Amelia Home Care Limited

Amelia Home Care

Inspection report

89 Brook Avenue
Edgeware
Middlesex
HA8 9UZ

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19 April 2016

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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

We carried out an inspection of Amelia Home Care on 19 April 2016. This was an announced inspection where we gave the provider 48 hours' notice because we needed to ensure someone would be available to speak with us.

Amelia Home Care is a domiciliary care service providing personal care to people in their own home. At the time of our inspection there were nine people who received personal care from the agency. The service had not had an inspection done previously.

The service had two registered managers 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.

Some risk assessments were not updated to reflect people's current needs and did not take into consideration people's health needs. When a risk was identified, assessments did not provide clear guidance to staff on the actions they needed to take to mitigate risks in protecting people such as skin integrity, moving and handling and medicines.

Staff provided support with medicines for people to self-administer their medicines, prompting people and recording medicines intake on medicines administration (MAR) charts. Medicines audits were not being carried out to ensure medicines were being managed safely.

People's capacity was being assessed and some people were determined to have limited judgement. However, the assessments did not specify what area's people did not have capacity and we did not find evidence of best interests meeting being held to make a decision on the person's behalf. Assessments were not being completed in accordance to the Mental Capacity Act 2005 (MCA).

Staff told us there were supported by the management team. However, although appraisals were being completed, formal one to one supervisions had not been carried out with staff members.

We did not see documentary evidence that audits were being carried out on people's and staff records such as care plans, risk assessments and supervision that would have helped identified the issues we found during the inspection.

People had choices during mealtimes and staff assisted with meals in accordance to people's preferences. Food was not being monitored comprehensively for one person with specific health concerns to ensure they had a healthy balanced diet. This was fed back to the registered managers and a food intake chart was created to monitor the person's food intake.

People were protected from abuse and avoidable harm. People told us they were happy with the support received from the service. Staff knew how to report alleged abuse and were able to describe the different types of abuse. Staff knew how to 'whistleblow'. Whistleblowing is when someone who works for an employer raises a concern about a potential risk of harm to people who use the service.

People were supported by suitably qualified and experienced staff. Recruitment and selection procedures were in place and being followed. Checks had been undertaken to ensure staff were suitable for the role. Staff members were suitably trained to carry out their duties and knew their responsibilities to keep people safe and meet people's needs.

People were supported to plan their support and they received a service that was based on their personal needs and wishes. People were involved in the planning of their care and the care plan was then signed by people to ensure they were happy with the care and support listed on the care plan.

Questionnaires were completed by people about the service, which were positive. Spot checks were carried out to provide feedback to staff on areas that needed improving.

There was a formal complaints procedure with response times. People were aware of how to make complaints and staff knew how to respond to complaints in accordance with the service's complaint policy.

People and relatives told us that staff communicated well with them. However, people's ability to communicate was not recorded in their care plans.

People were supported to maintain good health and appropriate referrals to other healthcare professionals were made.

People were encouraged to be independent and their privacy and dignity was maintained.

Staff meetings were held regularly.

We identified breaches of regulations relating to consent, staffing and risk management. You can see what action we have asked the provider to take at the back of the full version of this report.

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

Some aspects of the service were not safe.

Some risk assessments were not updated to reflect people's current circumstances and health needs.

Medicines audit were not being carried out to ensure the safe management of medicines.

People were protected by staff who understood how to identify abuse and who to report to.

Recruitment procedures were in place to ensure staff members were fit to undertake their roles and there were sufficient numbers of staff available to meet people's needs.

Is the service effective?

Requires Improvement

Some parts of the service were not effective.

People's rights were not being consistently upheld in line with the Mental Capacity Act 2005 (MCA).

Supervision was not consistently carried out with staff.

Food was not being monitored comprehensively for one person with specific health concerns to ensure they had a healthy balanced diet.

Staff members had the skills and knowledge to meet people's needs.

Staff supported people with accessing healthcare provisions.

Is the service caring?

Good

The service was caring.

There were positive relationships between staff and people using the service. Staff treated people with respect and dignity.

People had privacy and staff encouraged independence.

Staff knew people well and had a good knowledge and understanding on people's background and preferences.

Is the service responsive?

Good

The service was responsive.

Care plans included people's care and support needs and staff followed these plans.

People participated in activities where this was identified as part of their care needs

There was a complaints system in place. People knew how to make a complaint and staff were able to tell us how they would respond to complaints.

Is the service well-led?

Requires Improvement

One aspect of the service was not well-led.

