Amber Home Care Ltd

Amber Home Care

Inspection report

Somerset Barn, The Old Redhouse Farm
Stratton-on-the-Fosse
Near Radstock
Somerset
BA3 4QE

Tel: 01761412011

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07 October 2016

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 04 and 07 October 2016. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure the deputy manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

Amber Home Care provides personal care to people living in a wide area including Somerset, Bath and North East Somerset. At the time of this inspection they were providing personal care for 31 people. They also provided a domestic service to people living in their own homes.

The last inspection of the service was carried out in July 2014. At the 2014 inspection we found the provider failed to assess and monitor the service provided. At this inspection we found improvements had been made, We felt confident the new systems in place would form part of the quality auditing process, to identify any areas in need of improvement.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was unable to be present during the inspection; however the deputy manager acted on their behalf.

Although people and staff told us care staff were well trained we found records maintained by the agency did not evidence the training had been carried out. The deputy manager had identified this shortfall and at the time of the inspection was developing a spreadsheet record of all staff training. The deputy manager had also recently introduced regular staff one to one supervision and spot checks. All staff spoken with said they had experienced a spot check and had been given the opportunity to speak with the deputy manager in a one to one meeting. Staff also had the opportunity to meet as a team when they could discuss working practices and share best practice tips and ideas.

There were systems in place to monitor the care provided and people's views and opinions were sought through care reviews and an annual survey. Suggestions for change were listened to and actions taken where possible to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

People who received personal care and support from Amber Home Care told us they were happy with the service provided. They said the registered manager and staff were open and approachable, cared about their personal preferences and kept them involved in decision making around their care. One person said, "I do feel involved and listened to."

People were supported by sufficient numbers of staff who had a clear knowledge and understanding of their

personal needs, likes and dislikes. We observed staff took time to talk with people during our home visits. However people had mixed opinions about the consistency of the staff team visiting them. Some people said they had a regular team of staff who they knew and had built relationships with, whilst others said they had met a number of different staff members. The deputy manager confirmed a successful staff recruitment programme meant they were now able to provide people with a more consistent team of staff.

People's care needs were recorded and reviewed regularly, with, senior care workers and the person receiving the care or a relevant representative. All care plans included written consent to the care provided. Care workers had comprehensive information and guidance in care plans to enable them to deliver consistent care the way people preferred. One person's care plan clearly showed how they liked their care provided and the exact routine they liked to follow.

People were protected from abuse because the provider had systems in place to ensure checks of new staffs characters and suitability to work with vulnerable adults were carried out. Staff had also received training in protecting vulnerable people from abuse. People said they felt safe when being cared for; we observed people were happy and relaxed with care workers during our home visits.

Staff monitored people's health with their consent and could refer and direct to healthcare professionals as appropriate. Support was provided for people to attend hospital and doctor appointments.

The registered manager had a clear vision for the service. Their statement of purpose said, they aimed to maintain people's independence in their own homes, whilst being committed to a person centred approach, "…taking into account the physical, emotional and social needs of each individual service user." Staff could be seen supporting this philosophy and approach whilst providing care and support to people living in their own homes.

The service had a complaints policy and procedure that was included in people's care plans in large print. People said they were aware of the procedure and had numbers they could ring. People and staff spoken with said they felt confident they could raise concerns with the registered manager and senior staff. Records showed the service responded to concerns and complaints and learnt from the issues raised.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of abuse as staff had been trained to recognise and report abuse. Staff were confident any concerns would be acted on and reported appropriately.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Risk assessments were completed to ensure people were looked after safely and staff were protected from harm in the work place.

Is the service effective?

Good

The service was effective.

People received effective care and support because staff understood their personal needs and abilities.

Staff had the skills and knowledge to meet people's needs. The provider had a programme which included training specific to people's care needs.

Staff ensured people had given their consent before they delivered care.

Is the service caring?

Good

The service was caring.

