

A&M Home Care Services Ltd

A&M Home Care Services Limited

Inspection report

101 Lockhurst Lane
Coventry
West Midlands
CV6 5SF

Tel: 02476582002

Date of inspection visit:
18 February 2019

Date of publication:
26 March 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: A&M Home Care Services Limited is a domiciliary care agency. It provides personal care to people living in their own homes. Some of the people supported were living with a dementia type illness or had physical disabilities. At the time of this inspection the service was supporting nine people with personal care tasks.

People's experience of using this service: At the time of this inspection the registered provider had not been carrying out any quality assurance audits to ensure that people were receiving the right care and support.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 related to governance.

Please see the 'action we have told the provider to take' section towards the end of the report.

The registered provider told us they had not carried out quality assurance checks because the service had been very small. They had been working 'hands on' to help grow the business rather than working in the office. Following our inspection, they informed us that they would implement a range of quality checks. Feedback was sought from people and their relatives, however there was no evidence to show that it had been analysed and acted upon.

Most people spoke very highly of the care staff who supported them and the registered provider who also managed the service.

Risk assessments were in place and acted upon appropriately to reduce any identified risks, however these had not been reviewed and did not have dates and signatures on them. We found some gaps in recruitment records however these were addressed by the registered provider following this inspection.

Staff knew how to safeguard people from abuse. People were supported with their medicines by staff assessed as competent in this area. People told us they received their medicines as prescribed however, we found some gaps in medicine records. We identified some gaps in staff training including for some staff who did not have a qualification in care.

People's plans of support were very detailed in terms of their preferences. 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. We identified however that some people had one overall capacity assessment rather than decision specific ones.

A system for recording and responding to complaints was in place. The management team worked with other agencies and professionals to meet people's needs.

The registered provider was very open and honest about the areas of improvement required and sent us information about how the shortfalls identified were being addressed following this inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection: This was the first inspection of the service since it registered with CQC in October 2017.

Why we inspected: This was a planned inspection based on when the service first registered with CQC

Follow up: We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

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 not always well-led

Details are in our Well-led findings below.

Requires Improvement ●

A&M Home Care Services 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector.

Service and service type: A&M Home Care Services Limited is a domiciliary care agency. It provides personal care to people living in their own homes. People's care and housing are provided under separate contractual agreements. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided provide personal care to people living in their own homes. All nine people supported by the service were assisted with personal care tasks.

The registered provider of the service was also the registered manager. This means that they 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 visit because we needed to be sure that the registered provider would be available to support the inspection and for staff to be available to talk with us about the service.

What we did: We reviewed information we had received about the service to plan the inspection. This included details of incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at this information prior to inspection.

During the inspection: We spoke with four people who use the service and three relatives. We spoke with the registered provider who is also the registered manager and three homecare workers. We reviewed a range of records. This included three people's care records, various records related to recruitment, staff training, supervision and 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.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The suitability of care staff was checked during recruitment. However, we found that for one staff member there was no evidence available that they had received all the checks they should have before starting work. The registered provider informed us the checks had already taken place but associated paperwork was missing. Following this inspection, the registered provider wrote to us and told us that an additional online check had been carried out so that the required documentation was available.
- Rotas showed and staff told us that staffing levels were sufficient. People told us that staff usually arrived when they should and stayed for the right length of time.

Systems and processes to safeguard people from the risk of abuse.

- Staff knew how to safeguard people from abuse. The staff we spoke with said they felt confident that the management team would address any safeguarding issues they raised.
- People and their relatives told us that staff helped keep people safe.

Assessing risk, safety monitoring and management.

- Support plans contained guidance for staff to follow to help keep people safe. Risks to people such as those related to their medical conditions had been assessed and actions put in place to reduce the risk, however some were not signed and dated. There was no evidence that these had been reviewed. We discussed this with the registered provider who told us they would update the risk assessments and implement a system of review.
- Emergency contingency plans were in place should they be needed to ensure people continued to receive a service in the event of an adverse incident such as loss of power to the office building.
- Staff told us that the registered provider was available out of office hours should they need support. One relative told us, "I can always get hold of staff, If I have an issue they will ring back within five minutes."

Using medicines safely

- Staff received training and had ongoing competency assessments from the management team to ensure they managed medicines safely.
- Medicine administration records showed some unaccounted for gaps. The registered provider explained that this was because the medicines were to be given as needed. They told us that in future they would use a code on the medicine records when a medicine was offered but not required.
- We identified that where people received medicines 'as required' protocols were not in place to guide staff as to when these should be given. The registered provider wrote to us after this inspection and told us these were being developed.

Preventing and controlling infection

- Personal protective equipment (PPE) such as gloves and aprons were made available for staff when needed.
- The service had a policy in place to help prevent the spread of infection. Staff had received training in infection prevention and control.

Learning lessons when things go wrong

- The registered provider told us that no accidents or incidents had occurred since the service started supporting people. A policy was in place for staff should any occur.

