Ambercare (North West) Ltd

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Inspection report

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Tel: 01616207032

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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

We carried out an announced inspection of Ambercare on 30 & 31 August 2018. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Ambercare is registered to provide a service to older adults, younger adults and people with dementia, mental health conditions, sensory impairments and physical disabilities.

Not everyone using Ambercare receives 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. At the time of our inspection, the service offered support to 96 people who lived in Oldham.

The service was last inspected on 27 June 2017 and was announced. The service was rated as Requires Improvement.

At the last inspection we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the management of medicines.

At this inspection we found that medicines management had improved and systems were safe.

There was 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 and staff understood their role and responsibilities to keep people safe from harm. Risks were assessed and plans put in place to keep people safe. Pre-employment checks were carried out on staff to assess their suitability to support vulnerable people.

A robust system for staff recruitment, induction and training was in place. This enabled the staff to support people effectively and safely. Newly recruited staff were required to undertake a probationary period before being offered a permanent position, which included observed practical assessments before confirmation of their role. Staff were receiving the appropriate range of training to enable them to carry out their job effectively.
People's needs were assessed before using the service and on an ongoing basis to reflect any changes in need.

People who used the service and their relatives told us care staff were kind, caring and helpful and treated them with respect. All the people/relatives we spoke with felt the care staff were approachable, listened to them and acted in accordance with their wishes. People we spoke with told us staff respected their privacy and dignity and felt they encouraged them to be as independent as possible.

People told us they considered staff to be knowledgeable and skilled in meeting their needs and confirmed the care workers and other staff they met were competent. Staff told us they had enough time when visiting people to effectively meet people's needs and people told us staff stayed the full length of the visit.

Staff understood the principles of the Mental Capacity Act 2005 (MCA), they told us that if they had any concerns about the capacity of a person using the service, they would contact the office. We saw where people lacked capacity this was clearly recorded within their care plan.

Effective quality assurance audits were in place to monitor the service. The service regularly sought feedback from the people who lived there and their relatives. Staff had regular supervisions and were invited to team meetings.

Ambercare had a comprehensive business continuity plan in place to prepare the service in case of unforeseen circumstances and emergencies.

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.

Staff had undertaken safeguarding training and were aware of their responsibilities to report any possible abuse.

Staff had been trained in medicines administration and managers audited the system and checked staff competence.

Staff were recruited robustly to ensure they were safe to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and could recognise what a deprivation of liberty was and how they must protect people's rights.

People were supported to take a nutritious diet in a way that met their needs.

Induction, training and supervision gave staff the knowledge and support they needed to satisfactorily care for the people who used the service.

Is the service caring?

Good

The service was caring.

Staff treated people in a caring and compassionate manner .

Staff spoke kindly about the people they supported.

People's privacy and dignity was respected, and personal information was securely stored.

We saw that people were offered choice in many aspects of their lives.

Is the service responsive?

Good

The service was responsive.

The service had systems in place for receiving, handling and responding appropriately to complaints.

People contributed to their care reviews and were consulted on service provision.

Care plans reflected people's needs and how they would like their care to be delivered.

People were encouraged to voice their opinions about the quality of their service, and their views were taken into consideration.

Is the service well-led?

Good

The service was responsive.

The service had systems in place for receiving, handling and responding appropriately to complaints.

People contributed to their care reviews and were consulted on service provision.

Care plans reflected people's needs and how they would like their care to be delivered.

People were encouraged to voice their opinions about the quality of their service, and their views were taken into consideration.

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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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This announced inspection was carried out on 30 and 31 August 2018. The inspection was announced to ensure it could be facilitated on that day. The inspection team consisted of one adult social care inspector from the Care Quality Commission.

Before the inspection we reviewed any information we held about the service in the form of notifications received from the provider. We also reviewed any safeguarding or whistleblowing information we had received and any complaints about the service. We liaised with stakeholders who were involved with the service including the local authority. This helped us determine if there might be any specific areas to focus on during the inspection. No concerns were raised about the service. Prior to the inspection the service completed a Provider Information Return (PIR), which is a form that asks the provider to give some key information about the service.