People received care from staff who were kind, compassionate and made sure people were respected and their likes and dislikes were taken into consideration.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good

The service was responsive

People received care that was responsive to their needs because staff had an excellent knowledge of the people they provided care and support for.

Most people were able to make choices about who supported them and build relationships with regular staff.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

Is the service well-led?

Good

The service was well-led

The vision and values of the service were understood by the staff and these made sure people were at the heart of the service.

There were systems in place to identify shortfalls and drive improvement through regular assessment and monitoring of the quality of service provided.

Staff were motivated, they worked as a team and were dedicated to supporting in a person centred way.

There were robust contingency plans in place to deal with staff shortages and adverse weather.

Amber Home Care

Detailed findings

Background to this inspection

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

This inspection took place on 04 and 07 October 2016. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure the deputy manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in July 2014 we found the provider failed to assess and monitor the service provided.

This inspection was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses or has used this type of care service.

Amber Home Care provides personal care to people living in in a wide area including Somerset, Bath and North East Somerset. At the time of this inspection they were providing personal care for 33 people. They also provided a domestic service to people living in their own homes. We visited three people in their homes and spoke with six people and one relative over the telephone. We also spoke with three staff members as well as the deputy manager and company director.

We looked at records which related to people's individual care and the running of the service. Records seen included six care and support plans, quality audits and action plans, three staff recruitment files and records of meetings and staff training.

Good

Is the service safe?

Our findings

Everybody we spoke with said, they or their relative felt safe with the staff that supported them. One person said, "Yes I feel safe, if I didn't I'd vote with my feet and leave them." Another person said, "I feel very safe and very happy that they visit," whilst another person said, "I have No concerns about how staff treat me."

Some people required assistance with their medication. Clear risk assessments and agreements were in place and recorded to show how and when assistance was required. There were clear protocols to show at what level the assistance was required for example, just prompting or reminding a person to administer prescribed medication from a blister pack. However one relative explained how they had experienced issues with the administration of medicines. Their family member required their medicines four hours apart. The relative noted that the visits were often not four hours apart and staff were still assisting the person. They approached the agency office and explained the situation. At the time the deputy manager was unable to guarantee the correct timings for the person's medicines so the relative took over the role. The relative said, "It's good they (the office) were honest and told us they couldn't guarantee they could give the medication with a four hourly gap." We discussed this with the deputy manager who explained that at the time they did not have sufficient staff to ensure a four hourly gap and felt it best to explain they could not meet that specific need at that time. They explained that since this issue they had carried out a recruitment programme and were now able to meet the needs of people with time critical medication. This ensured people had the correct therapeutic gap between each dose ensuring best outcomes for them.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the organisation. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. We asked staff if the appropriate checks had been carried out before they started work. They all confirmed they had not started to work for Amber Home Care until their DBS check had been received.

To further minimise the risks of abuse to people staff received training in how to recognise and report abuse. Documentation held by the service showed all staff had completed this during their induction before they worked with people. Staff confirmed they had all received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One care worker said, "I know that any concerns would be dealt with immediately I have no worries about that."

The service's policy and procedure for the safe handling of money protected people from financial abuse. When handling people's money as part of their personal care package, staff kept a record and receipts for all monies handled. Records showed staff had followed the procedure and had obtained receipts and signatures from people when they returned their change.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Everybody said they received care and support within the time agreed. One person said, "I never feel they are rushing off to the next person and they take the time to have a chat." However one person spoken with over the telephone did feel on occasions the service had been short of staff. They told us, "They rushed to get the job done and on to the next." The deputy manager confirmed they had sufficient staff to meet the needs of the people receiving personal care. They told us they would only take on new referrals if they were able to meet the care package with the staff they had. An on-going recruitment programme was in place to ensure staffing levels remained consistent. This meant people could be reassured they would receive the care package agreed.

Everybody we spoke with said they did not have any problems with late or missed calls, one person said, "I can't recall a time when they didn't turn up, if they are going to be late we usually get a call from the office." The deputy manager confirmed they would call people. During the inspection we observed a call come in from a staff member explaining they were in traffic and a call was placed to the person explaining they were on the way.

