A.M.D Care Company (UK) Limited

A.M.D Care

Inspection report

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23 August 2018
29 August 2018
12 November 2018

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was the first inspection of this service since it was registered with the Care Quality Commission (CQC) on 12 January 2017. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older people. At the time of this inspection the service was providing support to 14 people.

This inspection started on 22 August 2018 and ended on 12 November 2018. The service had changed location during the inspection process so the report was delayed until this process had been completed.

A manager was in post that had completed an application to register. During the process of the inspection the manager was registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were cared for safely and staff understood their responsibilities to safeguard people. Risk assessments and care plans contained enough information for care workers to mitigate known risks and provide safe care. There were sufficient knowledgeable and skilled staff so people had enough staff to support them at the times they needed. Staff were knowledgeable about people's care needs. The provider acted to ensure staff were suitable to work with people before they provided care. People's medicines were managed safely. Staff took adequate precautions to reduce the spread of infection and keep people safe from harm.

People were supported to have 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 were supported to have sufficient amounts to eat and drink. Staff had received an induction essential training, supervision and appraisal.

People and their relatives told us staff were kind and caring. Staff developed positive and supportive relationships with people based on equality and respect.

The service involved people and their representatives in discussions about their care so they received care that met their own specific needs. Care plans were in place to reflect how people would like to receive their care and support, and these covered all aspects of a person's individual needs, preferences and choice.

The service was well-led. Everyone we spoke with was positive about the way the service was managed. The provider promoted an open and inclusive culture within the service, and staff had clear guidance on the standards of care expected of them. The provider had systems to monitor the quality of the service provided and ensured people received safe and effective care. This included seeking and responding to feedback from people to inform the standard of care.

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.

The provider had an appropriate safeguarding policy and procedures in place and staff had a good understanding of their responsibilities.

There were enough staff to meet people's needs and effective recruitment procedures ensured people were only supported by staff that had been deemed suitable and safe to work with them.

Risks to people's safety were managed appropriately.

Systems were in place so medicines were administered safely.

Is the service effective?

Good

The service was effective.

Staff clearly knew people's care needs and had the knowledge and skills to meet these needs.

The principals of the Mental Capacity Act 2005 were understood and staff received training about this.

Is the service caring?

Good

The service was caring.

People gave good feedback about their care workers and we found staff had developed good relationships with them and their families.

People or their relatives were fully involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good

The service was responsive.

The provider had an appropriate complaints procedure in place.

Care plans were regularly reviewed to ensure they reflected people's changing needs and wishes

Is the service well-led?

Good

The service was well-led.

People were very happy with the management of the service.

A range of quality assurance processes such as surveys, audits, accidents and incidents and spot checks had been used continuously to drive improvement.

A.M.D Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place between 22 August 2018 and 12 November 2018 and was announced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

During our inspection we spoke with three staff, the Head of Care and the manager. We spent time looking at records, including four care plan files three staff recruitment and training files, medication administration records (MAR), complaints and other records related to the management of the service. We carried out visits to two people in their own home and contacted one person and four relatives by telephone.

Good

Is the service safe?

Our findings

All the people and relatives we spoke with said the service kept them safe. A relative said, "They are definitely safe with them. They are a superb bunch of staff. For example, they needed to use a hoist with [family member]. They are all very competent and confident with the hoist." Another relative told us, "They know what they are doing and they know [family member] so know when they are not them self or a bit tired. I can trust them. We feel comfortable with them, it doesn't matter which carer it is."

Staff knew how to identify if people were at risk of abuse and were confident to report any concerns. Staff received training in safeguarding people from the risk of abuse. The provider had a policy on safeguarding people from the risk of abuse, and staff followed this. This meant people were safeguarded from abuse. One staff member said, "I would go straight to [head of care] and write a report, I would go to CQC if I was still worried."