At the time of the inspection the service provided care and support to 96 people in the surrounding area. As part of the inspection we spoke with the registered manager, a general manager, a care coordinator and four staff members. We also spoke with six people who used the service and four relatives; this was to seek feedback about the service provided from a range of different people and help inform our inspection judgements. We also visited two other people who used the service in their own homes and reviewed their care plan and communication log.

During the inspection we viewed six care plans in the office premises, four staff personnel files, policies and procedures and other documentation relating to the running of the service, such as satisfaction surveys, complaints, spot checks/observations and audits.

Good

Is the service safe?

Our findings

People told us they felt safe receiving support from Ambercare. One person we spoke with told us, "It gives me peace of mind knowing someone is coming every day." A relative told us, "I feel reassured that mum is seeing someone every day to make sure she is safe. It means we don't have to worry so much about her."

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken seriously if they raised any concerns relating to potential abuse. One member of staff said, "If I was worried about something I would just pass it on to the office, they would take it from there."

Staff were also aware of the provider's whistleblowing policy. When asked about this, one staff member told us, "I am comfortable talking to the managers but there is protection for staff if we want to report an issue without fear of other people knowing we have reported it." Another told us, "We are encouraged to be open and report any concerns, better safe than sorry." A whistleblowing policy shows a commitment by the service to encourage staff to report genuine concerns with no recriminations.

We looked at how the service managed accidents and incidents. There was an appropriate, up to date accident and incident policy and procedure in place which was supported by additional policies and procedures such as control of substances hazardous to health (COSHH), environmental management, falls prevention, fire safety, first aid, health and safety, infection control, lone working. Incidents were logged and tracked including the date of the incident the name of the person concerned and the action taken to reduce the potential for repeated events. Records we saw indicated no serious accidents had occurred. Data reflecting accidents and incidents was reviewed by management and an action plan formulated to avoid a recurrence.

Some people who used the service lived alone and staff required the use of a key to access their house. Keys were appropriately stored in a 'key safe' outside houses when required. This allowed staff to enter a pin code before gaining access to the key so they could go in and deliver care safely. People told us that staff always ensured that they had access to their emergency call pendants when they left after providing care.

During the inspection we reviewed the number of staff employed by the service. The registered manager and staff told us that staffing levels were adequate and most people/relatives we spoke with told us that they got support at the required time and staff did not rush them. The registered manager said, "We now have a member of staff on standby at weekends to step in should there be staff sickness."

People's care plans contained risk assessments which included risks associated with; moving and handling, pressure area care, falls and environmental risks. Where risks were identified plans were in place to identify how risks would be managed. For example, one person was at high risk of falls. This person's care record contained a 'moving and handling' plan which gave guidance to staff on reducing the risk associated with each care task. Staff were aware of this guidance and told us they followed it.

The provider had safe recruitment and selection processes in place. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers.

Some people required assistance to take prescribed medicines. Where this was the case guidance for staff on what to do to keep people safe was in place and easy to use. Medicines administration records were maintained to record that people received their medicines as prescribed. Staff administering medicines had been trained to do so. The provider had a clear system in place to respond to any errors with the administration of medicines. Staff competence to administer medicines was routinely checked and staff were subject to a full investigation where an error had been made.

The registered manager told us, "Staff will have their competency to administer medicines checked more regularly and we already audit medicine administration recording (MAR) charts monthly to identify potential errors and risks." The systems in place showed the service managed risks associated with the management of medicines.

Home care agencies do not normally provide their own MAR charts, but it can be very helpful to ensure continuous care and better records. By transcribing information from GP or pharmacy records onto MAR's, there is far more opportunity for error and if staff carrying out such tasks are not medically trained, they could expose people to extra risk; handwriting MAR entries transfers potential liability to the carer involved if there are any medication errors. However, the service had not recorded any errors associated with the handwriting of MAR charts.