Audits were not being carried out on people's care and staff records to ensure high quality care was being delivered.

Spot checks were carried out and communicated to staff.

Quality monitoring systems were in place for people to provide feedback. The results of the surveys were positive.

Staff meetings were being held regularly.

Staff were supported by management and told us that there was a positive and open culture.

Amelia Home Care

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 was planned to check 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.

The inspection was carried out on 19 April 2016 and was announced. The inspection was undertaken by a single inspector.

Before the inspection we reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting people's safety and wellbeing.

During the inspection we looked at five care plans, which consisted of people receiving personal care in their own home. We reviewed five staff files and looked at documents linked to the day to day running of the agency including a range of policies and procedures. We also looked at other documents held at the service such as quality assurance audits and risk assessments and staff meeting minutes. We spoke with both registered manager, the provider and one staff member.

After the inspection we spoke with two people, four relatives and two staff members.

Requires Improvement

Is the service safe?

Our findings

People and relatives we spoke to told us they were safe at the service and had no concerns. Two people told us, "Yes" when we asked them if they felt safe when receiving personal care from staff. A relative told us, "I am very happy with them [Amelia Home Care]" and another relative commented, "It is very good, no abuse here." Despite these positive comments we found that some aspects of the service were not safe.

Risk assessments were undertaken with people to identify any risks around the premises, infections, hazards, fire safety, and psychological issues. Assessments involved people and were signed by the people to ensure they agreed with the contents on the risk assessment. However, when a risk was identified it did not provide clear guidance to staff on the actions they needed to take to mitigate such risks to ensure the safety of the person. For example, on one risk assessment we found the floors to a service users home was slippery and there were cables on the floor but we did not see evidence on how staff should mitigate the risks.

We found assessment had not been carried out specific to most people's needs. For one person who took a medicine that could lead to serious health complications, risk assessments were not completed on how to mitigate these risks, such as to ensure the person was moved safely and to check skin integrity. For people that needed support with moving and handling, we did not see a risk assessment in moving and handling to ensure people were moved safely. The assessments did not include risks associated with moving and handling, such as their weight, height, area of pain, postures, behaviour, level of mobility and if people could follow instructions. Moving and handling assessments were not specific for those people who used wheelchairs.

Records showed some people had specific health concerns such as high cholesterol, diabetes, and parkinson disease. Risk assessments were not completed to demonstrate the appropriate management of these risks in order to minimise them leading to serious health complications. One person's risk assessment listed a person to have a specific health condition that may present a risk to others and to the person, however no guidance was included on how to mitigate this risk.

We found that one person had 'moisture sore', which is skin damage as a result of excessive moisture. However we did not see evidence if the person's skin integrity was assessed using Waterlow score to determine the risk level and when a referral should be made to health professionals such as the district nurse or tissue and viability nurse. Without current and accurate assessments of skin integrity, it would be difficult for the service to determine the type of care and treatment needed to prevent serious skin complications.

We fed this back to the management team, who assured us that improvements would be made and showed us evidence that they were in the process of making the required improvements with risk assessments.

The above issues related to a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

The registered manager told us that people self-administered medicines but were supported by staff to manage and take their medicines on time. This was confirmed by people and relatives we spoke to. Medicines and recording sheets showed people were given the required medicine regularly. The staff we spoke with confirmed that they were confident with managing medicines. We saw evidence that staff had been trained in medicines. We found that audits in medicines were not being carried out to ensure that people were being assisted by staff to take their medicines and on time and to identify any issues or areas for improvement. The provider assured us that audits to ensure the safe management of medicines will be carried out.

Staff and the registered manager were aware of their responsibilities in relation to safeguarding people. Staff had undertaken training in understanding and preventing abuse and up to date training certificates were in staff files. Staff were able to explain what abuse was and who to report abuse to. They also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the local authority.

People told us that staff were reliable and had no concerns on staff punctuality and the support they received was what they expected. A comment from a person included, 'She [staff] stays with me for a while when asked." People told us that on the occasions that staff were late then the service would notify them in advance. One person commented, "They [staff] are very good, if they are late, they phone and let me know." A relative commented, "He [staff] comes exactly on time." The registered manager told us that they had introduced a system, which was a phone in policy for staff to alert them if they were going to be late or not able to come into work. This enabled alternative arrangements to be quickly made to ensure that the required support could be provided. All of the people we spoke with felt that they had consistency with the staff that provided the care and support. The staffing rota confirmed that staff were always available to deliver personal care in people's home and if the staff member was off from duty then there was appropriate cover.

