

Amachyck Care Solution Ltd

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Inspection report

92
Wood Lane
Dagenham
RM9 5SL

Tel: 07576028514

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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

Amachyck Care Solution Ltd is a domiciliary care agency registered to provide personal care. At the time of the inspection two people were receiving care.

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

Risks to people were assessed and monitored. People's medicines were managed safely. The service had systems in place to safeguard people from abuse and record incidents and accidents. There had been no incidents, safeguarding or otherwise, but we were assured people would be kept safe and the provider would learn from lessons when things went wrong. Staff recruitment processes were robust, and people and relatives had no concerns with staffing. There were infection prevention and control measures in place.

The service assessed people so they knew whether they could meet their needs. Staff were trained and received supervision in their roles. People were supported to eat and drink healthily. People were supported with their healthcare needs and staff at the service communicated effectively with each other and the management. 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. Staff sought people's consent and people's consent was recorded in their care plans.

People told us they were treated well by staff. Staff understood and respected people's diversity, and their privacy and dignity. Staff promoted people's independence. People were supported to express their views and be involved in decisions about their care.

People's needs were recorded in personalised care plans and staff knew people's needs. The service supported people with their communication needs and sought to ensure people could take part in activities they wanted to. People and their relatives knew how to complain and who to complain to.

People, relatives and staff thought the service was well led. Staff were clear about their roles and understood regulatory requirements and duty of candour. There were quality assurance measures in place. People, relatives and staff were able to engage with the service through different ways and have their voice heard. The service worked with others for the benefit of people who used the service.

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

Rating at last inspection (and update)

This service was registered with us on 20 June 2019 and this is the first comprehensive inspection. We completed a focused inspection (published 04 January 2021) and rated the safe domain requires improvement and the well led domain inadequate. We do not provide an overall rating when we do not inspect all domains.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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 ●

Amachyck Care Solution Ltd

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 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.

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 24 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 06 July 2021 and ended on 12 August 2021. We visited the office location on 08 July 2021.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with two members of staff, the registered manager and the deputy manager.

We reviewed a range of records. This included two people's care and medicine administration records. We looked at four staff files in relation to recruitment and staff supervision. We also viewed a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke over the telephone with one person and one relative about their experience of the care provided. We also spoke with a further three members of care staff. We also continued to seek clarification from the provider to validate evidence found.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The service completed appropriate risk assessments with people to monitor risk of harm to them. At our previous inspection, we had found inappropriate risk assessments which had not addressed risks to people or had assessed non-existent risks. At this inspection we saw risk assessments were personalised to people's needs and preferences and included areas specific to people's medical conditions.
- Risk assessments included areas such as personal hygiene, specific health conditions and also moving and handling. Assessments identified risk to people and provided instructions to staff how to lessen risk or what to do should an adverse incident occur.
- Staff knew the risks people faced. One staff member said, "Risk assessments are important. For example, when the client's is at a risk of fall you need to know to be careful and look out for things."

Using medicines safely

At our last inspection the provider had failed to ensure medicines were being managed safely. This was a breach of Regulation 12 (Safe Care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People medicines were managed safely. One person said, "Yes they do it properly [administer medicines and offer with a drink]." At our previous inspection we had found poor record keeping of medicine administration and little information about people's medicines. At this inspection we saw staff completed electronic Medicine Administration Records (MAR) charts to record medicines administered and were reminded by the electronic system to ensure administration was completed.
- These records could be reviewed in real time by office-based staff to ensure administration had occurred. MAR charts were audited by management. MAR charts and care plans contained specific information about

medicines, why they were prescribed and any risks they presented.

- Staff were trained in medicine administration and followed a medicines management policy. Information about people's medicines was recorded in specific medicines risk assessments and care plans. This meant staff had access to all the information they required to ensure people's medicines were managed safely. One staff member told us, "When there is medication you have to let them know what you are giving to them."

Systems and processes to safeguard people from the risk of abuse

At our last inspection We recommended the provider follow best practice guidance around safeguarding and work with the local authority to ensure people are kept safe. The provider had made improvements.

- People and their relatives told us they felt safe with staff. One person said, "The carers are nice and safe." At our previous inspection we noted staff had not read the safeguarding policy, which provided information on what to do if abuse was suspected. At this inspection we saw the policy had been read by all staff. Staff had also trained in safeguarding and recognition of the signs of abuse. Safeguarding was also a recurrent topic at team meetings. One staff member said, "It is everybody's responsibility. You have to know about the policy and guidelines that support the customer. Always tell the office if you think something is wrong. We did training on abuse and different kinds of abuse."
- There had been no safeguarding concerns raised since our last inspection. However, the registered manager and deputy manager were able to tell us what they would do if concerns were raised. They would follow their own policy, raise the concern with the local authority and notify CQC.

Learning lessons when things go wrong

- There were systems in place to learn lessons when things went wrong. Although there had been no incidents or accidents since our last inspection, the service was prepared for when something went wrong. There was a policy to follow and documentation for recording incidents and accidents. The registered manager told us they would review any incidents and complete actions to ensure reoccurrence was limited and people were kept safe.
- The registered manager told us any learning from any incident, accident or complaint would be shared with staff in supervision or at a team meeting.