The provider had effective arrangements in place to manage risks to people's safety. People's care records included specific risk assessments which included moving and handling, falls and pressure area risk. We saw specific guidance was included for example, a photograph of the hoist and the sling was included within care plans. There was information to guide staff members when delivering support to people, including how to reduce identified risks. For example, one person was at risk of having a seizure and their care plan contained guidance for how staff should respond.

Staff had been recruited safely. They underwent appropriate recruitment checks before they started to work at the service to ensure they were suitable to provide people's care. Pre-employment checks had been carried out to make sure new staff were of good character to work with people. Checks included, at least two references, proof of identity and Disclosure and Barring checks (DBS). The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people. These checks helped to ensure only suitable applicants were offered work with the service.

People had enough staff to support them at the times they needed. One person said. "There are familiar staff coming. They are usually on time but they can't guarantee it as they might have an urgent emergency to deal with it. They usually give me a call if they are going to be late which is especially important for the evening call. They usually stay for the full half hour but may go a bit early if they've done everything. At the weekends they seem to have a bit more time." A relative told us, "They are generally on time. I think it says the visit is between 10-11am and they usually arrive between 10.30 and 11am They do get held up occasionally and can't be specific on time. They do stay for the full time and we see the same carers on a regular basis."

All staff had completed both infection control and food hygiene training. Staff told us there were plentiful supplies of personal protective equipment (PPE) which they wore. Staff's adherence to the infection control guidance was monitored during 'spot checks' of their practice. Processes were in place to ensure people were protected from the risk of acquiring an infection.

Staff had received training on how to support people with their medicines if they needed or wanted this. The staff we spoke with told us they had received medication training so if they visited someone who needed help to take their medicines they could do this safely. We looked at how the agency managed medicines in people's homes and the policies and procedures in place for staff to follow. We saw care records contained information about the different support people required to take their medicines. The management team also undertook audits, and any shortfalls were identified and suitable actions put in place including a discussion with staff which was recorded.

The provider kept all accidents, incidents and safeguarding concerns on a matrix which enabled them to have an overview in place to identify any trends or themes. This enabled them to reduce the risk of the incident happening again.

Good

Is the service effective?

Our findings

People received effective support from staff who were skilled and trained in their job role. Staff received an induction prior to beginning work and then spent time shadowing and working alongside experienced staff. New staff were completing the care certificate

Records showed staff received mandatory training, including, mental capacity act and deprivation of liberty, health and safety, fire safety, information governance, moving & handling, safeguarding adults, resuscitation, food hygiene and administration of medication.

Staff confirmed they could also attend further training related to specific needs. For example, when staff had been required to take over the 'PEG' (percutaneous endoscopic gastrostomy) feed for one person, all staff involved in that person's care received training. A PEG is used in people of all ages, who are unable to swallow or eat enough and need long term artificial feeding. The Head of Care confirmed they would access specific training for staff if people's health needs changed. One staff member said, "I have done mandatory training, care certificate, hoist training, medication. We had a person with a feeding tube and we had training for that. We did dementia training, before we go out we get the care plan. Anything we are not sure of we call [head of care] who will organise it."

Staff received support in the form of regular supervision and annual appraisal meetings. Competency assessments were carried out with each individual member of staff to ensure the training provided was effective. People told us staff had the necessary skills, knowledge and experience to provide the care and support people required. One relative said, "I do think they have the skills to look after [family member]. I'm not in there when they help them shower so I don't know exactly what they do but [family member] always looks and smells fresh and clean after they have showered them. I do feel that if anything happened, which fortunately it hasn't, then they would respond appropriately and know what to do."

People's needs had been assessed and care plans were based upon assessments of their needs and wishes. These assessments had been used to create the care plan. People, when required, were supported effectively with their nutrition and hydration, and when necessary people's care plans detailed their requirements. A staff member told us, "We offer as much choice as possible from what is available." The head of care told us if they were concerned about a person not eating or drinking they would add a food and fluid chart to monitor their intake. They told us, "We did this recently and contacted the district nurse as we were concerned, they visited and found the person had an infection, so we know it is important to keep an eye on these things."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications to deprive people of their liberty must be made to the Court of Protection. People who used the service or their representative had signed to record they consented to the care and support staff provided. Care plans included information related to a person's capacity and the head of care told us they would refer to other professionals if there were any concerns related to best interest decisions. A staff member told us, "I offer choices and for example, they might say they had eaten. I prepare something and place in front of them. We would contact the office for big decisions and they would contact everyone necessary to support the person."

