Amber Healthcare Services Ltd

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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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This inspection was announced, we informed the provider two days in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. At our last inspection of this service in April 2013 we found that they had met all the regulations we checked at that time.

The service is a domiciliary care service that provides specialist support to disabled people living in their own homes. At the time of our inspection both of the two people using the service had complex health needs and received 24 hour support.

Summary of findings

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People and their relatives told us they felt safe. Staff had undertaken training about safeguarding adults and had a good understanding of their responsibilities with regard to this. Risk assessments were in place which provided information about how to support people in a safe manner. Staff understood their responsibilities under the Mental Capacity Act 2005. We found there were enough staff working to support people in a safe way in line with their assessed level of need.

Staff had a good understanding of people's needs and how to support them because they received regular training and supervision. Training covered issues relevant to people's care and health needs. The service was meeting people's needs in relation to nutrition and hydration and staff were knowledgeable about how to provide support with this. People were supported to access health care professionals as appropriate.

We saw staff interacted with people in a caring and sensitive manner and that people's privacy was respected.

People had their needs assessed by the service before the provision of care began. Care plans were in place to meet the needs of individuals. Staff were aware of changes in people's needs. People and their relatives were able to raise any issues with the registered manager and the service had procedures in place for dealing with complaints.

People told us they found the registered manager to be approachable and accessible. The provider monitored the quality of care and support provided, some of which included seeking the views of people that used the service.

Summary of findings

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. People and their relatives told us they felt safe using the service. Staff had a good understanding of their responsibilities with regard to safeguarding adults. Systems were in place to protect people from financial abuse.

Risk assessments were in place to help ensure people were supported in a safe manner.

There were enough staff to meet people's assessed needs in a safe manner.

Good

Is the service effective?

The service was effective. Staff undertook regular training to enable them to meet the needs of people using the service.

People were supported to have their nutritional and hydration needs met.

Good

Is the service caring?

The service was caring. People were involved in planning their care and making choices where possible. Staff supported people to make choices in their best interests.

Staff interacted with people in a caring and sensitive manner and knew how to promote people's privacy and independence.

Good

Is the service responsive?

The service was responsive. People's needs were assessed and care was planned in line with the needs of individuals. People were involved in planning their own care.

People's needs were subject to review and the service was able to respond to people's changing needs.

People said that the service responded to any concerns or complaints.

Good

Is the service well-led?

The service was well-led. The service had a registered manager and people, relatives and staff found them to be approachable and accessible.

Quality assurance and monitoring systems were in place to help provide a good level quality of care and support. These systems included seeking the views of people that used the service.

Good

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Detailed findings

Background to this inspection

The inspection was carried out by an inspector and an expert-by-experience who had experience of domiciliary care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at information that CQC already held about the service. This included information about its registration, previous inspection reports and notifications of significant events the service had sent to CQC. In addition we sent surveys to people who used the service, their relatives and staff to gather their views prior to our inspection. The provider sent us 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. A community matron provided us with information about the service.

The inspection was held over two days. This involved one day at the service's office and one day visiting people in their homes. We also carried out telephone interviews with relatives of people that used the service. We spoke with five members of staff which included the registered manager, a team leader and three care assistants. We spoke with three relatives and two people who used the service. We observed staff interacting with people in their homes. We examined various records during the course of our inspection. These included two sets of care records relating to both of the two people who used the service, risk assessments, staff training and supervision records, daily records of care provided, records of financial transactions involving people's money, records of spot checks carried out by the registered manager, completed surveys and various policies and procedures including safeguarding and complaints procedures.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

'The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People told us they felt safe and that they trusted their carers. A relative told us, "I totally trust them. I know I can get on with my life and my relative is well looked after." Another relative said, "They were so well trained, I trusted them completely."

The service had safeguarding adults procedures in place. These made clear the services responsibility for reporting any allegations of abuse to the relevant local authority. The registered manager contacted us after our inspection to inform us she had booked a place to attend further safeguarding training in September 2014. The registered manager told us there had not been any allegations of abuse since our previous inspection.

Staff told us they had undertaken training about safeguarding adults and we found they understood their responsibilities with regard to safeguarding. Staff were aware of the different types of abuse and of possible indicators of abuse. They told us they would report any suspicions they had that someone was being abused to the registered manager and they were aware that the local authority had overall responsibility for dealing with allegations of abuse. We saw that the staff handbook included information about whistleblowing. It made clear that staff had the right to report any serious concerns to outside agencies, including regulatory bodies. Staff were aware of the whistleblowing procedures.

Systems were in place to protect people from financial abuse. The service had a policy on managing people's monies. Staff were expected to sign a form whenever they spent money on behalf of people. Records confirmed this was done. This helped to prevent people from the risk of financial abuse.

