

Amphion Home Care Services Limited

Amphion Home Care Services Limited

Inspection report

1 Modder Street
Scunthorpe
Lincolnshire
DN16 2SH

Tel: 01724844534

Date of inspection visit:
13 December 2018
17 December 2018

Date of publication:
01 March 2019

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: Amphion Home Care Services Limited is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people and those living with dementia, physical disability or a sensory impairment. At the time of the inspection, they were providing a regulated activity of personal care and support to 159 people.

People's experience of using this service:

When talking about the service, one person told us, "It's fantastic. All staff are very good. I haven't got a bad word to say about them."

People were protected from avoidable harm and abuse by staff who could identify and report safeguarding concerns. People's medicines were administered as prescribed and this was closely monitored. Risks were identified and minimised through appropriate strategies whilst respecting people's freedom. People were supported by appropriate numbers of consistent staff who knew them well. The provider had completed appropriate pre-employment checks, though their records did not always evidence this and their recording process was to be reviewed.

Staff understood people's needs and provided support in line with people's preferences. Staff had completed relevant training, received regular supervision and annual appraisals and people were confident in staff skills and knowledge. People's dietary needs were met and they were supported to access health services in a timely manner.

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. Staff had received training in mental capacity legislation and understood their responsibilities. They knew how to gain consent before delivering care tasks and ensured people could make their own decisions and choices.

Staff maintained people's privacy and dignity whilst maintaining their independence. People and their relatives were consistently positive about staff and the quality of the service. Staff respected people as individuals and understood people's religious beliefs and cultural identity.

Care plans contained personalised information that supported staff to provide person-centred care. Staff were considerate when providing end of life care and supported people to have pain-free, dignified deaths with the support of relevant healthcare professionals.

People knew how to raise a complaint and were confident their concerns would be addressed. Complaints were addressed in line with the provider's policy and procedure. Where complaints had been received, information had been used to improve the quality of the service.

The management team were a positive influence on staff and had an open and honest approach which was

promoted throughout the service. Improving care was a priority of the registered managers and systems and processes were in place effectively monitor quality. People, their relatives and staff were included in the development of the service.

Rating at last inspection: At the last inspection the service was rated Good (published 14 June 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor this service and inspect in line with our re-inspection schedule or sooner if we receive information of concern.

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 ●

Amphion 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: The inspection was carried out by one inspector.

Service and service type: Amphion Home Care Services Limited is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people and those living with dementia, physical disability or a sensory impairment.

Not everyone using Amphion Home Care Services Limited receives a regulated activity; 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.

The service had two managers who were 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 2 working days' notice of the inspection site visit so the registered manager could arrange for staff to speak with us on the day of the inspection.

We visited the office location on 13 and 17 December 2018 to see the manager and office staff; and to review care records and policies and procedures. We contacted people who used the service and one relative on 18 December 2018.

What we did: Before the inspection, we looked at information sent to us since the last inspection such as notifications about accidents, safeguarding alerts and the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority adult safeguarding team and Healthwatch, the consumer champion for health and social care, to ask if they had any information to share.

During the inspection, we spoke with seven people who used the service and one relative. We spoke with a registered manager, a care coordinator and 10 care support workers. We also spoke with staff who worked in human resources and quality assurance.

We looked at a range of documentation such as care files and medication records for eight people. We looked other records for the management of the service such as recruitment, induction and staff training. We also looked at surveys, audits, complaints and staff rotas.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment.

- Staffing levels were monitored to ensure sufficient staff were available to meet people's needs. Staff worked flexibly to ensure this happened. Where possible, people were informed of any changes to their care calls and staff were informed of changes to their rotas by electronic system.
- The provider used a staff rota system that promoted continuity for people and travel time was acknowledged, which helped staff to arrive on time.
- People told us they were supported by consistent carers. One person told us, "The same carers come and support me. If there's any changes, they let me know. The staff are fantastic."
- The provider's recruitment processes helped ensure only suitable staff were employed. Checks included application forms, interviews and references. A disclosure and barring service (DBS) check was completed to ensure there were no exclusions from working in care settings. Not all recruitment files showed employment gaps had been explored or recorded the date of the interview. We raised this during the inspection so the provider could review their recording process.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns. The provider had appropriate policies and procedures in place, which staff used to report concerns internally and to appropriate authorities.
- Staff were aware of the provider's whistle blowing policy and staff told us they were confident issues would be addressed.
- People told us they felt safe with the staff. People said, "Oh yes, I trust the staff" and "They lock my door using the key from the key safe. They let themselves in and they always say I'm here so I know it's them."
- The registered manager responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.

