

Amna Care Domiciliary Ltd

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Inspection report

Unit 2B
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South Shields
Tyne And Wear
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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 was an announced inspection which took place on the 11 July 2017. This was the service's first inspection since registration in July 2016. We made telephone calls to staff, people and their relatives in the week following the inspection visit to gather further feedback.

Amna Care is a domiciliary care agency which provides personal care and support to people in their own homes who have a variety of needs. The service is managed from an office located in South Shields. At the time of this inspection 110 people were using the service.

The service had a registered manager. 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.

We found that people's care was delivered safely and in a manner of their choosing. People were supported in ways that reflected their wishes and supported them to remain as independent as possible.

Where people's needs could not be met safely or effectively, provision of care was declined by the service.

People's medicines were managed well. Staff were vigilant to potential side effects and sought medical advice as needed when people's conditions changed. People and their family carers were encouraged to manage their own medicines if they wished. Issues with recording around medicines were being managed by the service through targeted training for staff to improve consistency.

Staff felt they were well trained and encouraged to look for ways to improve their work. Staff felt valued and this was reflected in the way they talked about the service, the registered manager and the people they worked with.

People who used the service were matched up with suitable staff to support their needs, and any requested changes were facilitated quickly. People and relatives were complimentary of the service and felt included and involved by the staff and registered manager. They felt the service provided met their needs.

There were high levels of contact between the staff and people, seeking feedback and offering prompt support when people's needs changed. People and their relatives felt able to raise any questions or concerns with the service and felt these would be acted upon.

When people's needs changed staff took action, seeking external professional help and incorporating any changes into care plans. People thought that staff were open and transparent with them about issues and sought their advice and input into their care.

The registered manager was seen as an effective leader, by both staff and people using the service. They were approachable, trusted and had created a strong sense of commitment to meeting people's diverse needs and supporting staff.

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.

People were protected from possible abuse as systems were in place to protect people from abuse. Staff said they would be able to identify any instances of possible abuse and would report any that occurred.

Staffing levels were sufficient to meet people's needs safely. Appropriate checks were carried out before new staff began working with people.

People received their medicines in a safe and timely manner. Improvements to recording of medicines were being made by the service.

Is the service effective?

Good ●

The service was effective.

Staff had access to the training they required to help them understand people's care and support needs. People's rights were protected.

Staff liaised with external professionals to make sure people's care and support needs were met.

People received the necessary support to ensure they had enough food and drink to meet their needs.

Is the service caring?

Good ●

The service was caring.

People and family members told us staff were caring and respectful towards them.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide individualised care for the person.

People were encouraged and supported to make choices and to

be involved in daily decision making.

Is the service responsive?

Good ●

The service was responsive.

Care records were completed and reviewed regularly to ensure people received support in the way they needed and preferred.

People felt supported as their needs changed over time and that the service was provided flexibly.

People had information on how to complain or raise issues about the service.

Is the service well-led?

Good ●

The service was well-led.

A registered manager was in place who encouraged an ethos of quality and compassion amongst staff and people who used the service.

Communication was effective and staff and people who used the service told us they felt listened to when they contacted the service.

The registered manager monitored the quality of the service and looked for any improvements to ensure that people received safe, personalised care.

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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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 July 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector and an expert- by- experience. An expert- by- experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert- by- experience supported the inspection by telephoning people and their relatives to gather their experiences of the care and support being provided.

Before the inspection we reviewed information we held about the service including the notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also contacted local authority commissioners of the service for feedback.

During the inspection we spoke with six staff including the registered manager, six people, six relatives and an external professional. 11 care records were reviewed as was the staff training programme. We also reviewed complaints records, four staff recruitment files, staff induction/supervision and training files, and staff meeting minutes. The registered manager's quality assurance process was discussed with them and other documents related to the management of the service.

Is the service safe?

Our findings

People and their relatives told us they felt the service offered was safe and considered people's safety and wellbeing. One person told us, "I am very happy with them".