People felt that there were enough staff to provide them with the support they needed in a safe way. The registered manager told us that they had a system that made sure there was enough staff to meet people's individual needs safely. The registered manager said that on occasions such as staff sickness or holidays they had access to bank staff or another member staff would be called to provide cover. This meant that people did not go without the care and support they needed. A staff member told us, "We do have enough staff."

Records showed the service collected references from previous employers, proof of identity, criminal record checks and information about the experience and skills of the staff. The registered manager told us staff members did not commence employment until pre-employment checks had been completed. This corresponded with the start date recorded on the staff files. This minimised the risk of inappropriate staff being employed by the agency.

Requires Improvement

Is the service effective?

Our findings

People told us that staff members were skilled and knowledgeable. One person told us, "The one's [staff] I got know what they are doing, it is very good." Another person commented, "They [staff] are very good." A relative told us, "They [staff] know what they are doing, very aware" and another relative commented, "They [staff] are knowledgeable." Despite these positive comments we found that some aspects of the service were not effective.

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.

We checked whether the service was working within the principles of the MCA.

We found assessments did not follow the MCA principles evidencing decisions that were taken was in their best interests. One of the staff we spoke to was not able to explain the principles of the MCA.

Care plans had a section addressing people's mental state and ability to make judgements. This did not cover the elements of capacity, namely can the person understand, retain, and weigh the information, and make a decision on the information. We found two people were assessed to be either confused or had limited ability to make judgments, these assessments did not detail specific decisions that people did not have the capacity to make and we did not see any evidence of best interest meetings or decisions being made for the person. We fed this back to the management team who assured us improvements will be made and people will be assessed using the principles of the MCA.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Staff told us they always asked for consent before providing care and treatment. One comment included "We do ask for consent before providing support." People confirmed that staff asked for consent before proceeding with care or treatment when providing personal care.

The provider's supervision policy showed that formal supervisions and appraisals should be carried out with staff regularly. When we spoke to staff, they told us they were supported by the management team, one staff member told us, "Management are very supportive." Although we found evidence that appraisals were being carried out with staff that included objectives and developmental needs, we did not see evidence that formal one to one supervisions were being carried out. We fed this back to the registered manager who told us that formal one to one supervision were not held previously with staff however, supervisions will be carried out regularly.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

We noted that one person had a specific health condition that required a nutritious and balanced diet. The service assisted the person with their meals as part of the care package. The person's care plan outlined that the person to be given healthy nutritious meals and to ensure sugar was not added to beverages and meals. Food intake was being monitored for the person and recorded on the daily notes. However, the notes did not fully reflect the amount the person ate and if the meal was nutritious and healthy. We recommended that the food intake was monitored or recorded through a food intake chart which showed the types of food that was consumed by the person and the amount that was eaten to ensure the person was on a balanced diet to avoid serious health complications. This was implemented immediately and a food intake chart was created by the management team to monitor the person's food intake. Staff were able to tell us what to do if the person was not maintain a healthy diet such as referring to a dietician or a GP.

The staff members we spoke with told us that they received induction training when they started working at the service and records confirmed this. Staff confirmed that the induction training was useful which included opportunities to shadow a more experienced member of staff and look at care plans. This made sure staff had the basic knowledge needed to begin work.

Records showed that staff had undertaken mandatory training before providing personal care and had received training in the Care Certificate, which is a set of standards that social care and health workers adhere to in their daily working life. Training included equality and diversity, person centred care, mental health, duty of care, nutrition and privacy and dignity. Staff told us that they had easy access to training and had received regular training. One staff member told us, "We have lots of training."

The registered manager told us that people did their own food shopping and made their own food. The people we spoke with confirmed this. Records showed one person received support with meals as part of their care package from the service and this was listed on the person's care plan. The care records showed the person required limited assistance with meals and did their own shopping, the registered manager confirmed this. The registered manager told us that they encouraged healthy eating and the staff we spoke with confirmed they promoted healthy eating and monitored any changes in the wellbeing and needs of people they cared for on an on-going basis.

People and relatives told us that healthcare needs were met. One person told us, "So far I haven't had any concerns." People's care plans listed details of health professionals such as GP and also included their current health condition. The staff we spoke with told us people had access to healthcare professionals particularly if they were unwell. Staff gave us examples of where they were able to identify if the person was not well such as looking at their body language, facial expression and response, a staff member told us, "If she is not feeling well, I make appointments with the GP first." The registered manager told us that people required limited support with health appointments as they were supported by their family members and people confirmed this. Records showed that one person was supported with healthcare appointments and staff confirmed that the person was supported with these healthcare appointments regularly. One relative told us, "They are always watching out for [relatives] health."

