

Amflo Care Services Ltd

# Amflo Care Services

## 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

Amflo Care Services is a domiciliary care service providing care and support to people living in their own homes in the North Sheffield area. At the time of our inspection there were three people 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 and their relatives told us they felt safe using the service. There were enough staff available to meet people's needs. People and their relatives told us staff arrived at the scheduled time and stayed for the specified period. The service had a robust recruitment process to ensure suitable staff were employed. People were supported to take their medicines safely. Staff followed the correct infection control practices.

People's needs were assessed before they started using the service and the information was used to inform person-centred risk assessments and care plans. A comprehensive induction programme was in place for new staff and staff had completed a range of training which gave them the skills and knowledge to care for people in their own homes. 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.

People and their relatives spoke highly of the care provided by Amflo Care Services. They told us they were cared for and supported by kind and considerate staff. Staff knew how to maintain people's dignity and privacy and promote their independence.

The service was well managed. The registered manager and provider were knowledgeable and enthusiastic about the service. Governance systems were in place to ensure all aspects of the service were reviewed and checked regularly.

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

This service was registered with CQC on 28 June 2019. This is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

## 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** ●

# Amflo Care Services

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and 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 October 2022 and ended on 19 October 2022. We visited the location's office on 19 October 2022.

#### What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is

an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used information gathered as part of a monitoring activity that took place on 11 August 2022 to help plan the inspection and inform judgements. We used all this information to plan our inspection.

During the inspection

We spoke over the telephone with two people who used the service and a relative. We reviewed feedback received from two relatives' and a health professional. We spoke with the registered manager and the nominated individual who were currently the only individuals employed and providing personal care. The nominated individual is also responsible for supervising the management of the service on behalf of the provider. We visited the office location to review written records. We looked at two people's care records. We checked records relating to the management of the service including policies and procedures and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- The service had safeguarding procedures in place to report concerns to the relevant professionals including the local authority and the CQC.
- People told us they felt safe. People said, "I have no worries at all" and "Yes I feel very safe, I look forward to (named registered manager) visiting." Relatives said, "I feel that my (named relative) is safe, we have peace of mind with Amflo and the care provided."
- Staff had completed training in safeguarding. The registered manager and provider were clear how to recognise signs of abuse or neglect and were knowledgeable about the procedure for reporting safeguarding concerns.

Assessing risk, safety monitoring and management

- There were systems in place to minimise risks to people. Care plans included assessments which identified potential risks and how these should be managed. These covered a range of areas, including medicines management, moving and handling and skin integrity.
- Potential environmental risks in people's homes had been checked to ensure staff were safe to work there.
- The service had a lone working policy which staff followed to ensure their safety at work.

Staffing and recruitment

- There were currently only the registered manager and nominated individual employed and providing personal care at Amflo Care Services, both of whom were experienced qualified nurses. The service was currently recruiting another seven members of care staff to assist with the expanding service.
- The provider had a well-organised recruitment process. Pre-employment checks, including a Disclosure and Barring Service (DBS) check were completed to ensure people recruited to the service were of good character. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. These checks had already been completed on the new staff who hadn't commenced employment.
- As there were currently only three people receiving personal care there were enough staff to support people at the times they wished. Call schedules were well managed, and people told us staff consistently arrived on time and completed all care tasks before they left. People and relatives said, "They come on time and it is always the same person", "(Named registered manager) visits twice a day, they are always on time and they never rush me. They were going to be late once due to traffic and they let me know in advance" and "The same staff turn up on time and stay for the correct length of time."

### Using medicines safely

- People were supported by staff trained in the safe management of medicines.
- People had medicines care plans and risk assessments in place. These provided information which helped staff administer medicines safely.
- Care plans contained body maps which showed staff where to apply topical creams.
- Regular audits of medicines records were completed and any issues with documentation addressed with appropriate actions.

### Preventing and controlling infection

- The provider had systems in place to control the spread of infections. Staff wore personal protective equipment (PPE) when providing care to people. People and their relatives told us staff always wore PPE appropriately.

### Learning lessons when things go wrong

- Accidents and incidents were monitored and analysed. The service identified lessons learned and took action to help prevent repeat events. □
- The registered manager confirmed important information would be communicated to all staff in the event of any incident, so learning would be gained through experience.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- A full assessment was carried out prior to a person being provided with support from the service. This ensured staff were able to meet their care and support needs.
- Assessments we looked at were detailed, and contained information about people's physical, emotional, communication and health needs. Care plans and risk assessments had been devised using this information and were regularly reviewed to ensure they were up to date.

Staff support: induction, training, skills and experience

- New staff, including those who had been recruited but not yet employed, completed a structured and comprehensive induction and training programme when they joined the service. This included training and orientation days and mandatory training.
- The registered manager confirmed new staff would also complete a period of shadowing until they were deemed competent to support people unsupervised. A person said, "I think even as the agency grows, because of the (registered manager and provider), the care will remain good as they will pass on their knowledge and skills to other new staff." Ongoing support was also provided to staff through supervision, observations and appraisals.
- Care staff were expected to complete the Care Certificate within 12 weeks of commencing employment. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- Staff prepared meals for people when this was part of their care plan. There was currently no one who required help with a special diet or thickened fluids. However, staff could be trained to provide this support if it was required.
- Staff had received training about fluids and nutrition. This ensured they understood the importance of helping people maintain a healthy diet and adequate fluid intake.

