

Ami Home Care Limited

# Ami Home Care Limited

## 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

### About the service

Ami Home Care Limited is a domiciliary care agency providing personal care and support to people living in their own homes. At the time of the inspection, 52 older people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People using the service received personalised care and support which met their needs and reflected their preferences. They told us they had been involved in planning their care and were happy with the support they received.

People told us the staff were kind, caring and respectful. They offered people choices and respected their decisions. Senior staff had liaised with relevant external professionals and commissioners to help make sure people received the right support and equipment from others when needed.

Risks to people's safety and wellbeing had been assessed and planned for. People were encouraged and supported to be independent where they were able to be, and risks were managed in order to help protect them and the staff who were caring for them.

People received their medicines in a safe way and as prescribed. The staff had a good understanding about their healthcare needs.

The provider recruited suitable staff and made sure they received the support, training and supervision they needed to care for people safely. The managers made regular checks on the staff to assess their skills. The staff told us they felt supported and able to discuss their work with the management team.

Systems for monitoring and improving the quality of the service were operated effectively. The registered manager and management team carried out a range of audits and checks. They responded appropriately to adverse events, such as complaints and safeguarding alerts. They also asked stakeholders for their feedback about the service. We saw they had adapted and improved the service in response to this monitoring.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for the service was good (published 18 October 2018).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# Ami Home Care Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was conducted by one inspector. An Expert by Experience supported the inspection by making telephone calls to people who used the service and their representatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 May 2021 and ended on 19 May 2021. We visited the office location on 18 May 2021.

#### What we did before the inspection

We looked at all the information we held about the provider, including notifications of significant events.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We met the registered manager, one of the company directors, and an external consultant who was supporting the provider. We looked at the care records for eight people who used the service, medicines records for eight people, records of staff recruitment, training and support for five members of staff and other records used by the provider for managing the service. These included meeting minutes, policies and procedures, audits, records of complaints and records of communication with stakeholders.

#### After the inspection

We received feedback from 19 care workers. We spoke with three people who used the service and the relatives of 15 other people by telephone.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes designed to safeguard people from the risk of abuse. People using the service and their relatives told us they felt safe. Their comments included, "I feel that [my relative] is safe with carers as I have every confidence in their abilities" and "I certainly feel [person] is very safe with the carers and I have no worries."
- The provider had procedures for dealing with safeguarding alerts and information about these was shared with people using the service and staff. The staff received training, so they understood what to do if they suspected someone was being abused
- The provider had responded appropriately to allegations of abuse, helping to protect people from further harm, reporting the abuse and working with external agencies to investigate the concerns.
- The staff supported some people by carrying out shopping. There were clear procedures around this and records of any expenditure were checked by the management team to help reduce the risks of financial abuse.

Assessing risk, safety monitoring and management

- The risks to people's safety and wellbeing had been assessed and planned for. The management team carried out assessments of risks which included those relating to physical and mental health, mobility, falling, skin integrity and nutrition. There was clear guidance for staff on how to support people to reduce the risk of harm. Assessments were created with the person and/or their representatives and were regularly reviewed.
- The provider assessed risks within people's home environments, including equipment being used, chemicals (such as cleaning products) within people's homes and fire safety. The assessments took account of people's individual needs, for example, their mobility and sensory impairments, and how these needs might affect people's safety with the environment. The provider obtained information about when equipment was serviced. There were records which showed they had liaised with external health professionals when the staff had identified equipment was needed or there was an issue with a piece of equipment being used.
- The staff received training about how to move people safely and understand the risks relating to the use of hoists and supporting people to avoid falls.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. People told us the staff arrived on time and stayed for the agreed length of time. Their comments included, "The timing is adapted to [my relatives needs]", "They are pretty good at arriving on time" and "The carer arrives generally on time and if [they are] going to be late then [they] will text my relative to let [them] know."

