

Amy Adams Homecare UK Limited

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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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 15 November 2018 and was announced. We gave the registered manager 48 hours to make sure someone was available to meet with us. At our previous comprehensive inspection of the service on 23 October 2017 we found the service was breaching regulations in relation to safe care and treatment, consent, staff support and good governance and rated the service requires improvement. At this inspection we found the provider had made the necessary improvements and we rated the service Good.

Amy Adams Home Care UK Limited provides care and support to older adults in their own homes. At the time of our inspection there were 18 people receiving care and support from the service. The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider managed risks to people's care, including those relating to medicines management and infection control. Staff received training in managing medicines and the provider assessed staff were competent. Processes were in place to protect people from abuse and neglect including staff training.

There were enough staff to care for people. The provider checked staff were suitable to work with people. Staff received suitable training and support and supervision to help them meet people's needs.

People received support with their day to day health and in relation to eating and drinking when this was part of their agreed care package. People received care in line with the Mental Capacity Act (MCA) 2005 and staff received training to help them understand their responsibilities.

People liked the staff who cared for them and developed positive relationships with them. Staff treated people with dignity and respect and involved them in decisions about their care. Staff followed people's care plans which were reliable and sufficiently detailed about people's backgrounds and preferences.

People had confidence any concerns or complaints would be responded to appropriately by the provider. People were informed about how to complain when they began using the service.

The registered manager understood their roles and responsibilities and had audits in place to oversee the quality of care people received. The provider had systems to gather their feedback from people and staff. The provider followed guidance from external professionals as part of improving the service.

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

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

There were enough staff to care for people and the provider checked staff were suitable to work with people.

People's medicines were managed safely.

Good ●

Is the service effective?

The service was effective. Staff received a suitable induction, training and supervision to help them meet people's needs.

People's day to day healthcare and food-related needs were met.

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

Good ●

Is the service caring?

The service remained Good.

Good ●

Is the service responsive?

The service remained Good.

Good ●

Is the service well-led?

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

Systems were in place to gather feedback from people using the service and staff.

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 was a comprehensive inspection. The inspection took place on 15 November 2018 and was announced. We gave the provider 48 hours' notice of the inspection to make sure someone was available in the office to meet with us. The inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service

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

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

After the inspection our expert by experience spoke with 11 people using the service and three relatives to gather their views via telephone. Our inspector spoke with two care workers via telephone. We contacted five health and social care professionals and received feedback from two.

Is the service safe?

Our findings

At our comprehensive inspection in October 2017 we identified a breach in relation to safe care and treatment. The provider did not always assess risks to people's care and manage people's medicines safely. After our inspection the provider wrote to us setting out how they would become compliant. At this inspection we found the provider had followed their action plan and improved.

The provider assessed and managed risks relating to people's care. A relative told us, "They check the water temperature before they gave her a wash." A person told us, "They always make sure I can hold onto something before they try to get me up." The provider assessed risks relating to the care people received, considering how the environment and any health conditions may impact on risks. Comprehensive risk assessments were carried out for tasks such as moving and handling based on professional assessments from the occupational therapists. The provider put suitable management plans in place to guide staff in reducing the risks. The registered manager explained the risks to staff before they provided care to people and showed them how to reduce the risks in person. Our discussions with staff showed they understood how to reduce the risks to keep people safe. Risk assessments and management plans were reliable for staff to follow as the provider kept them under review.

People received their medicines safely. A person told us, "Staff make sure we take our medication." Staff received training in medicines management and the provider introduced competency assessments to check they followed best practice. The provider also introduced personalised risk assessments with clear guidance for staff on safe medicines management. Since our inspection the provider audited medicines records each month to check people received their medicines as prescribed. Medicines records showed the way staff recorded medicines management had also improved.

There were enough staff to care for people safely. People told us there were enough staff, staff provided care at the agreed times and never missed calls. The registered manager told us there were enough staff and they were also available to provide care directly to people if necessary.

People were supported by staff who were suitable to work with them. The provider carried out recruitment checks which included an interview, obtaining references from former employers, checking identification, health conditions, the right to work in the UK and criminal records. The registered monitored the suitability of staff to care for people during their probationary period by working directly with them and gathering feedback from people.