We looked at infection control practices within the service. We asked people and their relatives if staff wore personal protective equipment (PPE) when necessary. Everyone told us they had no issues with hygiene, with gloves and aprons being consistently worn as required and disposed of safely in people's homes. Stocks of PPE were available in the office premises which we saw during our visit. Staff were aware of precautions to take to help prevent the spread of infection. For example, staff said they would wash their hands regularly and use aprons and gloves when supporting people in their own homes.

There was a business continuity plan in place which provided information to staff on the actions to take in response to an unforeseen circumstance such as flu pandemic, loss of office premises, loss of utility supplies, loss of IT/telecoms, loss of staff, fuel shortages and severe weather.

Good

Is the service effective?

Our findings

Many people accessing the service were able to make decisions about their own care and support. Where decisions were made on behalf of people who were unable to give their consent, mental capacity assessments had been carried out in accordance with the Mental Capacity Act 2005 (MCA). The 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. Staff were trained in the MCA and had a good awareness of the legislation. People told us staff asked for their consent before providing care.

Staff demonstrated they understood their responsibilities for supporting people to make their own decisions and we saw this was done. For example, people were asked before support was provided and choices were offered at meal times and regarding activities. One person told us, "They [staff] always ask me what I want that day, sometimes I don't want a shower that day. They respect my choices." We asked staff how they sought permission from people before providing care. One staff member said, "I always ask people what they want me to do, maybe that particular day they want something else."

The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection. Staff told us that if they had any concerns about the capacity of a person using the service, they would contact the office. We saw where people lacked capacity this was clearly recorded within their care plan.

Staff told us they had enough time when visiting people to effectively meet people's needs. One staff member said, "If I've done all my jobs for people it's nice to sit and have a chat, especially if people live on their own." A relative told us, "They [staff] always stay the correct length of time and ask if there is anything else we need before they go." One relative commented, "Once or twice staff have seemed a little hurried, I think they must have extra work on, but this is very rare." We recommended that people or relatives telephoned the office to discuss this if they had any issues relating to their call times.

People's needs were assessed in sufficient detail to inform the delivery of care. We saw and were told about care being re-assessed as people's needs changed. Initial assessments were thorough and fed into detailed support plans that were regularly updated.

People retained their independence for managing their health care and staff knew about people's health needs and how this affected their support. We saw that people had signed a 'consent to their care' document which was located in each of their care files. People told us that the staff recognised changes in

their health and sought prompt care. One person told us, "The staff look out for me, once they rang my daughter to let her know I wasn't feeling well so she came to check on me later. My daughter was so pleased that they had let her know, because I never want to make a fuss."

People were supported by staff that had the skills and knowledge to carry out their roles and responsibilities. New staff were supported to complete an induction programme before working on their own. This included training for their role and shadowing an experienced member of staff.

Staff completed training which included: health and safety, moving and handling, safeguarding, food hygiene and the Mental Capacity Act. A staff member told us, "I was new to care work but the induction programme was well structured and I felt really prepared to start work as I shadowed an experienced member of staff for a couple of weeks." Another staff member said, "We weren't expected to go and support people on our own until we feel confident." Staff training would be refreshed regularly to provide an effective service, the registered manager told us, "We refresh staff's mandatory training annually to keep their knowledge up to date."

There was a positive response when we asked people and their relatives if they considered staff to be knowledgeable and skilled in meeting their needs. Most people told us that they have regular staff that know them well. However, two people/relatives raised concerns regarding non-regular care staff. A relative said, "Recently we have seen a lot of new faces, I understand that its unavoidable but it really is helpful when the girls know us and know how to support [named relative] properly. They are all lovely though." The registered manager told us, "We do try to keep staff on regular runs and are happy to discuss any changes with people if they let us know there is an issue."

Staff we spoke with told us they received regular supervision (supervision is a one to one meeting with a manager). Unannounced spot checks were also completed to check whether staff continued to work with people safely. The staff told us the registered manager checked their knowledge, whether they supported people in the way they wanted to be supported, used protective equipment to maintain infection control standards, arrived at the correct time and whether they were suitably dressed. Any issues identified were addressed in a positive manner with staff being given additional support and training to promote improvement.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the provider was meeting this requirement by identifying, recording and sharing the information and communication needs of people who used the service with carers and staff, where those needs related to a disability, impairment or sensory loss; this meant staff understood how to best communicate with people. People could receive information in formats they could understand such as in easy read or large print and the service could provide information in other languages if required.

