

Amy Adams Homecare UK Limited

# Amy Adams Homecare UK Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Amy Adams Homecare UK Limited is a domiciliary care agency providing personal care. The service provides support to people living in their own homes in the community. 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. At the time of our inspection the service was providing personal care to 12 people.

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

People were safe using the service. Staff had received training to safeguard people from abuse and knew when and how to report safeguarding concerns to the relevant agencies. Staff understood how to manage risks to people to keep them safe.

There were enough staff to support people and meet their needs. Staff attended care calls on time and people were supported by regular staff so that the care and support they received was consistent. Recruitment and criminal records checks were carried out on staff to make sure they were suitable to support people.

Staff followed current infection control and hygiene practice to reduce the risk of infection when providing care and support to people. Where the service was responsible for this, people were helped to take their prescribed medicines.

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

People's feedback confirmed they were satisfied with the care and support provided by staff. They told us staff were caring, respectful and treated them well.

The registered manager monitored and reviewed the safety and quality of care and support provided to people. They checked with people that care and support was delivered to a high standard and continuing to meet their needs. They sought people's views through these checks about how the service could improve further. Staff were provided regular opportunities to review and improve their working practices.

There were arrangements in place to make sure any accidents, incidents and complaints would be fully investigated and people would be involved and informed of the outcome. The registered manager worked proactively with partners to provide care and support that met people's needs.

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

### Rating at last inspection

The last rating for this service was good (published 18 December 2018).

### 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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Amy Adams Homecare UK 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 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 we needed to be sure that the registered manager would be in the office to support the inspection. We visited the location's office on 13 June 2023.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 3 people and 2 relatives about their experiences of using the service. We also spoke with the registered manager, the care coordinator and 2 care support workers. We reviewed a range of records including 3 people's care records, records relating to staffing, recruitment, training, medicines management and other records relating to the management of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection, the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe using the service. People's feedback confirmed this. One person told us, "Yes, I feel quite safe with them... I have a nice, comfortable relationship with the carers." Another person said, "Yeah, I feel safe with them and they are brilliant."
- Staff received relevant training and support to safeguard people from abuse. Staff understood how to recognise abuse and how to report their concerns about this. A staff member told us, "You know, it is important for me to be vigilant and look out for people and if there is anything wrong happening, I would tell [registered manager] straight away. I would not wait."
- The registered manager understood their responsibility to liaise with the relevant agencies if a safeguarding concern about a person was reported to them.

Assessing risk, safety monitoring and management

- The provider managed risks to people's safety well. People's records set out in detail, risks to their safety and wellbeing and what staff should do to manage these risks to keep people safe. For example, for one person who was at risk of falling, staff were instructed to encourage the person to use their walking frame when moving around their home.
- Staff understood risks to people and gave us examples of how they helped people to stay safe when they were providing care and support.
- Staff had been trained to deal with emergency situations and events in people's homes to help them take appropriate action to support people in these instances.

Staffing and recruitment

- There were enough staff to meet the needs of people using the service. Staff rotas had been planned to ensure people were supported by a regular team of staff so that the care and support they received was consistent.
- Staff were punctual and attended their scheduled care calls on time. One person told us, "The carers do come on time so they are not late. But if the traffic is busy that can delay them a bit but they're good and let me know."
- The service operated safe recruitment practices. They carried out appropriate checks on staff that applied to work at the service to make sure they were suitable to support people. This included checks with the Disclosure and Barring Service (DBS) who provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Where the service was responsible for this, people received their medicines safely and as prescribed.
- People's records contained information about their medicines and how staff should support them to take them in a timely and appropriate way. Our checks of records showed people consistently received the medicines prescribed to them.
- The senior staff team undertook competency checks on staff and audits on people's records to make sure staff administered medicines safely.

#### Preventing and controlling infection

- The provider managed risks associated with infection control and hygiene.
- Staff had received relevant training and followed current guidance to keep people safe from risks associated with poor infection control and hygiene. They used personal protective equipment (PPE) effectively and safely.
- Staff supported people to keep their homes clean and hygienic to prevent the spread of infection. One person told us, "They [staff] are respectful of my home and keep it clean and tidy. They make sure everything is cleaned and put away in the right place."
- The provider's infection prevention and control policy was up to date. The provider had plans in place to make sure that infection outbreaks could be effectively prevented or managed.
- Staff had been trained in food hygiene to help them reduce hygiene risks to people when preparing and serving food.