Good

Is the service caring?

Our findings

People and relatives that we spoke with were happy with the staff and spoke positively about their relationship with them. They told us that staff were caring, friendly and treated people with respect. One person told us, "The staff are very friendly". A relative told us, "They [staff] are extremely friendly, most courteous." The staff members spoke fondly of the people and told us they build positive relationship with people by spending time and talking to them regularly. People confirmed that they had good relationships with staff, one person told us, "I have good relationship with them, they [staff] are excellent."

We found the care plans completed by the service contained information about the needs of people and duties required. This enabled staff to support people in a meaningful way that recognised their individuality and preferences.

The staff member we spoke with demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. Staff were able to tell us the background of the people and the support they required. Staff told us that they received information on the needs of people using the service and were given time to read people's assessments, care plans and risk assessments. This helped staff to gain an understanding of the needs of people using the service and how best to support them. People told us that the staff understood how to meet their needs and provided a personalised service that promoted their dignity, privacy and independence. The staff told us they always encouraged people to do as much as they could to promote independence. People confirmed this, one person told us, "They [staff] let me do things by myself." A relative commented, "They [staff] try to make him [relative] do couple of steps and they do exercise."

Staff had received training on privacy and dignity as part of their Care Certificate training, this had helped them to understand how to provide person centred care and maintain confidentiality. The staff we spoke with understood that personal information about people should not be shared with others and told us that when providing particular support or treatment in people's home, it was not done in front of people that would negatively impact on people's dignity. One person told us, "They respect my dignity, very happy with them." A relative told us, "They [staff] close the door when bathing my husband, they are very discreet." Both people and relatives said that staff respected people's privacy and would always knock and wait for permission before entering their room. One person told us, "They let me know when they come." A relative commented, "They [staff] respect privacy, they do not just barge in."

The service had an equality and diversity policy and staff members were trained on equality and diversity. The staff member we spoke with told us that they treated people equally; people and relatives confirmed this and had no concerns about staff approach. Cultural and religious beliefs were discussed with people. Their preferences were recorded in care plans.

People and relatives told us that staff communicated well and took the time to make sure that they were involved in their care. They felt that staff explained clearly before going ahead and carrying out any care tasks. We saw a relative complimented a staff member on their communication skills. However, we noted

that people's ability to communicate and how staff should communicate with people were not recorded in people's care plan. This did not identify the types of approach staff should use to communicate with people when providing personal care. This was raised with the registered managers who told us this will be recorded.

Good

Is the service responsive?

Our findings

We asked people who used the service or their relatives if they found the service provided by Amelia Home Care to be responsive to their needs. People spoken with confirmed the service was responsive and that staff were attentive to their needs. Relatives confirmed this. One person told us, "She [staff] does everything, very efficient." A relative told us, "He [relative] uses zimmer frame, they are always behind him to support" and another relative commented, "They [staff] always listen."

All care plans had a personal profile outlining health conditions, current medication, nutrition, identity, religion, and mobility. There was a social interaction section for people providing information on how people socialised. This helped staff to understand people's preferences and interests and helped develop positive relationships and provide personalised care. There was a daily log which staff completed, which consisted of daily activities and support provided for each person. These daily logs provided staff with information so they could respond to people positively and in accordance with their needs.

Relatives and people we spoke to expressed confidence that any changes in people's care were responded to promptly and efficiently so that staff knew what was going on. One relative told us, "They let me know of any changes to his care and support." Another relative confirmed to us that they and the person receiving care were regularly consulted to see if the person's needs had changed and whether the plan for their care needed to be changed in any way. Staff said that they felt there was enough information within people's care plans for them to understand what support people needed. They were able to tell us in detail about the needs of the individuals they were supporting.

People's care plans were personalised and person centred to people's needs and preferences. People were asked on their preferred gender of the care worker and this was accommodated and recorded on their care plan. Staff told us they get time to provide person centred care. The registered manager told us that they always provided staff time to provide person centred care and also build good relationship with the people they supported. Staff confirmed this, one staff member commented, "I have time to speak with them." We found that people had input into the care plans and choice in the care and support they received. Care plans were signed by people to ensure they agreed with the information in their care plan. A relative told us when asked if they were involved in care planning, "I have had an interview, someone came in and spoke to me."