Risk assessments were in place which provided information about how to manage individual risks for people. For example, we saw risk assessments about moving and handling and the physical environment people lived in. Staff told us people were supported to take proportionate risks. One person told us in the survey we sent out, "My care workers do not restrict me in anyway way. They tell me of dangers but leave the final decision to me." Risk assessments were in place that provided information about how to meet people's medical needs to help ensure this was done in a safe manner.

We found staffing levels were adequate to meet people's needs and in line with their assessed needs. Staff told us that they always waited until the next staff arrived for duty before leaving to ensure the person always had appropriate support. The registered manager told us they often covered shifts when care staff were unavailable and that this did not impact on their managerial responsibilities. They told us that as only two people used the service they were able to do this without it impacting on their managerial duties. We found that the assessed staffing levels were in place where we visited people. People told us they had enough staff to meet their needs.

Is the service effective?

Our findings

People told us that staff understood their needs. One person said, "They know me well, they have worked with me for a year." Relatives told us that they thought the staff were well trained and competent. One relative said, "Staff know exactly what they are doing."

The registered manager was a registered nurse and told us they personally provided the majority of the clinical training to care staff. The agency provided staff with any training relating to the healthcare needs of people using the service. Records showed that the training included an assessment of staff's competence in the specific areas, which demonstrated their ability to provide the relevant care. The registered manager told us, and records confirmed that they had undertaken courses about how to provide training to others.

Staff told us they received regular training. Recent training included infection control, safeguarding adults, moving and handling, first aid and health and safety. Staff told us they had regular one to one supervision meetings with the registered manager which helped them develop and improve their practice. We saw records of staff supervision.

In addition to training provided by the registered manager, staff undertook on-line training and completed workbooks and assessments to demonstrate their competence in the area they had been trained in This training was about the areas where the registered manager was not sufficiently skilled or knowledgeable about to provide the training themselves.

The registered manager had undertaken training about the Mental Capacity Act 2005 and also was trained about how to provide training on this subject to others. We saw certificates of this training. The manager was knowledgeable about the Mental Capacity Act 2005 as were care staff we spoke with.

The registered manager also provided the induction training for new staff. This involved the registered manager training people about the specific needs of people and how to meet those needs. As part of their induction new staff spent at least two weeks working with experienced staff and longer if required to ensure they knew how to support people. One person told us about the procedure new staff members followed, saying, "They work at least three shadow shifts" and that they always did those shifts alongside another carer who had worked with them before. In addition new staff worked through an induction workbook which was in line with the Skills for Care Common Induction Standards. These are the standards people working in adult social care need to meet before they can safely work unsupervised. We saw records of this training.

We observed staff carrying out tasks in a competent manner, for example, when supporting a person with oral suctioning or transferring them from a wheelchair to an armchair with the use of a hoist in line with their assessed need. This showed staff had the necessary skills to provide effective care and support to people.

Clear guidelines were available in people's homes about how to provide support with PEG feeding and the amounts of food and fluids to be provided was detailed on medication administration record charts. PEG feeding is a way of feeding people through a tube a person's stomach when they cannot eat and drink adequately. Records were maintained of how much food and fluids were administered and we saw that this was in line with the instructions on the medication charts.

The service supported people with their health care needs. People told us they were supported to access health care professionals. One person said, "Staff help arrange medical appointments. I ask them to take me to the doctor's surgery." A community matron told us they were satisfied the service was supporting people appropriately in a manner that promoted their safety.

We found the service was proactive in working with other health care providers. For example, records included the advice of health professionals which was followed up in care plans which were delivered by the care staff. Staff were knowledgeable about how they provided this support. Care staff we spoke with told us they would call for a doctor if required.

Is the service caring?

Our findings

Staff were able to explain how they promoted people's dignity. For example, staff ensured people were covered up when receiving personal care to enhance their privacy. Staff told us they encouraged people to manage as much care for themselves as they could to promote their independence. This was in line with people's care plans which provided information about what tasks people could do for themselves and what they needed support with. One person told us that staff enabled them to be as independent as possible with their care and that they gave them time to do things, but added, "Staff don't make me try and do things I can't do."

Care plans were personalised setting out how to meet the assessed and individual needs of people. They included information about people's likes and dislikes for example in relation to social and leisure activities and if they had a preference for what gender their carer was. One person told us they did not mind the gender of their carer. Another person was not able to make this choice and the service made sure they only got carers of their own gender. This was in line with the wishes of the family.

Where people had the capacity to make decisions for themselves they told us they were always able to do so. People told staff treated them with respect and that they were able to make choices about their care. One person said, "I choose everything."

Staff told us that they supported people to make choices as much as possible. For example, one person was able to make simple choices about what shoes to wear by being shown two different pairs. One staff member told us they took advice from family members and drew on their own experience of working with the person to help make choices.