People had access to external health and social care professionals, and the service worked with external professionals to help ensure people's care was co-ordinated. One social care professional told us, "I've had many dealings with AMD and always find them to be approachable, responsive and caring." One person said, "Staff understand what is needed for my catheter and contact the district nurse if there are any concerns."

Good

Is the service caring?

Our findings

People and relatives, we spoke with who used the agency were positive about the staff that supported them. One person told us," There has never been anybody I've felt uncomfortable with. They did send a couple of male carers in the past- I don't remember being asked if I minded. However, those carers have since left and I have to say I feel more relaxed with the female carers although the men were all nice enough. They are always gentle and considerate- I have no complaints. They also tidy up after the shower and put all the towels back. They all ask how I am before they start helping me and ask if there is anything else they can do. "Another person said, "They are very nice, friendly and obliging staff." A relative said, "They are all very friendly and have a lovely relationship with [person]. They all greet them in a friendly respectful manner and as they depart. I know [family member is happy with them"

Staff told us they had time to spend with people and clearly knew the people who used the service well. A team leader said, "As we are small I know most of the clients and see them on a regular basis. We get to know people for example, [named person] we talk about their life and they like a beer. We tell them what we are doing so they feel involved." A relative told us, "The carers are very helpful and friendly because they see [family member] on a regular basis and we have got to know them and they have got to know us. They always ask how I am. I have a serious illness myself and with their help I am able to have the time and energy to focus a bit more on my own health. They have also offered to do extra little jobs such as if I want a bit of shopping doing. They are not my carers but they do seem to be happy to help me out too."

People were actively involved in decisions about their care and treatment and their views were considered. People and their relatives met with staff to discuss their care needs and to review their care documentation. Care plans were signed by the person or their representative and reviews of care recorded.

All people we spoke with said their privacy and dignity were respected. Staff were considered to be attentive, friendly and respectful in their approach. Staff were aware and respectful of people's cultural and spiritual needs. One person said, "They help with my shower and I tell them exactly what I want and how I like things done." Another person said, "They are always gentle and considerate, I have no complaints. They also tidy up after the shower and put all the towels back. They all ask how I am before they start helping me and ask if there is anything else they can do."

Good

Is the service responsive?

Our findings

People and their relatives were actively involved in the care planning process. Before people started using the service a full assessment of their needs was completed to see if they could be met by the service. Care plans were then developed identifying how people liked to be supported. We saw care plans detailed how the person preferred to be supported and were reviewed regularly to ensure all information was up to date. Care plans covered a range of areas including, medical history, equipment, medicines, communication, background information and preferences including gender of carer. One person said, "I was involved and know exactly what is in it." A relative said, "The care plan is upgraded on a regular basis and they send any new papers out." Another relative said, "They set up the care plan very efficiently and effectively and we felt very involved in the whole process and listened to."

Staff knew the people they were supporting and could describe things that were important to the person and how best to support them. One staff member said, "One person likes things done in a certain way even down to how to place their teapot. We get to know people's routines. We will talk to them about their life and family and they ask about ours."

Information was recorded to make staff aware of each person's communication methods and how to keep people involved in daily decision making. A relative said, "I told them [family member] had no helpful sight and just to put a hand on them before speaking which they did. They would say 'Hello (Name of person) Its (staff name) here. I've come to help you to ….and we are now going to…..' They let them know what was happening and kept them involved."

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. The head of care told us they had provided accessible information for people that required it. For example, they had produced a brochure in braille and a brochure for one person in their first language that was not English.