Good

Is the service caring?

Our findings

People and relatives we spoke to were extremely positive about the high standard of care given by the carers. Comments included; "They [staff] are brilliant, they're so good" and "I've always had the same Carers. Now and then I get someone new, but they are always good too and the office let me know beforehand."

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights though good person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different groups received the help and support they needed to lead fulfilling lives, which met their individual needs and promoted their independence.

Whilst we did not observe staff providing personal care when we visited people, staff did give appropriate examples of ways in which they would ensure people's dignity was maintained; for example, by ensuring curtains and doors remained closed whilst supporting with personal care tasks and speaking to people discreetly. We saw that care plans stated, "Gain consent to carry out personal care tasks, ensuring privacy and dignity are maintained throughout the visit". This showed that the service had embedded good practice to ensure people's dignity was a priority.

The registered manager and staff worked to ensure people were involved in planning their care and support. The service provided to people was based on their individual needs. Staff told us they took people's wishes and needs into account and tried to be as flexible as possible in accommodating any changes to visit times.

The service recruited staff based on their values rather than their experience. The practical elements of the support worker role were covered during the induction period and staff were assessed as to their suitability during a probationary period to ensure that they were able to meet the high expectations of the service. This meant that the staff were driven to provide a service by their caring natures which was evident to us during the inspection.

It was clear from our discussions that staff knew people, their needs and preferences well and provided care accordingly. One person said, "I really enjoy it when the carers come in, we have a good laugh and it takes some of the pressure off my wife,". A relative told us, "Mum really likes the girls and has really adapted well to having carers considering she didn't want anyone in initially. It's a relief for me knowing she is well looked after and I can go on holiday without worrying so much."

We saw numerous examples in care records of staff actively promoting people's independence. Staff understood the need to help people to maintain and improve their levels of independence. People were encouraged and supported to be as independent as they wanted to be. One person told us, "They [staff] give me time to do what I can for myself. They step in on my bad days to help me out more."

Information about people was kept securely. The registered manager ensured that confidential paperwork

was collected regularly from people's homes and stored securely at the registered office. People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff.

We observed that people looked clean and well cared for when we visited them at home. People told us that staff ensured they were dressed in clothing of their choice.

The service had received many compliment cards from people and relatives. Comments included; "Thank you for the love, care and kindness you have shown to my mum and I over the last few months. We both enjoyed the company of all the carers and their kindness"; "Thank you all so much for the care and attention you gave to [Name]. You all do a marvellous job" and "We wanted to let you know just how impressed we were by the care team who looked after [Name]. We could not have done it without them and think the company should be re-named 'angel care'. They gave us the strength to keep going."

Good

Is the service responsive?

Our findings

People who wished to move into the service had their needs assessed to ensure the service could meet their needs and expectations. The registered manager and care staff were knowledgeable about people's needs. Each person had a care plan that was tailored to meet their individual needs. Highly person-centred care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health.

Ambercare was responsive to people and their changing needs. Throughout the inspection we observed a very positive and inclusive culture at service. Promoting independence, involving people and using creative approaches was embedded and normal practice for staff. We saw that there were clear personal care guidelines in place for staff to follow which ensured that care delivered was consistent and respected people's preferences. People's support plans included extensive information about people's personal history, their individual interests and their ability to make decisions about their day to day lives. The care plans included step by step instructions. One person's care plan said, "Assist [person] to dress in her clothing of choice and assist to stand, support [person] to manoeuvre into her comfortable chair." The structure of the care files was clear and made it easy to access information.

We looked whether the service was working to National Institute for Health and Care Excellence (NICE) guidance entitled "People's experience in adult social care services: improving the experience of care and support for people using adult social care services." The guideline covers social care received at home, residential care and community care and aims to support people to make decisions about their care and to encourage providers to improve the quality of their services. NICE recommendations include the recognition each service user is an individual and that each person's self-defined strengths, preferences, aspirations and needs are the basis on which to provide care and support to help them live an independent life. We found that the service implemented these values by including details about people's life history, interests and goals for the future in their care plans.