Staffing and recruitment.

- The service had robust recruitment practices. At our previous inspection we had found staff employed with incomplete employment histories and no references. At this inspection we looked at four staff files and saw everything was in order.
- The provider had completed pre-employment checks with staff to ensure their suitability for their roles. These included checks on identity, employment history, criminal history and experience. This meant people's safety was considered throughout the employee recruitment process.
- People and their relatives told us they had no concerns with staffing. One relative said, "There is enough staff." One person said, "[Staff] arrives on time and clock and do what needs to be done." Staff rotas indicated there were sufficient staff at the service to meet people's needs. The service used an electronic system which recorded when employees attended calls. We saw staff arrived on time and worked for the duration of the call.

Preventing and controlling infection

- The service had infection control and prevention practices in place. One staff member said, "We use our sanitiser, gloves and facemask to control infection and protect ourselves and others." The service followed

an infection control policy which was based on national COVID-19 guidance. Staff were trained on infection control and how to use Personal Protective Equipment (PPE). The service had ample supplies of PPE.

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 not rated. At this inspection this key question has now 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

- People's needs were assessed before they began using the service. Initial needs assessments were completed with people who wished to use the service. They recorded people's support needs and their preferences and also people's equality characteristics in line with UK law. Assessing people's needs and preferences in this manner enabled the service to understand whether they could meet people's needs and provide a service which suited them.

Staff support: induction, training, skills and experience

- Staff received an induction to prepare them for their roles. This ensured they knew what they were supposed to be doing when they began working with people. Induction included training in specific areas such as medicine administration, moving and handling also shadowing experienced staff. A relative told us they felt this was a positive experience when staff shadowed in their home. A relative said, "When we get new carers, they will bring the carer who comes in and shadows the experienced carer and follow the routine we like."
- People and relatives thought staff had the right skills for their roles. One relative told us, "The carers are very knowledgeable, and they are well trained." Staff completed training to assist them in their roles. Training all staff had to complete included topics ranging from safeguarding adults, moving and handling and equality and diversity.
- Staff told us they were supervised in their roles. One staff member said, "We do these [supervisions] every three months. We talk about the clients and how we're supposed to behave." Staff received regular supervision, often receiving an introductory supervision to discuss adapting to the role. Other topics we saw record in staff supervision notes included time keeping, the importance of infection control and communication with the office. Supervision provided an opportunity for staff and the provider to discuss people's needs and how to work effectively with them.

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

- People were supported with their meals where required. One relative said, "They [staff] support with the meals. Everything is fine. They prepare the meal as we have requested them to. They make lovely meals." Care plans contained information about people's dietary needs and preferences. Staff were trained in food hygiene.

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

- Staff supported people with their health care needs. One relative, who told us their family member was

supported to attend hospital and GP appointments, said, "They would alert me straight away [if they felt family member was unwell] and I would decide whether to call the GP or ambulance."

- Care plans contained information about people's health conditions. For, example there was detailed information about one of the person's health condition and what to do if they had a seizure. This meant staff knew what the condition meant for the person, what the potential risks were and how to manage them and also when to seek emergency medical help.
- The service recorded up to date information about people's care in daily notes. Staff had access to these notes electronically which assisted in providing effective and timely care. If required these notes could be shared with health care professionals to support people's 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.

We checked whether the service was working within the principles of the MCA.

- Relatives told us staff sought people's consent when providing care. One relative said, "I do find it funny as they always ask [family member] for their permission to do things and I wonder 'why are you keeping on asking?' They always do it. They are very professional"
- Staff understood the need for consent and acting in people's best interests. One staff member told us their understanding of the MCA, "We always seek their [people's] consent."
- Care plans contained consent agreements. These documents sought to ensure people's right to make their own decisions were protected and the service acted in line with the MCA.

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 unrated. At this inspection this key question has now 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

- Relatives told us staff were caring. One relative told us, "They are very caring. My [family member] adores them."
- Staff were trained in equality and diversity and policies and documentation at the service supported people's equality and rights. Policies sought to uphold people's human rights by providing staff with guidance on how people should be treated.
- Staff told us they were happy working with people who had diverse needs. One staff member told us, "I have had training in equality and diversity. We try to learn about people's culture before we work with them. We don't impose our ways on them." Another staff member said, "I believe there should be no discrimination when it comes to care. It shouldn't matter where we come from, we should accept everyone."

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

- People and relatives told us they were involved in decisions around their care. One person told us, "Yes I can [make decisions about my care]."
- Staff involved people in decisions about their care. One staff member said, "We ask them their permission and don't force them to do anything they don't want to."
- Care plans contained information about people's preferences. These were reviewed regularly. People and their families were recorded as being involved with care planning through regular meetings. This meant they could raise concerns and have input into decision in care.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us people's privacy and dignity was respected. One person told us, "Yes they do [respect my privacy and dignity]"
- Staff told us they respected people's privacy and dignity. One staff member said, "We try to respect their privacy as much as possible. We don't talk about them outside their work." People's confidential information was stored on password protected computers or mobile phones. Policies at the service supported data protection and people's confidentiality.
- Staff sought to promote people's independence, "We encourage people to do as much as they can." People's care plans sought to promote and encourage people's independence and choices.