Care plans contained risk assessments which established whether it was safe for the person to receive a service in their own home. An initial environmental assessment established whether it was safe for staff and people receiving the service to carry out the care and support required. Risk assessments were completed in relation to falls and the assistance people required moving about their homes. Care plans contained written information about how risks were reduced. For example, one person was at risk of urinary tract infections, there was very clear guidance on reducing the risk and when to call the doctor. Another person liked a hot water bottle at night. The risk assessment gave staff clear information on the checks they should carry out before giving the person the bottle. There were clear guidelines on checking equipment for staff to follow. One person required the use of a specific hoist; clear guidance was in place for the safe use of the equipment as well as the type and positioning of the sling.

Staff informed the registered manager if people's abilities or needs changed so risks could be re-assessed. An immediate visit to reassess any change in needs and risk would then be carried out. This meant people could be reassured that any risk to their safety was assessed and dealt with in a timely manner.

There was a system in place to record any accidents or incidents that occurred. These would be reported directly to the registered manager or care coordinators so appropriate action could be taken. The time and place of any accident was analysed to establish any trends or patterns and monitor if changes to practice needed to be made.

People confirmed staff used personal protective clothing to ensure they were protected from infection. One person said, "I think they are all very well trained in good hygiene, they wear gloves and aprons and wash their hands all the time." The deputy manager explained that they had observed some poor practices during spot checks and had introduced refresher courses for those staff to address the issue. We observed staff used gloves and aprons appropriately and washed their hands before preparing food.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People said they felt all the staff were well trained and knew their needs well. One person said, "They all seem to know what they are doing and are well trained."

All staff confirmed they had access to plenty of training opportunities. This included annual updates of the organisation's statutory subjects such as, manual handling, dementia awareness, medication, safeguarding vulnerable adults, infection control, health and safety, food hygiene, first aid and nutrition. One staff member said, "Training is the one thing [the registered manager] is brilliant at. She does extra workshops about specific things such as dementia, and strokes. They are really informative." However records maintained by the agency failed to evidence the training had been carried out. We discussed this with the deputy manager who confirmed she had noted the shortfall and had started getting the information together into a spreadsheet. We saw the start of training records being recorded.

The deputy manager explained how they had used the experience of family carers and community nursing staff when needed. For example one family member had shown staff the way they liked a person's nebuliser to be used, and the stoma care team trained staff in stoma care so another person could live at home. One staff member explained how, when new equipment was introduced in a home, the registered manager arranged for the occupational therapist in the area to train staff in the correct and safe use of the equipment.

The deputy manager confirmed their induction programme followed the Care Certificate which is a nationally recognised training programme. This was a fairly new process for staff and we saw some workbooks had been completed and others were being worked through. All new staff received basic training in the service's essential subjects, before working with people in their homes. New staff worked alongside an experienced member of staff until they were competent to provide care on their own. One staff member explained how they worked with new staff and "Showed them the ropes." The deputy manager confirmed they asked people if they were happy for new staff to shadow their regular care worker and would ask them for feedback on how they had got on.

People received their care from staff who were well supported and supervised. Staff confirmed they received regular supervisions. These were either through one to one meetings, team meetings or spot checks.

Some people needed support to eat and drink as part of their care package care plans were clear about how the person should be supported. They also explained how people liked their food prepared and whether finger food such as sandwiches and biscuits should be left for people to eat whilst staff were not there. One care plan identified the type of food the person liked so staff could support them to eat a well-balanced diet and maintain their weight. All care plans ensured staff were reminded to make sure adequate fluids were in reach when they completed their call. During our visits staff offered to make people a cup of tea or coffee and get them a snack if they required one.

People only received care with their consent. Care plans contained copies of up to date consent forms which had been signed by the person receiving care, or a relative if they had the relevant authority. The deputy manager confirmed they asked to see Lasting Power of Attorney certificates so they were sure the right person was giving consent on the person's behalf. Everybody spoken with confirmed staff always asked them first before they carried out any care.