Staff had received training, had an understanding of safeguarding and knew how to report any concerns they might have. They told us they would report anything to the registered manager. Staff told us they currently had no issues and would have no problem raising concerns if they had any in the future. The provider's safeguarding policy had taken into account the local authority reporting procedures and appropriate information was shared with the local authority safeguarding team. One person raised an issue with us about staff shopping for them. We discussed this with the registered manager who showed that action had been taken to remedy the situation and learn from this incident to ensure this person was supported more consistently with shopping.

Staff told us they felt safe and were protected by the lone working procedures in place in the organisation for their safety. For example, when working on late night visits they had an on call number they could ring for assistance. One staff member told us they felt the registered manager and 'on call' worker would always be available when they needed them.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. For example, for fall risks or moving and handling risks and the use of equipment. The assessments were regularly reviewed to ensure they reflected current risks to the person. They formed part of the person's care plan and there was a clear link between care plans and risk assessments. These records contained instructions for staff to follow to reduce the chance of harm occurring, while supporting people to take measured risks to help maintain their independence.

We saw that staffing required to support people was part of the initial assessment carried out by the registered manager. For example, people had two staff to support them when using a hoist or stand aid to mobilise. People told us that staff mostly arrived on time and stayed for the correct period of time.

Staff were aware of the reporting process for any accidents or incidents that occurred whilst delivering care. These were reported directly to staff at the office. We saw follow up action was taken after each incident for example seeking medical attention or reviewing the risk assessment.

We found the provider had a robust recruitment system in place. This helped to ensure only suitable people were employed to care for vulnerable adults with complex needs. The registered manager told us how they highlighted new staff on their computerised system so they could not work until all necessary pre-employment checks had been completed. Staff confirmed they had undertaken these checks before starting to work with people.

People told us they were both prompted and supported by staff to take their medicines safely. Staff were

trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed. Staff told us and records confirmed they were provided with the necessary training and staff felt sufficiently skilled to help people safely with their medicines. The registered manager's audit process had highlighted staff were not consistent in how they recorded medicines, sometimes in daily logs and not on the medicines administration record (MAR). We saw that after this was identified, action had been taken and extra training had been targeted towards specific staff. Records showed an improving picture of recording in the MAR's by staff. Where medicines errors had occurred, the service took robust action, seeking medical advice if required. People's feedback showed that staff were suitably supporting them with their medicines.

Staff were provided with protective clothing, had completed training in infection control, and had access to supplies of gloves and aprons which were kept in the office. We saw that audits and spot checks reminded staff of the need to use appropriate gloves and checked these were in place.

Is the service effective?

Our findings

Feedback from most people and their relatives was positive about the effectiveness of the service. One person told us, "I think they are all very good" and another said, "They come and do what they can do. Yes I think they are well trained". Relatives gave us similar feedback, one told us, "Yes, I think they are well trained generally".

From records of staff induction we could see that all staff went through a common induction process in line with the care certificate. All staff had attended training in key areas identified by the provider such as moving and handling. The registered manager kept a record of all staff showing when refresher training was needed. Regular observations of staff were carried out by senior staff to ensure they were following care plans. Staff then went onto study the Diploma in Health and Social Care.

We looked at staff supervision and appraisal records and saw there was day to day contact with staff where the registered manager or office co-ordinators visited people and spoke with staff. Records were kept which showed that formal supervision took place regularly and in line with the provider's policy. Supervisions looked at staff training and gave staff feedback on how well they were meeting people's needs, as well as identifying areas for improvement. Staff we spoke with told us supervisions were helpful, they felt able to discuss any personal or work issues that affected them, and they felt supported by a quick response. One staff member told us the registered manager had been supportive when they had child care issues.

People told us they had regular contact with the registered manager or other office staff, either in person or via phone. They told us that were clear about what the service could offer from the beginning. Also they spent time with people getting to know what help they needed when they carried out an initial assessment or at each subsequent contact.