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support, induction, training, skills and experience

- Staff completed training the provider deemed mandatory such as fire safety and basic food hygiene. We identified some gaps in mandatory training for staff however these had been scheduled. Some staff did not have a qualification in care and had not completed the care certificate in a timely manner. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care. The registered provider told us they would address this issue and ensure outstanding care certificates were completed.
- Staff received an induction when they started working for the service which included the shadowing of more experienced staff.
- Staff told us that they were supported through regular supervision meetings with the management team.

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.

We checked whether the service was working within the principles of the Mental Capacity Act 2005, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- 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. However, we found that some people had one overall capacity assessment rather than the decision specific ones required by the MCA. We discussed this with the registered provider who told us they would address this matter. No one who used the service was subject to restrictions of their liberty under the Court of Protection.
- People and their relatives told us that care staff respected people's decisions and gained people's consent before they provided personal care.

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

- People's needs were comprehensively assessed prior to them receiving support from the service. This included their healthcare needs.

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

- Staff supported some people with meal preparation. The staff we spoke with understood people's needs in

this area.

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

- The service worked well with other organisations. People and their relatives told us that staff contacted doctors and other healthcare professionals as and when needed on people's behalf. One person told us, "They will point out if I need to call a doctor. They are ultra-efficient."

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

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.

- The people we spoke with told us staff were caring. One person told us, "I have no problems. They come in when they are supposed to and do what they are supposed to do. They treat me with respect. They are very good to me, we get on like a house on fire." Another person said, "They are brilliant, they go above and beyond."
- The relatives we spoke with told us that they found the staff were always respectful and kind.

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

- Discussions with staff showed their understanding of people and a care for their welfare. One staff member told us, "The staff team are like a little family, the service users are in it too."
- Staff knew people's communication needs well and told us how they communicated effectively with people.
- People were involved in making decisions about how wanted their care and support needs to be met through surveys. However, some people had not yet received surveys due to the short period of time the service had been operating. The registered provider told us that they were planning to analyse the results of surveys received and would be consulting with more people and developing an action plan to address any issues raised.

Respecting and promoting people's privacy, dignity and independence

- Staff were aware of the importance of maintaining people's privacy and dignity and understood that this was an important part of their role. One staff member told us, "I never assume, I say what I'm doing and always ask if it is okay."
- Staff promoted people's independence where possible. Discussions with them showed that they recognised the importance of encouraging and enabling people to do as much as they could for themselves. One staff member told us, "We let people do as much for themselves as possible and help them gain access to the community around them."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Personalised care; accessible information; choices, preferences and relationships

- People's needs and preferences were assessed prior to the service providing support. One relative said that the registered provider had "talked through exactly what help [person] needs." One relative told us that the registered provider, "Takes time to get to know the person."
- People's outcomes and desired goals were identified and recorded.
- Support plans were very person-centred. They contained detailed information for staff as to how to support people in the ways they wanted to be supported. Plans identified the areas where people's independence could be promoted.
- Staff knew people's likes and dislikes very well. They also knew the best ways to work with individuals. One staff member told us this was because the company was small and staff and people all knew each other well.
- One relative told us, "I'm very happy, the service is excellent. Staff can do all the jobs needed, they are well trained., Their time keeping is excellent, time keeping is very important to [names of people]."
- The provider understood the need to comply with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered provider told us they would access such information for people on an individual basis as needed.

Improving care quality in response to complaints or concerns

- Systems were in place to ensure complaints were acknowledged, investigated and responded to by the registered provider.
- People and relatives told us that they knew how to make a complaint. No formal complaints had been received by the service at the time of inspection.

End of life care and support

- No one using the service was receiving end of life care.
- The service had an end of life care policy to guide staff if end of life care was needed.

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.

Service management and leadership was inconsistent and did not always support the delivery of high quality, person-centred care. Some regulations may or may not have been met.

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

- The registered provider was not carrying out quality assurance audits at the time of this inspection. Some audits by other care staff had taken place however there was not always evidence available to show that the issues identified had been addressed.

The lack of robust quality assurance meant people were at risk of receiving poor quality care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered provider was open and transparent and recognised the areas of improvement required. They sent us information following this inspection which documented where improvements were being made including the implementation of a new more robust auditing system.

Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility

- The registered provider understood their responsibilities. They told us they were working closely with the staff team to develop the service and meet all requirements.

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

- Surveys had been sent out to some people and their relatives. The responses were in the main very positive. The registered provider told us they would be consulting with more people and relatives. Due to the short period of time the service had been operating there was no evidence to show that feedback received had been analysed and acted upon. The registered provider told us that an action plan would be developed when all feedback was received.
- People and their relatives told us that they could get hold of office staff when needed. One person said, "I can get hold of the office any time I want, I have the office and mobile number."
- Staff told us they were listened to and that the registered provider was very approachable. One staff member told us that the registered provider was, "supportive, a really good boss". The staff team was small, consisting of only six staff. The registered provider told us they communicated with the group via secure social media rather than through staff meetings. However, they told us that they would be arranging some face to face team meetings.

- Staff understood the provider's vision for the service in putting the people supported at the heart of service planning and delivery.

Working in partnership with others

- The service worked in partnership with a range of other agencies and professionals such as social workers to ensure people's needs were being met appropriately.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17.2 a The provider had failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.