

Amazing Friends Southend Ltd

# Amazing Friends Southend Limited

## Inspection report

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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

Amazing Friends Southend Limited provides personal care and support to people who require assistance in their own home. At the time of our inspection three people were being supported by the service. 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.

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

People described positive experiences using the service. One relative said, "We have used care services for a number of years and this service is the best we have ever had."

We made one recommendation in relation to staff records.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for and supported by staff who had received the appropriate training. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. There were safe medicine procedures for staff to follow.

Staff had a good understanding of people's preferences of care, staff promoted people's independence.

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 support this practice.

People were supported to eat and drink enough to ensure they maintained a balanced diet. People and their relatives were involved in the planning and review of their care. The registered manager had policies in place to respond to complaints. Support could be provided to people at the end of their life.

The provider had systems in place to monitor and provide good care and these were reviewed on a regular basis.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 10 November 2020 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

## 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 ●

# Amazing Friends Southend 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. 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 April 2022 and ended on 27 April 2022. We visited the location's office on 26 April 2022.

#### What we did before the inspection

We reviewed information we had received about the service since registering. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with two people and one relative. We spoke with four members of staff including the registered manager and care workers.

We reviewed a range of records. This included two people's support records. We reviewed two staff records in relation to training and supervision and a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe using the service. One person said, "I feel safe with the staff."
- Staff had received training in safeguarding and knew how to raise any concerns they may have.
- The registered manager had policies in place to support safeguarding procedures and knew how to raise concerns with the local safeguarding authority to limit risk to people and keep them safe.

Assessing risk, safety monitoring and management

- The registered manager met with people to complete full assessments of their care needs and to assess any risks.
- Risk assessments reflected what mitigation was needed to minimise risks to people and include an assessment of their home environment.
- The registered manager had a system in place to monitor care calls were attended on time by staff. If a care call was due and staff had not attended the system would alert the registered manager, they could then check and identify any issues with the care call and ensure calls were not missed.
- People told us staff attend care calls on time. One person said, "They [staff] are regular as clockwork."
- Each member of staff had a lone working risk assessment in place to mitigate these risks.
- Where people had pendent alarms to enable them to call for emergency help staff were aware of these and ensured people had them to hand when they left calls.

Staffing and recruitment

- The registered manager said they continued to recruit staff and would only accept new packages of care if they had the staffing hours to provide these safely.
- Staff were subject to Disclosure and Barring checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- At the time of inspection, we were unable to review application forms and references as the provider had removed these from the location offices. However, staff we spoke to informed us they had supplied references before commencing employment.

We recommend the provider follows guidance on the storage of files.

Using medicines safely

- There was nobody being supported with medicines at the time of our inspection. However, we saw in care plans medication listed so staff had an awareness of what medicines people were prescribed.

- The registered manager explained the procedure they would follow if people needed support with medicines. This included contacting people's GP for up to date medication list, dispensing from original packets and taking photographs of original packaging for reference.
- The electronic system in place alerted staff when people were to be supported with medicines, it also prevented staff from logging out of a care call until they had confirmed medicines had been given.
- The registered manager would be able to generate audits from the electronic system they used to check if there were any issues with the medicine support being provided.

#### Preventing and controlling infection

- Staff had received training in infection prevention control and were provided with the appropriate personal protection equipment (PPE).
- The registered manager had a contingency plan in place for working through the pandemic.
- Risk assessments were in place for staff and people to mitigate risks to them from infections.
- Where people had agreed for PPE to be stored at their homes a risk assessment were in place to support this.

#### Learning lessons when things go wrong

- The registered manager had regular meetings with staff to discuss any issues and to keep them up to date with any learning across the industry. Since the service had been running the registered manager told us they had not had any significant incidents or accidents.

# 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.

This is the first inspection for this newly registered service. This key question has 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

- The registered manager met with people before care commenced to discuss all their support needs and tailor a care package to support these needs.

Staff support: induction, training, skills and experience

- Staff were supported with a full induction to the service. One member of staff said, "I had an induction and completed training. I went out with other staff shadowing to meet people."
- The registered manager told us staff were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the fifteen minimum standards that should form part of a robust induction programme.
- Staff were provided with regular support from the registered manager, which included supervision, telephone calls and spot checks. The registered manager also supported staff on occasion by working with them on calls.

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

- Staff received training on supporting people with diet and nutrition. Where needed staff supported people to have food and drink of their choice.

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

- Staff worked with other agencies to ensure people received the support they needed. One member of staff said, "We can contact the occupational therapist if people need equipment and they will come out and assess what is required."
- The registered manager told us they would contact people's GP's if needed and if they had been in hospital ask for copies of discharge letters so they could plan any additional support people may need.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw from care records that the registered manager had obtained consent for people to receive care.
- Staff had received training in the MCA and understood the importance of involving people in decisions about their care.

# 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.

This is the first inspection for this newly registered service. This key question has 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

- People were complimentary of the staff and the support they received. One person said, "I am very happy with the carers." A relative told us, "The carers are brilliant, marvellous."
- Staff had received training in equality and diversity and care plans reflected people's individual wishes.

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

- The registered manager spent time with people to discuss their care and support needs. Care plans were then agreed, and consent obtained.
- At regular intervals the registered manager asked people for feedback on the service they were receiving and addressed any changes that needed to be made.

Respecting and promoting people's privacy, dignity and independence

- A relative told us, "The staff are brilliant they do more than they should. They always do my wife's hair, nails and make-up." They went on to say, "The staff just tell me to ring and they will come out if anything happens and we need an extra visit."
- Another person said, "The staff have been good and have been flexible to support me to get ready for an appointment I had."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has 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

- An assessment of people's care needs was undertaken, and care packages planned with people's and relative's full involvement to ensure their needs could be met by the service.
- The registered manager told us they made sure the service could meet people's needs including the times people would like staff to visit. Once care had commenced this was reviewed at regular intervals.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- When people first made contact with the service their communication needs were assessed so staff knew the best way to support people to communicate.

Improving care quality in response to complaints or concerns

- The registered manager had a complaints procedure in place and people and their relatives were made aware of how to raise concerns or complaints.
- People and relatives told us they generally did not have any complaints but if they did they would raise them with the registered manager or care workers.

End of life care and support

- There was no-one actively receiving end of life care during this inspection. However, the registered manager if needed they would work with other health professionals to provide support to people at the end of their life.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager was keen to develop a service that was inclusive and provided the outcomes people wanted. For example, they had helped one person set up the electronic gadgets they had brought to enrich their lives.
- Staff told us they worked closely with people to ensure all their needs were met such as, bringing in a newspaper they wished to read or some additional shopping that will enrich their life.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager had the appropriate experience, skills and knowledge to perform their role. They had a good oversight of the service and the needs of people being supported.
- Staff were clear about their roles and told us they found the registered manager very supportive. Staff had regular contact with the registered manager to discuss people's care needs and to discuss any training and support they may require.
- The registered manager understood their responsibility of duty of candour.

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

- The registered manager had a number of ways of engaging with people who used the service. There were reviews of care packages, face to face meetings and regular surveys to gather feedback.
- Regular meetings were held with staff to discuss all aspects of the running of the service and how support was provided to people.

Continuous learning and improving care; Working in partnership with others

- The registered manager had systems in place to review care and how this was being provided in the form of audits. Information from these audits could be used to improve outcomes for people where needed.
- Staff were supported with all aspects of training required. The registered manager belonged to networks with other registered managers where they shared ideas and information on the care system.