The service had a complaints process in place. People and relatives, we spoke with told us they would know how to make a complaint and would feel comfortable in doing so, should the need arise. One person told us, "I would feel very comfortable if anything was wrong, to complain. I would say something to the carers themselves first and then if it didn't improve I would speak to the office. One of the carers came with a form a few weeks ago and had to fill it out. It was about how I'm feeling about the care. I said I have no complaints. The seniors do come out to replace the carers occasionally. In the very beginning one of them came out with the carer to see how they were getting on." A relative said, "The senior people come out on a regular basis to see how we are and sometimes they come out to cover a care visit. They are very approachable. They just pop in for example, recently [named staff member] called in and said she was here to do some paperwork. They usually pop in rather than make an appointment, that is ok with me. If there was a problem I would feel happy to complain and I do think they would take it seriously."

There were systems in place to ensure staff could report any changes to people's care needs. Daily notes

were completed by staff and we saw these in use in people's homes. Staff told us the care team worked well together and with other community workers. If someone they were supporting was moving towards the end of their lives staff worked with the district nursing team to help make sure people could stay in their own homes and be cared for. One relative we spoke with told us their loved one had recently passed away and they still wanted to share their comments about the service with us. They said, "They were amazing. [Family member] was in hospital and had got used to depending on others. I wondered how we would cope when they came home but the caring team were fantastic. We only had the care in for four weeks but they showed such care and loving to [family member] and such consideration for me. My relative died on Tuesday afternoon and I let [named staff member] know. They immediately said how sorry they were and would I like somebody to come out to see me. They sent [named carer] who had been one of our regular carers over the four weeks and we had a hug and cup of tea. They are just very human whilst still professional. The carers were so wonderful they helped make the end of [family members] life peaceful. The last few weeks went well. We couldn't have asked for more."

The head of care told us they worked closely with a local hospice and had a staff member that was an end of life champion. They [end of life champion] and the head of care supported staff when they worked with people at the end of their lives. The head of care told us they were looking to book all staff on formal training in this area.

Good

Is the service well-led?

Our findings

People who used the agency were positive about the services provided, the management and staff. Comments made included, "Had other companies which were cowboys, I have been with this one over eight months, which tells you they are doing something right", "I would be happy to recommend them" and, "I can usually get through to the office staff if I need to and if I leave a message they get back to me."

Several people and relatives we spoke with did not know the name of the manager or seniors but reported senior staff would frequently come to visit them. Some people mentioned the head of care as the manager. The provider had recently appointed a new manager who had applied to register and during the inspection process we were made aware this application had been approved. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff said they enjoyed working at the service and they received good support from the senior staff. A staff member said, "We have an on-call phone and [head of care] and the deputy are always available, I can ring them at any time." Another staff member said, "We have supervision with head of care or deputy. Staff meetings are quite regular. We pop in the office and get gloves and aprons. I feel very supported by the managers." A third staff member said, "We work well together, it is a small team and they are great, we help each other and pull together."

Staff said communication was effective to ensure they were made aware of risks and the current care requirements of people. This included information from the office and the daily care entries in people's individual records. One staff member said, " We get emails with any updates, if urgent we will get a phone call from the office."

There were quality assurance systems in place to help ensure any areas for improvement were identified and action was being taken to continuously improve the quality of the service provided. The head of care and senior staff monitored the quality of the service provided by regular visits, satisfaction surveys and by regularly speaking with people to ensure they were happy with the service they received. Checks were carried out to monitor and observe staff practice in a person's home and senior staff also worked alongside staff to monitor practice through unannounced spot checks of staff. This helped to assess the quality of the services provided and maintain a high standard of service.

The service sent people and their relatives a six-monthly questionnaire to get their feedback on the service and identify areas for improvement. Comments included, "The care received is excellent, staff are completely trustworthy and do everything asked of them", "Excellent care" and, "All my carers arrive on time and are willing to do anything." The head of care would contact people or relatives if feedback received required a response or an improvement to the service.

A quality monitoring audit was carried out by the local authority in January 2018 and the service received a

'good' rating.