Assessing risk, safety monitoring and management; Preventing and controlling infection.

- Care plans contained risk assessments which identified risks to people's safety and wellbeing. These were reviewed, updated and had suitable strategies in place.
- Systems were in place to protect people from the spread of infection. Staff were provided with and used personal protective equipment (PPE) appropriately. 'Spot checks' were completed and monitored staff use of PPE.

Using medicines safely.

- Staff were trained in the safe management of medicines and had good knowledge of current guidance when supporting people to take their medicines.
- People were encouraged to manage their own medicines where they had those skills. One person said,

"Staff cream my skin. I only have one medicine, but I get that myself."

- Medication administration records (MARs) were closely monitored and any problems were addressed promptly.

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.

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.

- Assessments of people's needs were thorough and considered their preferences when arranging their care. The assessments were used to develop care plans and these provided guidance to staff in how to support people in an effective way.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience.

- People were confident in staff's skills and knowledge to support them. One person told us, "If there's someone new starting they send them with someone else to learn what to do."
- The provider's induction and training processes ensured staff had the required skills and knowledge to meet people's needs. Staff completed a mix of practical and computer based training and shadowed existing staff prior to working alone. All new staff completed a probationary period to ensure they were suitable for their role.
- Staff training was regularly reviewed and monitored by the registered manager to ensure best practice was embedded and staff had an appraisal each year.

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

- People were offered choices around their meals and drinks and their independence was promoted. One person said, "They give me a choice of meals and drinks. I have a good neighbour who sends me a hot meal. Otherwise I may get my own and I'll tell them."
- Care plans recorded people's meal preferences, allergies and the support they required which ensured staff had relevant information to support people with their dietary needs.

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

- Staff were confident in recognising changes to people's health and wellbeing and knew how and where to seek professional advice and to refer people to appropriate healthcare professionals.
- Where people required support from healthcare professionals this was arranged and staff followed guidance provided by such professionals.
- Changes to people's needs were communicated quickly to staff so they could provide effective care and support in line with people's changing needs.

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 with appropriate legal authority. In the community, applications to deprive someone of their liberty are made by the local authority to the Court of Protection and care staff knew what would constitute a deprivation of liberty.

- The service was working within the principles of the MCA; any restrictions on people's liberty were identified and discussions had taken place with the local authority for it to take action.
- Staff sought consent from people before providing care. Some people were unable to verbally consent and staff told us, "If [Name] became aggressive we would leave them for a short while, then return and try again." Staff had completed training in MCA and where people needed help, MCA and best interest paperwork was in place.

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; equality and diversity.

- People who used the service and their relatives were positive about the staff. One person said, "The staff are very good. They come and get on with it and would do some extra things if I needed it." A relative told us, "Staff are always respectful to us both. I don't have any problems."
- Staff respected people as individuals. One member of staff went to a Christmas musical performance to watch and support a person who used the service.
- People were treated equally. Staff told us they were respectful of people's religious beliefs and cultural identity. Comments included, "I talk to people and ask them what they like to be called", "I learn people's ways and ask them what they want" and "One person I support needs to talk without interruptions and may sometimes talk in another language. I accept this and engage with them on their terms."
- Staff spent time to get to know people's preferences and used this knowledge to care for them in the way they liked.

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

- People were supported to make their own decisions and lifestyle choices. People and their relatives told us they were included in decisions about their care and were offered choices. One relative said, "Staff ask us to make sure we're happy with things and check everything is ok."
- Staff supported people to access independent support to make decisions or uphold their rights if required.

Respecting and promoting people's privacy, dignity and independence.