Risks relating to infection control were reduced by staff. Staff received training in infection control and any risks were identified in people's care records. Staff were provided with personal protective equipment (PPE) when providing care. Our discussions with staff showed they understood precautions to take when providing personal care and preparing food.

People were safeguarded from abuse. Staff received training in safeguarding adults and our discussions showed they understood their responsibilities. The provider was aware of the process to follow in

responding to any safeguarding allegations including reporting them to the local authority safeguarding team. The local authority compliance team told us there had been no statutory safeguarding investigations involving the provider in 2018. The registered manager responded to any accidents, incidents or near misses in and had systems to record them and look for any patterns to help improve people's care.

Is the service effective?

Our findings

At our comprehensive inspection in October 2017 we identified a breach of the regulation relating to staff support as there was a lack of staff supervision. After the inspection the provider wrote to us setting out how they would improve. At this inspection we found the provider was now compliant.

People received support from staff who were well supported. A person told us, "Staff are very well trained to do the job." Records showed staff received regular supervision during which they reviewed the best ways to care for people as well as their training needs. Staff also received an annual appraisal to review their performance and set goals for the coming year. The provider checked the competency of staff to provide care during observations and spot checks and gathered feedback from people as part of this. Staff received regular training in topics including first aid, privacy and dignity and person-centred care to keep their knowledge up to date. Staff also received an induction which included three days shadowing the registered manager who checked they provided care to people in line with their care plans. Staff told us the registered manager supported them well and was readily available to guide them when required.

At our last inspection we found people were not always supported in line with the Mental Capacity Act 2005 (MCA). The 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. After our inspection the provider wrote to us setting out how they would improve. At this inspection we found the provider was now compliant.

A person told us, "They always ask my permission before they do anything, such as moving me into the bed or giving me a wash." The registered manager and staff told us there were no people using the service who they suspected lacked capacity in relation to their care. However, the provider had systems in place to consider whether an MCA was necessary and to make decisions in their best interest if they lacked capacity. The provider checked whether relatives had legal authorisation to make decisions for people and retained evidence on their files. The provider obtained written consent from people to provide care following their care plan and staff understood people could withdraw their consent at any time. Staff received training in the MCA and our discussions showed they understood their responsibilities in relation to the MCA.

People received food of their choice. One person told us, "They cook fresh healthy meals for me. They always check that I have lots of drinks and water nearby before they leave me." A relative said, "[My family member] is well looked after. Meals and drinks are prepared when requested." We saw communication from one person which read, "My care worker's knowledge of English food and how to cook it is very good." People needed minimal support to prepare food at the time of our inspection. However, staff were available to prepare food according to people's needs and preferences including any cultural or religious needs. People's dietary needs and preferences were recorded in their care plans for staff to refer to.

People received support with their day to day health. The provider assessed people's needs before they

began to provide care by meeting with people and their relatives and reviewing any professional reports. Staff were aware of people's healthcare needs and details were recorded in care plans for them to refer to. Staff were available to arrange and attend healthcare appointments such as GP or hospital visits. The registered manager worked closely with healthcare professionals involved in people's care, such as district nurses and followed their advice.

Is the service caring?

Our findings

As we found at our last inspection, people liked the staff who supported them and spoke positively about them. People and relatives described staff as, "Kind and caring", "brilliant," "fantastic," "very, very good", "friendly," "polite" "considerate and compassionate" and "helpful". One person told us, "I cannot fault them in any way" and a second said "Staff are always chatting to [my family member] and laughing with her." The local authority quality assurance team told us they visited people in their own homes earlier in the year and all were satisfied with the service and were positive about the care staff.

People continued to develop positive relationships with staff and staff were allocated sufficient time to get to know people without rushing. One relative told us, "If my husband is in a low mood sometimes then the support workers talk to him and try to cheer him up and they lift his mood." A second relative told us, "[My family member] has regular staff, but when they are on leave new ones are introduced to them before they come to work with [my family member] ." People told us they usually received care from the same care workers which meant they had consistency of care from people who understood their needs. The provider gathered information about people as part of the pre-admission assessment to help staff know more about people. Our discussions with staff showed they knew key information about people's backgrounds and what was important to them as well as what they liked to talk about.