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

- People's care plans detailed their health needs and any support they received from healthcare professionals.
- Where people had a specific medical condition there was additional information for staff to ensure they could meet their needs and were aware about potential risks to their health.

- The service had good working relationships with a range of external organisations such as people's GPs, advocacy services and other health professionals.

#### 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 MCA 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.

- The service was working within the principles of the MCA. The registered manager was aware of their legal responsibilities under the MCA.
- Where people had capacity to provide consent, we saw they had signed consent forms and care records to confirm their agreement with the proposed care plan.
- People told us the staff respected their views and asked for their consent. A person told us, "[Named registered manager] always asks can we do this for you, they also encourage me to do things for myself."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Feedback from people and their relatives about the standard of care they received was consistently positive. Comments included, "We know that (name) is being cared for properly and with dignity", "Staff are consistent, caring and considerate" and "The care provided by Amflo has been exceptionally good and I am very happy."
- People and family members told us they received care and support from a consistent and regular team of staff.
- Care plans described people's individual daily routines, cultural needs and any preferences, such their preferred name.
- Where people requested only female or male staff to provide personal care this decision was respected.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People we spoke with confirmed that they had been involved in devising care plans and they were consulted about any changes.
- People told us they were fully consulted in all aspects of their care and their choices were respected. This was reflected in the feedback received from people and relatives. One relative said, "Some of the things I like best about the care from Amflo is that they really look at the person as a whole and are keen to maintain independence rather than rushing and doing things for (name)." One person said, "(Named registered manager) helps to keep me independent which has improved my confidence."
- People told us staff listened to them and their personal care was provided in a dignified manner. One person said, "I look forward to staff visits, they never rush me either."
- Staff understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 who used the service had care plans which described how they wished to be supported. These had been written using a person-centred approach and included information about what was important to the person.
- Paper copies of people's care plans were also kept at the person's home and the service's office.
- Staff were responsive to people's individual needs and wishes. A health professional told us, "In our experience of Amflo, they're very responsive, positive and service user focused." People and relatives told us they had been consulted about the care they needed and the way they wanted it provided. People and relatives said, "We discussed and helped write the care plan with the manager" and "Communication with the managers is excellent they supported us to increase hours of support when (name) needs changed."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- As part of the initial assessment, people's individual communication methods were recorded and guidance for staff, where necessary, was included within the care files.
- The registered manager confirmed information can be made available in a range of formats, for example, large print or other languages.

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 were supported to maintain relationships that were important to them and family and friends were included, if the person wanted this, in discussions about care and support.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and process to be followed if a complaint was received. None of the people we spoke with had needed to complain about the service. One person said "I see the manager daily and can phone them any time, so if I did have any problems, I would soon tell them. I know it would then be sorted."

End of life care and support

- The service was able to provide end of life support in conjunction with health professionals where required. At the time of the inspection no one supported by the service was receiving end of life care.
- Training in end of life care had been provided for all staff including those waiting to commence employment.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The feedback from people and relatives about the service and management team was positive. Comments included, "Some of the things I like best about the care from Amflo is that they really look at the person as a whole", "I cannot praise this agency enough (named registered manager and provider) are wonderful. Absolutely fantastic care and the support, brilliant", "Amflo are brilliant, I would give them 200 out of 100. They support me and are there when I need them" and "This is a really excellent service which I would recommend."
- People and relatives told us they usually had daily contact with the registered manager and so were able to provide feedback about the service very regularly. People said, "We see the manager daily, she manages things very well."
- People who used the service, relatives, and health professionals had been asked for written feedback on how the service was being run or what could be done better to drive improvements. We saw the feedback in these surveys was also very positive. As the service develops, we discussed with the registered manager and provider the need to collate this feedback into reports and newsletters, so people could see any improvements made as a result of their feedback had been implemented.

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 registered manager and provider understood their responsibility under the duty of candour. This is a set of requirements that providers of services must follow when things go wrong with care and treatment.
- The registered manager and provider were aware of their regulatory responsibilities and understood how and when to submit information to the CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- A number of audits and checks were completed to help ensure continuous learning and improvement. The audits included the identification of any issues and actions to address them.
- Spot checks and competence evaluations were completed with staff regularly. This helped management understand where further training, mentoring and support was required. We discussed with the registered manager and provider how these spot checks could also be used as an opportunity to gather people's views and provide supervision and feedback to staff.

### Working in partnership with others

- Where required, the service communicated and worked in partnership with external agencies, which included healthcare professionals. A health professional said they had a good working relationship with the service and commented, "We maintain good communication, and they always respond to any emails or concerns in a timely manner."