- Staff built trusting relationships with people and their relatives. Staff treated people with respect and maintained their privacy and dignity.
- People told us, "The staff are very respectful. I feel quite happy when they're helping me and there's no embarrassment. I get on really well with them" and "They're very nice. I've got to know them well and they always treat me with respect."
- A relative told us they were happy with the support staff provided and said, "I think it's their cheerfulness. Staff don't dwell on tasks and it all becomes a laugh and a joke which makes [Name] feel at ease."
- Staff gave examples how they promoted people's independence. A member of staff said, "I encourage people, if they are mobile I encourage this and let them do as much for themselves as they can." Care plans supported this.

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.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Staff understood each person's care needs and how they wanted to be cared for. One person told us, "I have two lovely carers come. They're very good and do everything they need to do." One relative said, "I feel quite happy that they can go off into the bathroom and put [Name] at ease and know what their likes and dislikes are."
- Care plans recorded people's likes, dislikes and important information how staff should meet their needs. Care plans were clear, concise and regularly reviewed and updated with people to ensure they contained current information. Information from health and social care professionals was included in people's care plans.
- People told us, "I have a care plan and they come every so often to review it, they're due again shortly. I'm happy with the information in it" and "The blue book is on the side. Staff look at it and fill it in and it's reviewed about once a month or so."
- People's communication needs were assessed and information was provided to people in a way they understood in line with the Accessible Information Standards (AIS).

End of life care and support.

- People were supported to have pain-free, dignified deaths. A relative told us, "My relative had a lot of care before they died. I was especially pleased with the care they gave to [Name], I couldn't fault them."
- Staff were knowledgeable about how and when to involve relevant healthcare professionals. Staff were trained in providing end of life care and were compassionate when providing support. A member of staff told us, "When [Name] passed away we all went up and sat with them and we washed and changed them before the undertakers came."
- Care plans documented people's end of life wishes and staff knew where to find this information quickly.

Improving care quality in response to complaints or concerns.

- People and relatives knew how to make complaints should they need to and were confident they would be addressed. They told us, "I've only complained once and it was quite a while ago. They altered the round and put different carers on. My relative contacted them, they came out to speak with me and put my usual carers straight back in."
- The provider had a complaints policy and procedure and staff understood how to manage complaints and said they addressed them straight away if possible or passed concerns to management.
- The registered manager acted upon complaints in an open and transparent way. They used any complaints received as an opportunity to improve the service.
- We saw a relative had submitted the following compliment regarding staff. '[Names of staff] are absolutely amazing. I can't express how absolutely perfect their care, attention, support and comfort is. I'd be lost

without 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered managers were passionate about their role and providing a high-quality service. They led by example with their open and honest approach. Staff told us, "[Registered manager's name] is excellent. They are approachable, personable and know their stuff."
- The registered managers understood and acted upon the duty of candour. Processes were in place to investigate incidents, apologise and inform people why things happened.
- The provider invested in staff and recognised their contributions where possible. One registered manager told us, "We're a very fair company from top to bottom. When the provider sees potential in staff, they support them to progress." In recognition for the staff's hard work they received a small gift at Christmas and could access discounts and a private health plan if they wished.

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

- The registered managers supported their staff professionally and personally. Staff told us, "[Registered manager's name] is great, I can speak to them whenever and about anything. They're firm but fair and sort things out" and "[Registered manager's name] has done very well. They have inputted a lot of little positive things. They're one of our best managers as they are so approachable. They're one of us but we respect them and their decisions."
- The registered managers were knowledgeable about events within the service as they worked with care coordinators and monitored the service. They addressed problems quickly and encouraged people to raise issues so they could be resolved.
- Effective systems were in place to monitor the quality of the service people received. These included staff observations, audits, regular reviews of care and a barcode system that recorded the time staff arrived and when they left.

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

- People who used the service, their relatives and staff were included in the development of the service. Questionnaires were completed by people and their relatives. Responses were analysed and used to make plans to improve the service.
- Team meetings were held for office staff and it was difficult for care staff to attend. One registered manager had amended the appraisal process so all staff could help develop the service by raising things that the service was getting right and things that could be improved.

Working in partnership with others.

- The registered managers had established effective working relationships with other organisations and professionals to ensure people received a good service. The provider had recently taken on several new care packages to ensure people had the care and support they required. Staff liaised with relevant professionals to ensure people's needs were assessed and care plans were in place. Staff were recruited to support with the increase in work and regular staff were established for people.
- The service was involved in the local community and raised money for charities through coffee mornings and sponsored walks.