People were assessed before being offered a service in order to ensure the service could cater for their needs. Admission sheets confirmed people were assessed and reviewed important aspects such as their care needs and if support could be offered. We found that the admission sheets did not include important information such as people's health conditions current medicines and communication level. The registered manager told us they speak to people and their relatives in details about their condition and needs in order to ensure people get the right support and if the agency could provide the required support and this was recorded on their care plans.

There was a daily log sheet and communication record, which recorded key information about people's daily routines such as behaviours and the support, provided by staff after each visit. The registered

managers and staff we spoke with told us that the information was used to communicate between shifts on the care people received during each shift.

For some people, support with social activities and accessing the community was part of their care package. Staff were able to tell us about the things people liked. A staff member told us how they would look at the person's needs and interests before planning the activity and recognised what environmental issues might make the person anxious. The information they gave us was consistent with what we had seen in the person's care plan. One staff member told us, "I play cards and go to the garden centre, she likes gardening." A relative told us, "He [staff] is learning French with my husband." This showed that staff were aware of the importance of delivering care that was centred on the needs and preferences of each individual.

People told us that they did not have any complaints about the service and felt they could raise concerns if they needed to. One person told us, "No complaints at all, last two months have been perfect" and a relative commented, "No concerns, he [staff member] satisfies him [relative]." When we spoke to the staff on how they would manage complaints, they told us that they would record the complaint and inform the registered manager and deal with the complaint as much as possible, which corresponded with the complaints policy. We found the complaints that had been received were documented, investigated in full and appropriate action had been taken.

There were complimentary cards from relatives and people thanking staff for looking after their family members. Compliments from one person included, "With many thanks for your good service." A relative commented, "I felt compelled to congratulate you all and tell you although the challenges you face are probably frustrating, the service you provide is priceless." Another relative commented, "My mum likes her [staff member] very much. I was also impressed with her approach, it was just right."

Requires Improvement

Is the service well-led?

Our findings

We asked people and their relatives if they found the service provided by Amelia Home Care to be well led. People and relative spoken with confirmed they were happy with the way the service was managed. One person told us, "Very pleased with them [Amelia Home Care]." A relative told us, "I am very happy with Amelia Care."

The registered manager told us spot checks were carried out, which included observing staff when they were caring for people to check that they was providing a good quality service and the results were communicated to staff. Records and staff confirmed this. Spot checks were carried out as part of the Care Certificate training that staff were working towards and highlighted areas of improvements and best practise. Results of the spot checks were communicated to staff.
However, we did not see documentary evidence that audits were being carried out on people's and staff records such as care plans, risk assessments and supervision that would have helped identified the issues we found during the inspection and ensure high quality care was being delivered.

The service had a quality monitoring system which included questionnaires for people who received personal care from the service. We saw the results of the recent questionnaires, which included questions around staffing and service. The overall feedback was positive. The provider should note that we did not see systems were in place to analyse the result of the survey to make continuous improvements of the service. Comments by people from the survey included, 'She [staff] does it [tasks] brilliantly. I love her to bits, she is lovely.' Another person comment on the survey included, 'I find Amelia Care very helpful. I am happy with care.'

Staff, people and relatives had no concerns about the management and leadership of the service. They expressed the view that the registered managers were very approachable and always listened to their views and concerns. Those who had dealings with the registered managers also described them as approachable and open to suggestions. The management team understood the specific needs of individuals using the service and had built up a positive relationship with them and their family members.

Staff, people and relatives confirmed that they were always able to contact a member of the management team. They said that this could be by e-mail or telephone. They told us that, if they left a message, they always received prompt call back when it was needed or requested. Staff spoken with were very enthusiastic about how much they enjoyed their work and expressed that morale was high. Staff told us that they were supported in their role, the service was well-led and there was an open culture where they could raise concerns and felt this would be addressed promptly. One staff member told us, "They [registered managers] are very supportive, I have regular conversations. They are good managers." A relative told us, "She [registered manager] is a good manager, she called yesterday to check his [relative] well-being."

Staff meetings minutes showed staff discussed training needs, care plans, staffing and about the people living at the service to ensure issues or concerns were addressed as a team and relevant action was taken if required.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment was not always provided with the consent of the relevant person as the registered person was not always acting in accordance with the Mental Capacity Act 2005. (Regulation 11(1)(3)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users (Regulation 12(2)(b)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not receiving appropriate ongoing or periodic supervisions in their role to make sure competence is maintained (Regulation 18(2)(a)