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. We spoke with the registered manager about the MCA and Court of Protection. We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. The deputy manager had a clear knowledge of the process to follow and people they could contact to ensure best interest decisions were discussed and put in place for people using the service.

People were supported to see health care professionals according to their individual needs if they informed the service they required assistance. Some people did not have families living close enough to provide this support. The service would provide staff to help people attend doctors' appointments and hospital outpatient follow ups if needed. Some people said they received support from their relatives to attend appointments.

Good

Is the service caring?

Our findings

People said they were supported by kind and caring staff. All of the people spoken to over the telephone were happy with the service and people said staff were, "Caring, helpful and kind." One person said, "I can always have a laugh with my carer." A relative said, "They are very nice, more like friends, they manage to get very nice people, my [the person] always says how nice they are".

During our home visits we observed staff were very caring and compassionate. We did not observe personal care being carried out, however we did observe the staff offer the person a drink and ask if there was anything they could do whilst they were there, even when it was not a scheduled visit. The deputy manager introduced us to the people we visited and it was clear they all knew her and had a good relationship with her.

People commented on the consistency of the staff team. Some told us they had the same team of staff on a regular basis, but some people said they had experienced a variety of different staff visiting them. One person said they felt there had been a high turnover of staff which meant new people were often being introduced. The deputy manager confirmed they advertised fortnightly for staff and had employed a number of new staff to ensure a better continuity of care. One person said, "I know all the girls who come to me they are the regular ones so I have no worries." A relative said, "It is important [the person] knows the team as they are forgetful and would be worried. We have built up a good relationship with them and [the person] trusts them."

People said the carers who visited them were all polite and respectful of their privacy. Everybody confirmed personal care was provided in private and in the room of their choice. People said staff treated them with respect. One person said they felt "valued and respected," another person said, "I am always treated with dignity and respect."

The service kept a record of all the compliments they received. If compliments were specific to an individual member of staff the person's message was shared with them. All staff would also be informed of general compliments received.

People were supported to express their views and remain involved in decisions about the care they received. People were included in all care reviews and their comments taken into account. Either the registered manager or the deputy manager visited people to carry out a review of their care plan. An initial contact was made with people by telephone following the first week of care to discuss any changes that might be needed. Further reviews of care would be carried out regularly to ensure people's changing needs were recorded. People were always involved in the reviews which included questions about how happy they were with the care and support or if there were any changes they would like made. People told us they felt they maintained control over their lives and the care and support they received.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences.

Staff had a good knowledge of the needs and preferences of people they cared for. All Staff spoken with were able to describe how they supported the people they visited. People said staff understood their needs and looked after them in the way they wanted to be looked after.

People said they could express a preference for the care worker who supported them, for example one person had stated they did not want a male care worker. This was clearly recorded and records showed the service respected the person's request. One relative explained how they had asked the service not to send a specific care worker as their relative did not get on with them. They said they were listened to them and the work rota changed. This meant people felt they could maintain some control over the staff who supported them.

People's care needs were assessed on their first meeting with the registered manager. All needs were discussed and the initial package agreed with the person or a relevant person if they were unable to take part. The deputy manager confirmed they would discuss with the person the support they were able to provide. If they felt the service could not meet the persons' needs they would signpost them to another service who may be able to provide a package of care. This was to make sure the service could meet the person's needs and expectations. People were able to make choices about how the service supported aspects of their day to day lives. They were able to choose how much support they required and when it was delivered. However two people said they would have liked earlier calls but the agency was unable to provide them. We discussed this with the deputy manager who explained their latest recruitment programme was looking at staff prepared to work early shifts. They explained how they would be honest with people about the times they could provide care at the assessment. One person had changed their mind three times about the timing of their morning visits and the agency had managed to accommodate them each time. Following the initial visit care plans were developed outlining how their needs were to be met. One person said they had discussed their care plan with the manager and had signed the printed copy when it was brought to them.

