

Amari Care Services Ltd

Amari Care Services

Inspection report

89 Bridge Road
Lowestoft
Suffolk
NR32 3LN

Tel: 01502537293

Date of inspection visit:
23 January 2020
27 January 2020
28 January 2020

Date of publication:
26 February 2020

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

Amari Care Services is a domiciliary care service providing care to people in their own homes. 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 inspection, the service was providing personal care to 59 people.

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

People told us that they received care from a regular group of carers they knew well and that they arrived on time and never missed visits. This confirmed there were enough staff employed to meet people's needs. People told us the staff were friendly, kind and that they knew them well.

People were actively involved in the planning of their care, the way they wanted this delivered and in deciding when and what time staff should visit them. People were asked for their feedback in a number of ways and people told us they felt the service would listen to them if they had any concerns.

People told us they felt safe when the carers visited them. Risk assessments were carried out and measures were in place guiding staff on how to reduce any identified risks. People who required support to maintain good nutrition and hydration told us they received the support they needed.

The service worked well with other agencies to ensure people had a comfortable, pain free death and could remain in their own home as per their wishes. Information about people's preferences was documented.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People told us staff asked for their consent before carrying out tasks and were respectful of their home.

People told us the service helped them stay as independent as possible. People said staff only carried out tasks they were unable to manage themselves, with their agreement.

Where required, the service liaised with other healthcare professionals to ensure people received joined up care.

There were systems in place to monitor the quality and safety of the service provided.

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

Rating at last inspection

The last rating for this service was good (published 14 July 2017).

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 ●

Amari Care Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector. An Expert by Experience telephoned people using the service and relatives across two days following our visit to the office.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides care and support to 59 people living in their own homes.

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 registered manager a short notice announcement of our visit to the office. This was to ensure someone would be available to assist us with the inspection.

Inspection activity started on 23 January 2020 and ended on 28 January 2020. We visited the office location on 23 January 2020.

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. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and three relatives about their experience of the care provided. We spoke with three members of staff including the registered manager and care staff.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding processes and procedures. They had received training in this subject. We overheard a staff member raising concerns with the registered manager about the way one person was being treated by a family member. Safeguarding referrals were made as appropriate.
- People told us they felt safe when receiving care from the service. One said, "They guide me safely to and from to make sure I do not fall over, I am quite safe with them helping me." Another person told us, "I feel so safe with them handling me, they know what they are doing."

Assessing risk, safety monitoring and management

- The service carried out risk assessments to identify any risks to people. Where risks were identified, measures were put in place to guide staff on how to reduce these risks. People were involved in discussions about reducing risks and were asked to contribute to and sign off their care plans.
- Staff were aware of the risks to people and how to mitigate these without restricting people's independence.

Staffing and recruitment

- People told us they received care and support from a regular group of carers who knew them well. One said, "Yes they do try to keep regular ones as much as they can and I know them all anyway and if get a new one they are always introduced beforehand." Another person told us, "I get the same carer apart from their day off. Just have ladies which was my personal choice to have and I know all the carers that come to me."
- People told us that the staff arrived when expected, stayed for the agreed duration and did not miss any calls. One said, "The carers are perfect, on time with no missed calls. If they are going to be held up for any reason like in traffic, which is rare, they text me. I always get my full time with them." Another person told us, "They are good time keepers and always get to me within a few minutes. Not had a missed call and never go early. Always get my full time as well." A relative commented, "They stay [the] full time, in fact they sometimes stay over it. Definitely good on call times for them and had no missed calls, even in the snow. Well pleased."
- The service had robust procedures in place to ensure staff were suitable to work with vulnerable people. This included carrying out checks to ensure people did not have criminal convictions which may make them unsuitable to work with vulnerable people.

Using medicines safely

- Where people required assistance with their medicines, these were managed, monitored and

administered safely.