The initial assessment also included information about any risks and support was sought from other relevant professionals. This helped to ensure that people's needs could be met by the service.

Most people we spoke with told us they did not feel rushed and staff stayed the full length of the visit. One person said, "I've no complaints at all. I get everything I need and more." Some of the people we spoke with were at risk of social isolation and carers were often the only people they would see on a daily basis. One person told us, "I don't know what I would do without them, they come every morning and it sets me up for the day. They ensure I'm up and about and had my tablets. Then we always have a cup of tea."

The provider had a complaints policy and processes were in place to record any complaints received and to address them in accordance with their policy. The service dealt with any complaints appropriately which included bringing staff into the office to talk about the complaint, where applicable. Records were comprehensive and included any statements from staff involved. There was an index log of complaints

received, the document reference number, the name of the investigating officer, the date of resolution and any activities linked to the complaint. People we spoke with told us that they knew how to complain and details of how to make a complaint were contained in the 'service user guide' given to all people at the start of service.

Staff provided end of life care. Training records showed that all the staff working at Ambercare had received training around end of life care. The service worked closely with people and their relatives to develop end of life care plans. The end of life care plans contained details of people's preferences in relation to their care and how they wanted their cultural and religious needs met.

Good

Is the service well-led?

Our findings

The service is required to have a registered manager. 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 had been in post since June 2016.

The registered manager was held in high regard by people, relatives and staff members. One person we spoke with told us, "The registered manager has been wonderful, we can't fault them. They have gone out of their way to make sure we are getting the support we need." One staff member told us, "I can come into the office any time and speak to [Name of registered manager], they are so supportive, and they try to help, whether it is work related or a more personal issue." All the staff we spoke with told us that the whole management team were approachable and welcoming.

From 1 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. During this inspection we saw that the rating from our last inspection was clearly displayed in the reception area and a plan was in place to display the rating on the service website.

We saw that staff meetings were held regularly and staff had the opportunity to raise any issues and discussions took place regarding individual people who used the service as well as training, planning, documentation and confidentiality. Staff told us they found these meetings to be useful. One staff member said, "I like to come to team meetings to catch up and sort any problems out, I find them useful because we can lots of time working alone so it's good to talk about things together."

There was an 'on call' system in place, available every day and night, to ensure that staff could get support from a senior member of staff in the event of an emergency of if they needed advice and guidance. Staff we spoke with said the on-call system was effective and that someone was always available to support them. This showed that effective support measures were in place to assist staff and people in emergency situations.

The service's aims and objectives were referenced in the statement of purpose. A statement of purpose is a legally required document that includes a standard set of information about a provider's service. These were the guiding principles which determined how all staff approached their work and were based on offering a professional and effective service to the people who used it and acting as a good employer to staff.

We found the service had policies and procedures in place, which covered all aspects of service delivery including safeguarding, medication, whistleblowing, recruitment, complaints, equality and diversity, moving and handling and infection control. These policies were all up to date. The service appropriately submitted

statutory notifications to CQC.

There were identified lines of responsibility within the service and the registered manager, who was supported by a care coordinator and general manager, worked with the local authority and other professional services to develop and drive improvement. Feedback from the local authority about the management of Ambercare was positive.

The managers demonstrated an ability to deliver high quality care and regular audits took place to assess the quality of the care delivered. Records confirmed that monthly audits had been conducted in a range of areas including; accident reporting, staff timekeeping, finances, medication, daily recordings, and monitoring for skin health and food intake. Where action was required to be taken, the evidence underpinning this was recorded and plans put in place to achieve any improvements required.

We looked at the results of the most recent questionnaires and surveys and noted comments received were complimentary about the service. Although Ambercare had a poor return rate for surveys, they did have a 100% satisfaction rate.

During the inspection we found the service was managed by professionals with an obvious dedication to the people they support and the staff that work with them.