- The provider had an electronic call monitoring system for logging visit times. They investigated the rare instances when calls did not happen, or care workers were later than expected. They arranged cover to make sure people were cared for and also spoke with the staff about this to try to mitigate the risks of this happening again. The staff told us they had enough time to travel between visits and for the care tasks they needed to carry out.
- There were systems for recruiting and selecting staff, which included checks on their suitability, skills and identity. Staff completed written assessments as well as an interview as part of the recruitment process. Staff took part in a comprehensive induction, which included shadowing experienced workers, a range of training and being assessed by managers. This meant the provider was assured the staff were suitable.

#### Using medicines safely

- People received their medicines as prescribed and in a safe way. One relative told us, "They do all [person's] medication and record the details on the chart."
- The staff received training so they could understand how to safely handle medicines. The management team carried out regular assessments of their knowledge and observed them administering medicines.
- The provider carried out assessments of people's medicines needs. These were detailed and included information about any risks or side effects for the medicines people were prescribed, how medicines were collected and stored and any high risk medicines. The staff recorded medicines administration on charts which were checked and audited by the management team each month. There were records to show staff had been asked to attend supervision meetings or have additional training when they had made errors with recording or information was not recorded in accordance with the provider's procedures.
- Some people managed their own medicines. The provider had assessed this, and the person had signed an agreement to state what they would do themselves and any areas they needed support with.
- The provider had appropriate systems for administering medicated creams. There was clear guidance about how staff should support individual people with this, ensuring their safety and comfort.

#### Preventing and controlling infection

- The provider had systems for preventing and controlling infection. People told us the care workers followed good hygiene practices and always wore their personal protective equipment (PPE) such as gloves and masks.
- The staff told us they had good supplies of PPE and could request more if needed. They had undertaken training in infection control and the provider assessed whether they were following guidance and procedures during spot check observations.
- Since the start of the COVID-19 pandemic, the provider had introduced additional procedures around COVID-19 and testing for this. There was good information for staff and people using the service. The staff were regularly tested for the virus and the provider had assessed the individual COVID-19 related risks for all staff and people using the service, taking into account any factors that affected their vulnerability. Staff and people using the service had been encouraged to have COVID-19 and flu vaccinations.

#### Learning lessons when things go wrong

- There were systems for learning when things went wrong. The provider organised regular team meetings, and had good communication with staff. They discussed any concerns and how staff should prevent things from going wrong.
- Following individual incidents, complaints and safeguarding alerts, the provider had carried out an investigation which included looking at how these could be prevented in the future. They shared their learning with staff to make sure everyone learnt together.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider assessed people's needs and choices so care could be planned to meet these. People told us they were asked about their opinions and were involved in the assessment process.
- Records of assessments showed the provider had consulted with others, including social and healthcare professionals, assessed people's health needs and discussed how they wished to be cared for. Assessments included information about people's culture, religion, personal history, and any preferences for care at the end of their lives, as well as information about the personal care tasks staff would be supporting the person with. This helped to provide a holistic picture of the person so the staff could get to know them.

Staff support: induction, training, skills and experience

- People were cared for by well supported, trained and skilled staff. They told us they felt the staff had the skills needed to provide good care. One relative commented, "I think they know what they are doing and are clearly well trained." People told us staff understood their needs and conditions. One person told us, "They are trained to a good standard and they are all very kind and understanding."
- New members of staff completed an induction which included shadowing experienced workers and training. The training was relevant to their roles and they were supported to undertake vocational qualifications in care.
- The provider also produced a range of information guides for staff to support their learning and knowledge, for example about certain healthcare conditions and about meeting care standards and regulations.
- Staff commented that they felt supported and had the information they needed. There were regular team meetings and individual supervisions and appraisals for all staff. These were opportunities for the staff to learn and reflect on their own practice.

