they were in the process of making arrangement with a new training provider. After our inspection, the registered manager confirmed a new training provider had been allocated and they sent us a training matrix showing the courses that staff will be required to complete. We would expect this to have been done without our intervention.

- There was a failure to ensure that all staff had received such appropriate support and training as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring consent to care and treatment in line with law and guidance

- 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 to receive care and treatment with appropriate legal authority. In people's own homes, this is usually through MCA application procedures called the Court of

Protection. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Consent forms were in place for various areas of care. However, family had signed all consent records. While they had legal authorisation to do so. There was no evidence to show the person had lost capacity to consent such as capacity assessments.

- There was no evidence mental capacity assessment to determine why the person could not sign on their own. However, evidence from the care records demonstrated there was a focus on giving people choice and control of their day to day life.

We recommend the provider considers current best practice guidance on meeting the requirements of MCA.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to access a varied diet which included people's individual likes as well as meals to meet people's religious and cultural needs. There was a strong emphasis on ensuring people eat healthy to achieve the best outcomes.

- Records of care contained detailed nutrition and hydration risk assessment and plans.

Adapting service, design, decoration to meet people's needs

- The service was run from a modern office with adequate accommodation for staff and visitors.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Care and support was planned, delivered and monitored in line with robust pre-admission assessments. The registered manager had taken time to look after the person who received care to ensure they understood their needs and to ensure staff had effective guidance to follow when caring for people. Regular reviews were undertaken that ensured staff had access to current information about people and how to deliver effective care to them.

- Self assessments that had been carried out by family members were also included in the care records to ensure the effective care for people.

Staff providing consistent, effective, timely care within and across organisations

- We observed there were up to date care plans in place which detailed how people were to be supported.

Supporting people to live healthier lives, access healthcare services and support

- Care records we looked at showed people were referred to the relevant professionals when there was a health need.

- We saw people had access to external health care professionals such as GPs and occupational therapists.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- We asked relatives of people who used the service if they felt staff were kind and caring. They informed us staff were compassionate kind and treated their family member with dignity.

- Staff were given clear guidance on how best to communicate with people. There were clear communications plans that had been written to provide staff with guidance. This also included a significant input from family who knew their relative better.

Supporting people to express their views and be involved in making decisions about their care

- Our review of care records and feedback from a relative, showed staff supported people who used the service to make decisions about their care and support, including what activities they engaged in. We saw care records emphasised on promoting choice and ensuring people could make their own decisions as far as possible.

- The amount of information contained in care records demonstrated the views of people using the service and their family members had been sought. Information about people's background, history, favourite past times and life experiences had been captured in care records.

Respecting and promoting people's privacy, dignity and independence

- Confidential information was being stored securely and in line with The General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

- Relatives told us that they were confident people who used the service were treated with dignity and respect.

- Staff promoted people's independence and encouraged them to do things for themselves.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- The values and ethos at the service promoted a person-centred approach. The registered manager informed us, "People are treated equally and with respect. We promote and maintain their independence as much as possible for their day to day living."
- Care plans set out how to meet people's needs in a personalised way. These were reviewed on a regular basis and updated when needs changed.
- Care plans reflected people's choices, wishes and preferences and things that were important to them. They also contained in-depth information about health issues which supported staff to care for people effectively. A relative told us, "I have confidence in the service provided and I am assured that [relative] is looked after well. They have supported her with her walking and that has been great."
- People's needs, including those related to protected characteristics, were identified. We saw a detailed equality and diversity care plan was in place and included such needs such as specific diets in line with people's religion or cultural needs.
- People were supported to engage in activities of their choosing. The only person receiving care at the time of the inspection had accessed the local community to meet their religious needs and socialise with their family and friends.

End of life care and support

- No one was receiving end of life care and support at the time of our inspection. However, end of life policies and procedures were in place, which were accessible to staff. Only one staff member had completed training in end of life. As mentioned in the effective section of this report, we discussed training requirements with the registered manager.
- Improving care quality in response to complaints or concerns
- The service had a complaints policy and procedure in place.
- People knew how to raise concerns if they needed to. No complaints had been received.

Is the service well-led?

Our findings

Well-led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The service was not consistently well-led. We identified one breach of the regulations in relation to staff training during this inspection. We have also made recommendations in relation to safe recruitment practices and mental capacity. The registered manager did take immediate action to address some concerns during our inspection and sent us evidence of actions that they had taken following the inspection. However, we would expect these issues to have been resolved without out intervention.

- A relative we spoke with felt the service was well managed. They told us, "It is well managed by the [registered] manager, and she will implement any changes we suggest.

Continuous learning and improving care

- The provider had up to date systems and processes including policies for monitoring the service. However, we found the policies had not been effectively implemented to assist them in the continuous development and monitoring of the service. All policies were up to date and reflected best practice and national guidance.

- Whilst they had the system for auditing the quality of the service, they failed to formalise the systems which could have helped identify some of the issues we raised during our inspection.

- We did not see evidence to demonstrate the provider conducted formal audits to ensure the quality of the service. Including staff file audits and medicines audits.

We recommend the provider and registered manager review the auditing and quality monitoring systems to ensure this is robust, to drive improvements.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- The registered manager promoted openness and transparency throughout the staff team.

- Policies, procedures and best practice guidance was available and accessible to staff to support them in their roles.

Engaging and involving people using the service, the public and staff.

- Staff meetings were not held. However, the registered manager informed us that they keep regular contact

with their staff to check that they are managing.

- Meeting had been held with relatives during the review of the care and regular contact had been maintained.

Working in partnership with others

- Evidence we looked at demonstrated the service worked in partnership with the wider stakeholders to ensure it maintains compliance. Records noted the involvement of GP, mental health teams, social workers and commissioners of people's care.

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 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure that persons employed by the service provider in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18 (2)(a)(b) HSCA RA Regulations 2014 Staffing