- People told us they received their medicines on time. One person said, "They ensure I have taken my medicines when they come as I sometimes forget." Another person told us, "Although I can take tablets, check blood myself and do my insulin I can tend to forget. So they come in and ensure I have taken everything correctly which is so important to me." A relative commented, "[Family members] medicines are time essential, they need them at 7am every morning. The latest carers have ever been to do them has been 7.15am so that was ok. They get them out and they take them with a drink of water. They need prompting to take them."
- Medicine administration records (MARs) were returned to the office and checked by the registered manager. The registered manager had identified some instances where staff had not signed for medicines they had administered. They told us that they were arranging one to one focused supervisions with staff members to address this.
- The registered manager told us that they and the team leader also provided direct care to people and used this as an opportunity to check stocks of medicines and recording. Issues were then addressed promptly before the records were returned to the office.
- Staff had received training in administering medicines and had their competency regularly checked.

Preventing and controlling infection

- Staff had appropriate access to personal protective equipment (PPE) when carrying out personal care. We observed a staff member come into the office while we were there to collect supplies of PPE. All the people we spoke with confirmed staff always wore gloves and aprons when supporting them.

Learning lessons when things go wrong

- Incidents and accidents, although rare, were recorded, and thorough investigations carried out when these occurred. Consideration was given to whether there were themes in when these occurred which may indicate changes were required to people's care and support plans.

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 rated as good. At this inspection this key question has remained the same.

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

- The service carried out assessments of people's needs prior to them starting to provide care to the person. This included discussions with the person regarding their preferences and what they would like help with.
- People's care records were written in a way which reflected best practice guidance such as that produced by the National Institute of Health and Care Excellence (NICE).

Staff support: induction, training, skills and experience

- People and relatives told us they felt staff were well trained and knowledgeable in their role. One person said, "I would actually say that their training is good and reflects on the good care they give to me." A relative said, "In my opinion they are well trained and well skilled. [Family member] has learning difficulties and they cater for them well."
- The service provided staff with suitable training for the role. This included specific training relating to the needs of people they cared for. The registered manager carried out the same training as the staff. We observed them giving support to a staff member who came into the office to carry out some training.
- Staff were encouraged to improve upon their skills and progress to roles with more responsibility. Appraisals were carried out to build upon the skills of the staff team.
- Senior staff, including the registered manager, carried out spot checks on staff practice to ensure that training had been effective.
- Practical one to one sessions were carried out with the registered manager. During these the registered manager attended a care visit with the staff member and assessed their skills and competence during the visit.

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

- Where it was part of their agreed support plan, people were assisted with eating and drinking sufficient amounts to maintain good health. People said they received the support they needed from staff. One said, "They ask what I want for breakfast, usually have cereal but they would cook me something if I requested." A relative told us, "They prepare [family member's] breakfast and [family member] will eat it when they want to."
- Care plans set out in detail what support people required and when this should be delivered. Their preferences on what they liked to eat and drink was recorded.

Supporting people to live healthier lives, access healthcare services and support

- Care plans set out whether people required any help with accessing support from external healthcare professionals. All of the people we spoke with told us they did not require support with this.

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.

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.

- People told us staff asked for their consent before coming into their home or supporting them with tasks. One said, "They ask how I am on the day and if I want certain things doing or not, they see to it." Another person told us, "Sometimes I want my hair washed for instance, but not every time, so they ask and I decide."
- The service assessed people's capacity to make specific decisions and the outcome of these assessments was documented.

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 rated as good. At this inspection this key question remains 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

- People told us staff were kind to them and treated them with respect. One said, "The care I get is good and all the carers are nice and I get on with them all. All very caring in their approach to me and very respectful of my home." Another person told us, "Very caring and approachable for anything, well pleased with all of them. We both are." A relative commented, "They are all caring and respectful. Very respectful to our home when here as well."

Respecting and promoting people's privacy, dignity and independence

- People told us that the staff respected their privacy and upheld their dignity. One said, "They close the curtains when hoisting me out of bed and getting me dressed and washed, which they carry out gently and with dignity, fully respected." Another person told us, "I have them give me a full wash and shower and all curtains are closed and a towel given to keep me covered." A relative commented, "When getting [family member] out of bed, washing them and seeing to their continence needs they always close the curtains and door and will wait nearby until they call them when they have finished."
- People said the service helped them to be independent and some people said they now required less care than before due to the support they had received from the service. One said, "Gone from having four calls to two now." Another person told us, "I was stuck in bed until they came to do my care, now I can do a lot myself and they still keep encouraging me to do what I can."