Supporting people to eat and drink enough to maintain a balanced diet

- Some people were supported with meal preparation and at mealtimes. They told us they were happy with this support.
- The provider had assessed nutritional and hydration risks. Care plans included information about people's dietary needs and also reminded staff to make sure they left drinks and snacks for people, where relevant, and reported any changes in appetite or weight for people at nutritional risk.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked with other healthcare professionals to monitor people's health and make sure their

health needs were met. They created care plans and risk assessments for specific healthcare conditions. There was also information for staff about any risks or warning signs that someone was unwell.

- People and their relatives told us the staff had responded when people's health had deteriorated and when they needed medical interventions. The provider had liaised with doctors, pharmacists and other healthcare professionals to discuss people's needs and when they required additional care.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider ensured people had consented to their care and treatment. People had signed agreements for different aspects of their care and support. For people who lacked the mental capacity to make decisions, we saw the provider had discussed these with their representatives to make decisions in their best interests.
- The provider had assessed people's mental capacity regarding decisions about their care. Where people had a legal representative, such as a Power of Attorney, this was recorded. This meant the provider could make sure they consulted the right people when making decisions.
- People told us the staff asked for their consent at each visit and respected their decisions.
- The staff had received training about the MCA and the provider had supplied easy to understand information for staff, people using the service and their families. This helped stakeholders to understand how the Act applied to care and the responsibilities of staff and the agency in meeting legal requirements.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and respected. Some of the comments from people and their relatives included, "[Care worker] is always polite and always reassures [person] that [they] will be returning in the evening. They will always chat as things are being done", "They ask if [person] is happy with everything", "They have real empathy and deal with dementia clients really well", "They try engaging my relative by involving [them] in conversation and will only do things that [person] is happy with" and "They are polite and nothing is too much trouble."
- The provider employed staff who spoke a range of different languages and from different ethnic backgrounds. They supported an ethnically diverse group of people and were able to match most people with carers who spoke the same language and from the same culture.

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

- People were able to express their views and were involved in making decisions about their care. One relative told us, "They are all so respectful and have time for [person] so [they] can make choices."
- Assessments and care plans included evidence people had been consulted about their care, and their preferences and choices were part of the plans. They were also regularly contacted by the management team to make sure they were happy with their care and if they wanted any changes to their plans.
- People were given a good range of information about the service and key areas to help them make informed choices. Information included guides to the service, making complaints, about abuse and how the provider handled financial support and personal and confidential data.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. They confirmed this by telling us the staff always addressed them politely and respectfully, and that they covered them up and closed doors when providing intimate personal care.
- People's independence was supported and promoted. Care plans included information about tasks people could and wanted to do for themselves and how the care workers could support them with this.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were cared for in a way which met their needs and reflected their preferences. Comments included, "The care my relative gets is of good quality and I can't fault it. They will always go the extra mile" and "They always take time to chat to [person] to make [them] feel special."
- The provider had created personalised care plans which gave the staff information about people's needs and preferences. The plans had been created with the person and their representatives. There was a good amount of detailed guidance about how to meet each individual need and risks to be aware of. Records of care provided showed that staff had followed care plans. One relative told us, "The notes in the logbook are very detailed and provide a complete picture of what has taken place and what has been done."
- The provider was responsive when people's needs changed. They liaised with the person and other professionals to make sure planned care was updated to reflect these changes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed. Staff spoke a range of different languages and the registered manager told us they were able to provide translated information when people needed this. People were allocated staff who could communicate in their first language with them.
- The provider completed communication care plans which took account of people's sensory needs, cognition and language, so that they could plan and provide care which met these needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's interests and hobbies were recorded to give the staff enough information to discuss these with people and support them when they were able.

Improving care quality in response to complaints or concerns

- Complaints were investigated and responded to and the service was improved as a result of these.
- There were procedures for making complaints and people using the service, their families and staff had information about these and other agencies they may wish to contact if they were unhappy with the service.
- The provider had records to show they had investigated complaints, remained in contact with the complainant and taken action, when needed, to help the staff to improve their practice and learn from

these.