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 not rated. At this inspection this key question has now 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's needs were met through personalised care. One person told us, "[Staff] knows what my condition is and what to do."
- Care plans were personalised and recorded people's needs. People's needs, preferences and health conditions were captured in specific care plans relating to differing areas of concerns. For example, we saw a care plan relating to one person's long-term health condition.
- This care plan contained information about the condition, how the person liked to be cared for in regard of the condition and how to respond when adverse effects of the condition occurred. Care plans we saw included nutrition and hydration, medication and personal hygiene.

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.

- There were specific care plans to assist staff to support people with communication. These care plans recorded communication needs and preferences. They also provided instructions for staff how best to communicate with people.
- The registered manager told us should people's need require it, they would adapt ways of communicating with them and would seek support from the local authority. They told us they sought to employ a diverse staff team to support with different language needs within the local community.

Supporting people to develop and maintain relationships to avoid social isolation

- People were supported to do things they wanted to do. One person told us, "I go walking with [carer] in the park." A relative told us, "Sometimes [person] wants to play games and they [carers] do whatever [person] wants to do." People's social activities and preferences were recorded in their care plans and staff were directed by people on how they wanted to spend their time. This meant where people wanted, they were supported to maintain relationships and avoid social restriction.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint and told us they would feel able to do so. One relative told us, "I would complain to the manager no problem. They have a complaints policy and procedure and told me I can use that if I need to." There was a complaints policy which was provided to people and relatives. At the time of our inspection there had been no complaints about the service, but the

registered manager told us they would seek to address any concerns raised and where possible make positive changes to the service as a result of the complaint.

End of life care and support

- At the time of inspection the service was not working with anyone who was end of life. However, the registered manager told us they were able to access training on how to do so and would do if required. There was an end of life policy and documentation could capture people's end of life wishes should they wish to share them.

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

At our previous inspection we found the provider had failed to maintain accurate records in relation to the management of a regulated activity. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our previous inspection we had found documentation not being completed in a person-centred manner, medicines were not being managed safely, staff did not have access to adequate information to support people and recruitment processes were not robust. At this inspection we noted the provider had invested a lot of time and effort into addressing our concerns. They had embedded a solid infrastructure which focused on individuals, their needs and preferences.
- People and relatives told us they were happy with the service they received. One relative said, "It's been great. I mean they actually surprised me more than I expected. When we began, we weren't sure; I think they've done very well looking after my [family member]." The service had a service user guide which detailed how the service wanted to provide person centred care.
- People, relatives and staff spoke highly of the management. One staff member said, "The management are quite communicative and let us know what is new and what we have to do. We are all cooperative" Another said, "They are good. They are approachable."
- The registered manager and deputy manager who supported the inspection showed us action plans to improve the service and for potential growth which focused on providing good care. They were both transparent about previous shortfalls of the service and were open to ideas around improvement.
- Staff were clear about their roles. The registered manager was aware of their responsibilities to ensure people receive good care. They also understood the need to notify the Care Quality Commission when things went wrong.

Continuous learning and improving care

At our previous inspection we found the provider did not ensure there were sufficient quality assurance

measures to assess, monitor and improve the quality of care provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our last inspection we found few quality assurance measures. The service had not completed spot checks, collected feedback from people or staff and had not properly audited medicine administration. At this inspection we found regular spot checks were in place and there was feedback from people, relatives and staff. We also noted medicine administration was quality assured as the service had invested in an app which reminded staff about administration and ensured compliance.
- Feedback within spot checks showed people were satisfied with the service being provided by staff.

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

- People, relatives and staff told us they were able to feedback about the service. One relative said, "I do feedback on how the service is."
- Feedback on the quality of service was received from people and relatives through spot checks, regular phone calls from the office staff and survey forms. Feedback showed people were happy with the care they received. For example, one completed survey form we read said, "Staff make me feel safe, things are dealt with quickly."
- Staff had the opportunity to engage with the service and provide their own feedback about the service. There were staff meetings and staff could complete surveys too. Meeting topics included infection control, policies and procedures and working with people.
- Staff survey forms were positive and highlighted staff were content with the provider and how the service was managed.

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 things occasionally go wrong and told us how they would act appropriately should things go wrong. Whilst there had been no incidents, we saw action plans completed by the provider, and shared with CQC and the local authority, which highlighted the provider addressed concerns raised by them. Email communication seen between registered manager and people and their relatives, showed a transparent work ethic and openness to addressing problems when they arose.

Working with others

- The service had forged relationships with other professionals. These relationships had been created with the aim of improving the service for people. These included joining a domiciliary care and care home network where care provision and innovation in care were discussed. The provider had also attended webinars hosted by local authorities with a view to networking with other local providers.