People were treated with dignity and respect by staff who also maintained their privacy. One person told us, "Staff respect my wishes and my dignity as they always cover me with a towel." A second person said, "Staff close the curtains and placing a towel around me to preserve my dignity." People also told us the provider let them know if staff were going to be late although timekeeping was not an issue. One person told us, "If staff are running late they always phone us and let us know which is really good." Staff received training in dignity and respect and gave us examples of how they also ensured people were not uncovered unnecessarily during personal care.

People continued to be involved in decisions in their care and to make their own choices. For example, people had choice of the times they received care and had choice of food, clothes and activities. People were supported to maintain their independence as staff encouraged them to be involved in their care and to do as much as they wanted to. Staff also received training in promoting independence so people could remain in their homes for as long as possible.

Is the service responsive?

Our findings

As we found at our last inspection, care plans were based on people's needs and wishes and people were involved in developing them. The provider met with people and their relatives to gather key information about people during the pre-assessment and used this information to develop their care plans. People's care plans included information about their preferences, backgrounds, family and religious beliefs for staff to learn more about people. The provider improved the quality of care plans since our last inspection so information was more useful and clearer for staff to follow. The registered manager informed staff of people's needs and staff usually shadowed other staff in providing care before they worked with a person. Staff also read people's care plans before providing care and when they were reviewed to keep up to date with people's changing needs. Staff were available to support people to do activities they were interested in when this was part of agreed their care. The service did not provide care to people at the end of their lives at the time of our inspection so we did not look at this key line of enquiry.

Complaints and concerns were investigated and responded to appropriately. One person told us, "I'm thrilled with the service provided. Any small problems are resolved straight away." People had confidence in how the registered manager would respond to any concerns they raised. The provider recorded complaints and concerns to help them look for any patterns as part of improving people's care. The local authority told us there had been no complaints raised through them in 2018. The provider gave people information about how to complain in the 'service user handbook' when they began using the service.

Is the service well-led?

Our findings

At our January 2017 inspection we found the provider was in breach of the regulation relating to good governance as they lacked oversight of the service and had not identified or resolved the issues we found. After our inspection the provider wrote to us setting out how they would improve. At this inspection we found the provider had followed their action plan and was now compliant and people were no longer at risk of poor care due to poor governance. The provider had improved their oversight of risk assessments, medicines management, MCA, staff supervision and staff recruitment documentations since our last inspection with comprehensive audits and trackers to check they were meeting requirements. The provider's other governance processes remained suitable including regular reviews of people's care and spot checks of staff performance. The provider monitored the times people received care as part of spot checks of staff performance and gathering feedback from people and relatives.

People, relatives and staff were positive about the registered manager and found the service to be well-led. One person told us, "The manager is very friendly, easily accessible and always arranges visits when it's convenient for us." A second person told us, "I would recommend the service to others, I'm very happy with it." Although the registered manager did not have a background in managing similar services we found they had grown in their role and had improved their understanding of their role and responsibilities since our last inspection. The registered manager had improved their oversight of the service while remaining a visible leader who worked closely with people and staff. The registered manager continued to be a director of this family-run company. The registered manager attended forums held by the local authority where they provided care to keep up to network and keep up to date with any changes in the homecare industry.

The provider had systems to gather information from people and staff. The provider asked people for their views and experiences when they met to review their care and to carry out observations of staff performance. The provider also sent people a questionnaire each year to check their satisfaction levels. We viewed responses from the most recent questionnaire which showed all people except for one were happy with their care. The registered manager told us they took on feedback from the questionnaires as part of improving the service. The provider held staff meetings three to four times each year and staff told us they were able to share their views openly and also receive updates on service developments.

The provider liaised appropriately with external health and social care professionals. The local authority compliance team told us they had no current concerns about the service and were encouraged by their response to their guidance and desire to provide a good service.