#### End of life care and support

- People being cared for at the end of their lives were given the support they needed. The staff worked closely with palliative care teams and others to help make sure people were comfortable and pain free.
- The provider discussed people's wishes for end of life care and death with them as part of the initial assessment. They recorded people's specific preferences and things that were important to them so the staff could use this information if needed in the future when providing care.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive person-centred culture. People using the service and their families felt well supported and were happy with the service. Some of their comments included, "I am happy with service they give. They have done a good job", "The carers we see are very attentive and have a good understanding of [person's] condition. They always speak so positively to [them]" and "We are absolutely happy with the service we get. We can't fault it in any way."
- Staff enjoyed working for the company and felt pride in their work. Many staff told us they had recommended the company to friends as a good place to work. Some of their comments included, "There is good communication", "I always feel safe and I am guided correctly in meeting clients' needs", "I love my job and I like caring for people" and "I learn every day."
- The provider had received positive feedback from people using the service and relatives as well as external professionals. These included words of thanks to particular staff members and for the service in general.
- People's protected characteristics were respected, and they were given the support they needed. Staff received training regarding equality and diversity and there was a range of accessible information for the staff and people using the service about how the provider promoted equality and supported diverse needs. The records people were provided with at their homes included information about how the provider promoted equal rights for LGBT+ (Lesbian, Gay, Bisexual and Transgender) people. Providing specific information like this was designed to help LGBT+ people know they were safe to discuss who they were and that they would be respected. Inclusive literature and information from the provider is an important part of promoting a positive culture.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under duty of candour. They had procedures about how they responded to adverse events. We saw they had been open and transparent following complaints and safeguarding alerts, communicating with people who were affected and other professionals. There was evidence they had learnt and improved practice when things had gone wrong, for example by providing staff with additional information and reminders about safe care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and another director of the company were experienced and qualified care

professionals. They worked closely with each other to manage and monitor the service. Feedback about the management team was positive with staff telling us, "Both managers are very polite and supportive", "They are flexible and give opportunities to learn more about care" and "The managers are always available and always helping."

- The provider had sourced a consultant who supported them with developing systems and processes which met legal requirements and good practice guidance.
- The provider had produced a range of accessible guides for staff about different aspects of care and information about legislation. There were detailed policies and procedures which included reference to relevant laws and good practice guidance. This meant staff were provided with the information they needed to understand good care and regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people using the service, their families and staff.
- The management team contacted people regularly through face to face visits and telephone monitoring. They asked people about the service and whether they were happy. They responded to queries and concerns. The provider also issued an annual survey about the service and collated the responses, so they knew where improvements were needed. Feedback given to the provider from people using the service and their representatives was positive.
- The provider also regularly met with staff, individually and in team meetings. They used a messaging application to stay in touch with care workers each day and share important information. They also asked staff for their feedback via surveys.

Continuous learning and improving care

- The provider operated effective systems and processes for monitoring the quality of the service and improving care. They carried out regular audits of communication logs, care plans, medicines management and financial support. These audits were clearly recorded and we could see swift action was taken to ensure improvements when things went wrong.
- The management team carried out regular spot check assessments of staff, asking people who used the service for their feedback and observing how staff cared for people.
- There were regular reviews of people's care, where the managers met with the person, and their representatives, to make sure planned care was appropriate and continued to meet their needs and preferences.
- The provider kept a log of all complaints, safeguarding alerts and other incidents so they could identify any trends or areas where they needed to make changes to the service.
- The registered manager had a good overview of the service and people's individual needs. They had responded appropriately during the COVID-19 pandemic to make sure people using the service and staff remained safe, well informed and cared for.

Working in partnership with others

- The provider worked in partnership with others. Managers had regular contact with allocated social workers. They contacted them when there were changes in people's needs, and if they identified an additional need, for example for healthcare services or equipment. They also worked with other charities and organisations when needed, for example sourcing white goods and clothes for people who were unable to afford these.
- The provider supported a number of charities, providing goods and money to others in need.
- The managers told us they had arranged meetings with the local pharmacists to discuss how medicines management could be improved and how they could work together.