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

- People told us they felt listened to by the staff. One said, "They always listen to what I have to say and do accordingly." Another person told us, "They do what I want, they will do anything I ask of them to be fair."
- People's care plans were personalised and people's involvement in what was written about them was evident. People had been asked to sign their care plans where this was possible to indicate they were happy with the contents. One person said, "My care plan is all good and I do it with them. I have it here in a folder."

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 rated as good. At this inspection this key question has remained the same.

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 care plans were personalised and included information about their likes, dislikes and preferences.
- Detailed life histories were in place so staff could better understand the people they cared for. These reflected the things that were important to people.
- Records confirmed that prior to people receiving care from the service, the registered manager considered how they could match carers with the person who required care. This meant they took into account compatibility and the person's preferences when deciding who should deliver the care. People were introduced to a number of carers so they knew who would be visiting them.
- People told us that the carers who visited them knew them well. One said, "I know them all and if get a new one they are always introduced beforehand."

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.

- Care plans made clear how best to communicate with people, including information about whether they were hard of hearing or had visual impairments.
- There were specific instructions on how staff should communicate with one person who could become agitated and unhappy in certain circumstances. This information was very detailed.
- Staff were aware of how to communicate with the people they cared for.

Improving care quality in response to complaints or concerns

- The service had not received any complaints at the time of our visit. However, an appropriate complaints policy and procedure was in place.
- People had been given a copy of the complaints procedure and told us they knew how to make a complaint. One person said, "They have given me the telephone numbers not only of the manager but also the care team leader and the co-ordinator. I have three points of call."

End of life care and support

- Whilst no one was currently approaching the end of their life, the service did offer people the option of

receiving end of life care from them in the comfort of their own home.

- The service linked up with external healthcare agencies such as the NHS and doctor's surgeries so that when people required care at the end of their life, this was delivered promptly to reduce the risk of discomfort or distress.
- One person had recently passed away and shifts had been rearranged so that staff who had looked after them could attend their funeral. We reviewed several thank you letters and cards from the relatives of people who had died, all of which were complimentary about the service. One family had thanked the service in an obituary posted in the local paper.

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 good. At this inspection this key question has remained the same.

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

- The registered manager and care staff promoted an open, inclusive and caring culture. The registered manager still took an active role in providing care to people using the service. This meant they knew them well.
- The registered manager and care staff understood their role in delivering person centred and individualised care. The registered manager took care to match staff with people using the service to ensure compatibility, taking into account people's preferences and personalities.
- People were given several different ways to feedback on the service. A regular survey of their views was carried out. We reviewed the responses to the most recent survey and saw that these were all positive.
- People said they were asked for feedback at other times on an ad hoc basis. One said, "In fact they only asked me last week for feedback on a new carer." The registered manager and team leader also carried out regular spot checks of staff practice and asked people for feedback at these visits. The registered manager told us that because they provided care to people themselves, they were also able to get feedback on how things were going and whether anything could be improved.

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

- The provider of the service is also the registered manager. They had an appropriate quality assurance system in place to assess where improvements could be made and to identify any shortfalls in staff practice.
- Audits carried out included checks of care records, medicines administration and the records completed within people's homes. This ensured that any shortfalls could be identified and acted upon promptly.
- Positive comments were made about the registered manager and everyone we spoke with said they knew them personally. One person said, "[Registered manager] did actually come once to do my care. Very hands on and good." Another person told us, "She is very good and very approachable." One other person said, "The manager is very good and keeps me well informed about things." A relative commented, "I am always talking to [registered manager] and she is very helpful for anything."
- Everyone we spoke with said they would recommend the agency. One said, "They are brilliant. Give an

excellent service. Would not hesitate to recommend them." Another person told us, "I cannot speak highly enough about them. Would recommend without any hesitation." A relative commented, "A very good and well run service. Happy with them. I would recommend."

- ☐ Notifications and referrals were made by the registered manager where appropriate. Services are required to make notifications to the Commission when certain incidents occur.

Working in partnership with others

- ☐ The registered manager had built positive relationships with external healthcare professionals and other organisations. They also attended best practice meetings held externally.