All the care plans we looked at gave clear information about the support people required to meet both their physical and emotional needs, and had information about what was important to the person. They were person centred and included what people liked and disliked. There was a clear life history which helped staff to understand the person and topics they could talk about. One care plan was very clear about the person's goal which was to remain as independent as they could in their own home. People were involved in the content included in their care plan. For example one person had very clear instructions on the way they liked things done and in what order so their routine was not disrupted.

The service was responsive to people's changing needs. Staff would inform the registered manager of changes in people's health and mobility. The deputy manager confirmed they would visit the person to assess the changes and discuss the need for any additional support or equipment. For example during our

home visits one relative was waiting for a new hoist to be delivered. They explained the agency had supported the person in obtaining a home assessment by the occupational therapist when they identified their mobility had declined.

People said they felt they could complain if they needed to and the service responded to their concerns. One person said, "I haven't had to complain but I would ring the office if I needed to. The staff have put the office number as fast dial in my phone if I need it." Another person explained how they had not been happy with a specific situation. They had rung the office and told them and it had been resolved. Records showed issues were responded to within the organisations policy timescale and additional training put in place for staff if necessary.

Good

Is the service well-led?

Our findings

At the previous inspection we found the provider failed to assess and monitor the service provided. At this inspection we found improvements had been made, We felt confident the new systems in place would form part of the quality auditing process, to identify any areas in need of improvement.

People and staff spoken with said they felt the service was well led, with managers who were open and approachable and who listened to them. Despite this we found areas for improvement. For example, staff training records needed to improve to show that staff training had been carried out and regularly updated. Staff spoken with said the training was excellent. The deputy manager had identified the improvement needed whilst carrying out an audit and had started to address the issue by introducing a spread sheet style record. The deputy manager had also introduced a regular supervision programme for staff and had started ensuring all staff received one to one supervision and spot checks. We felt confident the new system would ensure records were accurate and the system would enable the manager to easily monitor staff training and supervision in the future.

Quality assurance processes were in place and regular audits were carried out to assess the way the service was run and to identify any improvements. However until the deputy manager carried out their audit of the training records these audits had failed to identify the shortfall in records of staff training. The new system would ensure this did not happen again in the future as it would form part of the quality auditing system. Other areas where audits were carried out included care plans and medication records. These showed that when issues were noted they were dealt with immediately and action taken. For example, one audit identified staff had used red pen to write in care plans. This was addressed through supervisions and the staff meeting. The deputy manager identified some poor practices in hand hygiene during spot checks. Again this was dealt with through follow up training for those staff involved.

There was a staffing structure which provided clear lines of accountability and ensured the smooth running of the agency at all times. At the time of the inspection the registered manager was not available in the office but the agency was well managed by the deputy manager.

The registered manager carried out annual satisfaction surveys of people, relatives and staff. The last surveys had been analysed and made available to people and their representatives. Overall the survey showed a high level of satisfaction with people saying they felt safe and were looked after by kind and caring staff. However some people expressed concern about not having regular staff and their travel times not being considered when rotas were drawn up. These had been looked at by the registered manager and staffing recruitment carried out to ensure people received regular care staff and travel times were factored into the scheduling process and agreed with individuals.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The service had a contingency plan in place to make sure people in need continued to receive a service if adverse weather was experienced during the winter. Each person had an assessment of how essential their visit would be in bad weather conditions. It included information about who could provide the care if staff were not able to reach them. From these assessments staff would be able to prioritise their workload. Appropriate four wheel drive vehicles were also available within the organisation if they were needed.

People were supported by a service in which, the manager kept their skills and knowledge up to date by on-going training, research and reading. They shared the knowledge they gained with staff at staff meetings/supervision.

The registered manager had a clear vision for the service. Their statement of purpose said, They aimed to maintain people's independence in their own homes, whilst being committed to a person centred approach, "…taking into account the physical, emotional and social needs of each individual service user." Staff could be seen supporting this philosophy and approach whilst providing care and support to people living in their own homes.

To the best of our knowledge the provider has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.