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. CQC monitors the operation of the Mental Capacity Act 2005. Records showed us that where concerns about people's mental capacity were highlighted, referrals were made to commissioners or other professionals to carry out assessments. The registered manager told us that referrals were made back to social work for assessment as required. People and their relatives told us that staff sought their consent each time they provided care. For example one relative told us that staff described what they were about to do when providing personal care, seeking a positive response from the person before proceeding.

Some people were supported with their eating and drinking needs. This varied from support to shop and cook, through to full support with eating. One relative told us how staff persevered to ensure that their family member ate well. They told us, "Yes they do, but she does not have much of an appetite, so they encourage her to have some porridge".

We saw from records that people had access to support from health care professionals including GP's and district nurses. In care plans there was evidence of regular liaison and joint working with healthcare professionals such as district nurses. Staff we spoke with told us how they supported people or their families to seek this external support. Office based staff told us they often followed up calls to health professionals to ensure that any information was updated to care records.

Is the service caring?

Our findings

People and their relatives told us they felt the staff and service cared for them. One relative told us "Yes all the ones I have met are very nice, very pleasant and [family member] feels comfortable with them". A person using the service told us "They are very nice and bring me nice cakes", another said, "Yes they do a good job. I would say they know me well". A staff member we spoke with told us they had time to spend with people and to make sure they were emotionally well. They told us the people they worked with had limited social contact so it was important to be supportive and not just task focussed.

Staff completed care records to help describe people's preferences in their daily lives, and important details about their condition or circumstances. This helped staff to be able to provide support in an individualised way that respected people's wishes. Staff we spoke with knew the details of people's past histories, families and their personalities and had been able to get to know them. We saw that written details of how people wanted to be cared for and supported were clear and had been written in plain English. People and relatives told us that staff always respected their privacy and dignity. For example making sure that doors and curtains were closed before providing personal care.

People told us they felt respected by staff, that they could direct the care and support to meet their needs and the staff responded positively to those requests. We saw that staff had been trained to be aware of how to best to offer emotional and practical support to people and their families whilst receiving end of life care. The registered manager told us how by supporting staff to be their best that this would reflect in the care they would deliver.

People told us that when they were first assessed by the service they were given information about the provider organisation, who to contact and that any questions they had were answered. People and their relatives told us they felt able to raise any issues they might have. Relatives told us the service was good at keeping them updated if there were any changes to the person. One relative told us, "They are very good at keeping me informed if there are any problems".

The service helped support families and people by offering advice and information. For example the registered manager told us how they supported people to access healthcare services. Supporting family carers to ask for additional support or advice if this was not forthcoming, such as additional equipment or increased support hours. Staff could signpost advocacy support that could be accessed to support people with any conflicts or issues. We saw that concerns about people's behaviour had been referred for external professional support to ensure that the needs of the each individual were recognised.

We saw that people had been encouraged and if requested supported to make advance decisions, such as 'do not attempt resuscitation' orders and these were reviewed regularly. Staff liaised with community health professionals to seek their input and advice, and people were supported to have dignified end of life care. The registered manager told us that a number of people did not wish to make these plans when they initially started working with them, but repeat this assessment at reviews.

Is the service responsive?

Our findings

People told us the service was flexible and responded to their needs for support. Relatives agreed the service responded well to comments or queries. One relative told us, "Never had a major problem, but they are very helpful with any concerns I may have". People and their families also told us they had been involved in creating and reviewing their care and support plans. One person told us, "I do have a plan"; another told us "Yes I do have a care plan". Relatives agreed, one told us "Yes [relative] has one, I am involved in it and it has been looked at recently".

Assessments were carried out to identify people's support needs and they included information about people's medical conditions and their daily lives. Care and support plans were developed from these assessments that outlined how these needs were to be met. For example, the support a person required with regard to their nutrition, personal care and mobility. This was to ensure staff could provide support to people in the way they wanted and as required to best ensure their health and well-being. We saw the quality of recording in care plans was consistent and provided clear information about each individual. There were regular reviews of the care plans and information or advice from external professionals was added quickly. Records were also reviewed by office staff to ensure that key information was in place. These had been adjusted following feedback from local commissioners to add in end of life care plans. These records were written in plain English avoiding technical terms.