#### Learning lessons when things go wrong

- Learning from accidents and incidents was used to reduce safety risks to people.
- Staff recorded and reported accidents and incidents involving people to the registered manager promptly.
- The registered manager investigated accidents and incidents and took action to reduce the risk of these reoccurring. We saw a good example of this for one person who had injured themselves when using a piece of equipment in their home. The registered manager discussed how to reduce the risk of this happening again with the person and their relatives. As a result, new, safer, equipment was purchased for the person, and there were no further instances of the person being injured when using this.
- Learning from accidents and incidents was shared with staff to help them improve the quality and safety of the support provided.

#### 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.

- Systems were in place to assess people's capacity to make and consent to decisions about specific aspects of their care and support.
- Staff had received training in the MCA and associated codes of practice and understood their responsibilities under this Act.

- People told us staff sought their consent prior to providing any care and support and respected their choices and decisions about this. One person told us, "They [staff] ask me before they do anything and they are very nice and friendly about what they will ask to do." A staff member said, "When I need to do personal care, I tell the person to get their consent."

# 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 our last inspection we rated this key question good. At this inspection, the rating for this key question has remained 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 provider had clear expectations about the quality of care and support people should receive from the service. These were communicated to people when they first started using the service.
- The provider made sure people were informed of their rights and how these would be respected so that people were not discriminated against or treated unfairly due to their specific needs and circumstances. One person told us, "They [staff] are calm and not condescending and treat me with respect."
- The registered manager checked with people at regular intervals that the care and support being provided was meeting their needs and to the standard they should expect. One person told us, "The [registered manager] pops in regularly to check how things are going."
- The registered manager was hands-on, providing care and support to people on a daily basis and led by example. One person told us, "[Registered manager] is very supportive to the staff and makes sure they are trained and doing what they need to do." Another person said, "[Registered manager] is so hands-on and she has good relationships with the other staff and treats them all with respect."
- The registered manager was accessible and available to speak with people, their relatives and staff when needed. One person told us, "[Registered manager] is very good. I have learnt a lot from her. I can tell her anything I'm worried about. She makes suggestions about things, and this has made a huge difference." Another person said, "[Registered manager] is very approachable and will sort out any issues very quickly." A relative told us, "If there is anything I need to change they are very accommodating."
- Staff felt respected and valued which supported a positive and improvement-driven culture. A staff member told us, "[Registered manager] is a very nice person. She looks out for us staff and gives us a lot of support. She is always ready to help. If you have any problem, you can talk to her."
- People were provided opportunities to have their say about the service and how it could improve. The provider responded positively when suggestions were made. Staff were also encouraged to give feedback about how care and support could be continually improved for people.

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

- The provider had systems in place to monitor and review the safety and quality of the service. This included audits and checks, regular reviews of people's care and a programme of spot checks on staff to review their working practices and competency when undertaking their duties. Issues identified through checks were acted on promptly including supporting and encouraging staff to learn and improve their

working practices.

- The registered manager had the skills, knowledge and experience to perform their role, a clear understanding of people's needs and oversight of the service.
- Staff had clearly defined roles, responsibilities and duties. People's feedback confirmed staff delivered good quality support consistently. One person told us, "I'm quite satisfied with this agency. I have the same carers and I know when they are coming. I can tell them what I want, and they will listen and do what I ask." Another person told us, "The support and care I get from them is fantastic. I have no problems with them." Another person said, "They are very good at looking after me. They are kind and friendly. I don't have any problems with them at all. They are considerate." A relative told us, "They are very caring, they are great and [family member] gets the same carers."

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; working in partnership with others

- The provider had systems in place to investigate accidents, incidents and complaints and to make sure people would be involved and informed of the outcome.
- The registered manager understood and demonstrated compliance with regulatory and legislative requirements.
- The registered manager gave honest information and suitable support, and applied duty of candour where appropriate.
- The registered manager worked in partnership with a range of healthcare professionals involved in people's care and support. They acted on their recommendations and advice to plan and deliver care and support that met people's needs and help them achieve positive outcomes.