Care plans included information about people's communication needs. Where people were unable to express themselves verbally a variety of communication methods were used. Electronic communication devices and objects of references were used which helped people make choices. Objects of reference included showing people different pairs of shoes so they could pick which ones they wanted to wear. The same regular carers worked with the same people. This helped them to get to know each other and helped staff to better understand the way people communicated.

During our visits to people's homes we observed staff interacting with people in a respectful and caring manner. Staff spoke with politeness and friendliness to people and we saw that people appeared at ease and relaxed in the company of the carers. A relative said of the carers, "They were so caring. They were so very patient and gentle."

Is the service responsive?

Our findings

People told us their care met their personal needs and they were involved in planning their care. One person told us they had a care plan and they were involved with developing it and they were happy with its contents. A relative told us that the care was regularly reviewed with the NHS who commissioned the care and day to day changes in needs were dealt with "immediately" by the service.

The registered manager explained the initial process for assessing people before they used the service. They met with the person and where appropriate family members and relevant health and social care professionals. They told us this was to determine what the person's support needs were and if the service was able to meet those needs. We saw completed pre-care assessments on people's files. These included information about people's needs in relation to personal care, communication, daily routine and also information about their medical history and condition.

Care plans were in place which were based upon the initial assessment of need. People had access to a copy of their care plan. We saw that care plans had been signed by the person or their family member where appropriate. This showed people were involved with and agreed to their care plan. The registered manager told us care plans were subject to regular review which meant they were able to reflect people's needs as they changed over time.

Care plans provided clear and detailed information about how to meet the individual and assessed needs of people. They included information about people's likes and dislikes for example about television programs they liked, preferred social activities and music.

Care plans made clear that people were to be supported to manage as much for themselves as possible. This helped to promote people's independence. Plans included a daily timetable so that staff knew what they were expected to provide support with and when. Detailed daily records were completed by care staff which described what they had done during their shift. We examined these daily records and found they showed care and support had been provided in line with the care plans.

Staff we spoke with had a good understanding of people's needs. They told us they were expected to read care plans and they demonstrated a good level of knowledge of the contents of care plans. Systems were in place to help staff keep up to date of any changes to people's care including a handover between staff at the beginning of each shift and a communication book which detailed any changes to the person's care.

The service had a complaints procedure in place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service. People were given a copy of the complaints procedure included in the service users guide. People told us they had not had to make a complaint. One person said, "I have zero complaints." Staff knew the complaints procedure.

People and their relatives told us that if they raised any issues they were dealt with effectively. For example one person's mobility deteriorated rapidly and the service was able to install equipment such as walking frames and hand rails in a short space of time. This showed the service listened to and acted upon the concerns of people. One person told us if they contacted the registered manager about anything they were responded to, "within 15 minutes usually."

Is the service well-led?

Our findings

The service had a registered manager in place. All the people we spoke with were positive about the registered manager. One person told us, “The manager is very good.” A relative said of the registered manager that she was a, “real carer.” We received positive feedback from a healthcare professional.

The registered manager was a registered nurse and as such was required to keep up to date with continuing professional development. Records showed they had undertaken training in various areas related to their practice including palliative care and infection control.

Staff told us they found the registered manager to be approachable and accessible. A member of staff said, “I am able to turn to the registered manager at any time and ask for guidance and support.” Another member of staff said the support from management was “really high.” The registered manager told us they were on-call 24 hours a day to both staff and people that used the service and that alternative cover was arranged if they were not available for any reason.

The registered manager outlined the various quality assurance and monitoring systems they had in place. They told us they often worked shifts themselves so they had a good understanding of people’s needs and of the tasks staff were expected to perform. When not working shifts they told us they visited all people who used the service at least once a week. People confirmed this was the case and told us they were encouraged to raise any issues they had with the registered manager. One person told us, “The manager comes at least once a week, sometimes twice. She talks about the rota, what I am doing, if there are any problems.”

We saw records of the spot checks carried out by the registered manager to check things such as staff punctuality, good hygiene practice, record keeping and staff interaction with people. Care staff confirmed that the registered manager routinely carried out visits to people’s homes which involved them monitoring the quality of care and support provided. Relatives told us that the registered manager sought their views on the running of the service.

The service issued an annual survey to people and their relatives in April 2014. This contained positive feedback about the service and comments included, “I am 100% confident that if my needs change they will adjust my care accordingly” and “I make all the decisions about what I need and when.”

The registered manager carried out checks of various records including people’s daily records, medication records and records of monies spent on behalf of people. This enabled them to make sure records were kept up to date and to address any issues as they arose. They told us because of their regular contact with people they were able to pick up and address any issues in a prompt manner. The registered manager told us there had only been one accident/incident reported and we found steps had been taken to reduce the risk of a similar accident recurring.