People told us they helped to develop their care plans and had been consulted about how best to work with them. They told us that the registered manager had contacted them first, got some background information, and contacted families if they wished that to happen. Records made by staff showed they were receiving the care as agreed in their care plans. These daily records were reviewed and audited by office staff to ensure that care was being delivered in line with care plans. Action had been taken to ensure that records kept detailed the actual care delivered.

People were supported to keep in contact with family and friends and staff told us how they often supported people by keeping family members updated on their wellbeing. People and relatives would be contacted by office based staff to update on any issues, as well as seek feedback.

The registered manager or other office based staff had regular contact with people via 'face to face' or telephone contact. People told us they felt able to raise any concerns and that these were quickly responded to. Staff told us that they would report any concerns raised by people to the registered manager. People, relatives and staff told us that issues would be responded to positively and that where comments had been made, improvements were noted.

Records showed that there had been seven complaints in the last seven months. Each complaint had been responded to and feedback given to the complainant as well as any apology and actions followed up. For example, staff had been reminded about wearing disposable gloves at all times when providing personal care. The registered manager was clear that concerns and complaints were healthy and that taking any learning from these was essential to avoid repeat issues.

Is the service well-led?

Our findings

People and their relatives told us they found the service and leadership to be effective. One person told us, "Yes I think it is well managed". A relative told us, "I think they are doing much better than they were a few months ago", and another told us "Yes I would say they are". We received comments about the turnover of staff which we discussed with the registered manager. Their turnover was not significant, but a number of new staff had started in the last year as new contracts had been won. New people were often sent more experienced staff and this meant that some people had newer staff working with them.

The registered manager told us they did not offer to provide people's care when they did not feel able to meet their needs. They told us that if the initial assessment showed they would not be able to offer the continuity of carers or the right skills mix, they declined the work. They felt that to offer a second class service was not appropriate and went against the service's principles.

Staff we spoke with told us they felt supported by the service. They were able to tell us the ethos and values of providing quality care to people when they needed it most. Staff felt they were supported by the registered manager and the other office staff and if they had any issues they could ask for help. One staff member told us how the office staff had come out to support a person who needed someone to stay with them when they were unwell.

The registered manager was seen as approachable by people using the service and staff. Those people who had contact with them and the office staff felt able to raise issues or concerns. The service conducted an annual survey with people and staff and had taken steps to address issues raised. For example, by improving the quality of audits of records to ensure that staff were addressing individual needs. Positive feedback about the service was given to staff via supervision and at spot checks.

The service's office based staff carried out regular spot checks of staff conduct. This had led to improvements in record keeping, as well as in staff wearing uniforms and having their identification at all times.

The registered manager had a robust audit system in place that checked medicines, records and other areas of the service's provision. This was then compiled into a quarterly and annual report in order that performance could be measured and areas of improvement noted. For example, audits of records and medicines showed that staff were not consistent in recording medicines. The registered manager and other senior staff had trained to support staff in response to audit feedback about individual performance. This meant action was taken to ensure improvements to medicines were recorded over the last quarter.

We discussed notifications to the Care Quality Commission (CQC) with the registered manager and when these needed to be submitted. They were clear about their role as a registered person and sought advice from the CQC and the local commissioners regularly to ensure they were meeting their statutory requirements. They were open and transparent with us about any issues affecting the service.

The registered manager explained to us the IT system they were using to assist in ensuring that staff had access to key information via a mobile device. This ensured that care plans were always at hand to assist staff, and that any changes would be communicated immediately to all staff. Staff we spoke with told us the IT system meant they were sent rotas and any updates quickly and could update people's records as required.

The external professional we spoke with told us the service and staff were effective at ensuring that staff attended training. As well as making sure staff had time to complete workbooks and assignments given to them.

Staff told us that the registered manager was seen as "Effective and willing to listen" and "[Name] is the best manager I have had, is organised and knows what she is doing".