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?	Requires Improvement
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 5 January 2017 and was announced. The previous inspection of this service was on the 30 July and 5 August 2014 and they were found to be meeting all regulations we checked at that time.

The service is a complex care service that provides support with personal care and complex needs to adult and children living in their own homes. At the time of our inspection ten people were using the service.

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. 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.

We found one breach of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The service had not followed its own policy and procedure with regard to obtaining references during the staff recruitment process. You can see what action we have asked the provider to take at the end of this report.

There were enough staff working at the service to meet people's needs. Appropriate safeguarding procedures were in place and people told us they felt safe using the service. Risk assessments provided information about how to support people in a safe manner. Medicines were managed safely.

Staff undertook an induction training programme on commencing work at the service and received on-going training after that. People were able to make choices for themselves where they had the capacity to do so and the service operated within the Mental Capacity Act 2005. Where people were supported with food preparation they were able to choose what they ate and drank. People were supported to access relevant health care professionals.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity.

People's needs were assessed before they began using the service. Care plans were in place which set out how to meet people's individual needs. The service had a complaints procedure in place and people knew how to make a complaint.

Staff and people spoke positively about the registered manager. Systems were in place to seek the views of people on the running of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. The service did not follow its own staff recruitment procedures with regard to obtaining employment references.

There were enough staff working at the service to keep people safe and there had not been any missed calls.

Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations. Risk assessments provided information about how to support people in a safe manner. Medicines were managed safely.

Is the service effective?

Good

The service was effective. Staff undertook regular training to support them in their role and received induction training on commencing work at the service. Staff had regular one to one supervision meetings.

People were able to make choices about their care where they had the capacity to do so. This included choosing what they ate and drank.

People were supported to access relevant health care professionals if required.

Is the service caring?

Good

The service was caring. People told us they were treated with respect by staff and that staff were friendly and caring.

Staff had a good understanding of how to promote people's dignity, privacy and independence.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care plans were in place which were personalised around the needs of individuals. Staff were aware of how to meet people's needs.

The service had a complaints procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service had a registered manager in place. People and staff told us they found them to be supportive and helpful.

People told us they were routinely consulted about the care and support they received and they were encouraged to express their views.

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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 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 5 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and notifications the provider had sent us. We contacted the host local authority to seek their views about the service.

We spoke with one person who used the service and two relatives. We spoke with four staff, this included the registered manager and three care and support assistants. We looked at four sets of records relating to people, including care plans and risk assessments. We examined the recruitment, training and supervision records of five staff. We looked at medicines records and quality assurance systems. We checked various policies and procedures, including the complaints and safeguarding adult's procedures.

Requires Improvement

Is the service safe?

Our findings

We found all of the five staff recruitment records we checked included details of the staff's employment history, proof of identification and a criminal records check. However, there were no employment references in place for three of the five staff we checked. The registered manager told us they had requested references from the people staff had put down as their referees on their application forms. These had not been chased up and the staff were employed without references. This was a contrary practice to the services "Recruitment and Selection Policy and Procedure". This stated, "Appropriate job references will be taken up for all prime candidates. Subsequent job offers will depend upon satisfactory response to the following. A minimum of three references will be contacted, one of whom must be the applicants current or most recent employer." This meant the service was not following safe recruitment practices.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The level of staff support that people received was determined by the body that commissioned the care for people in conjunction with the person. Records showed that the service had made representations to the body that commissioned the care where they felt the level of support was not sufficient to meet a person's needs and one person told us the service had been effective in supporting them with this. The registered manager told us there had not been any uncovered shifts to people since the previous inspection which meant people were able to receive the support required. They told us that in an emergency situation where staff cancelled a shift at short notice either they or one of the managers were able to step in and provide cover.

People told us they felt safe using the service. One person said, "I feel completely safe, even to the extent of going on a two week trip to Poland with only carers, no family members. I wouldn't do that if I didn't feel 100% safe." The same person said, "Of course they listen to me and do what I ask. They do their utmost to make me safe in any unfamiliar environment, if what I want to do is unsafe, they might advise me it's not a good idea but if I insist, they'll help me do it." A relative said, "Oh gosh, absolutely [family member] is safe."

The service had a safeguarding adult's procedure in place. This made clear their responsibility to report any allegations of abuse to the local authority. Staff had undertaken training about safeguarding and had a good understanding of their responsibilities. One member of staff said, "If a client was being abused I would talk to the team coordinator and if nothing was done I would go to the manager." Another staff member said, "If I suspect [abuse] I would go straight to the safeguarding officer [one of the managers]." The service had a whistleblowing procedure in place which made clear staff had the right to whistle blow to outside agencies if appropriate.

The registered manager told us there had not been any safeguarding allegations since the previous inspection.

The service had a policy about handling people's finances. This stated that when staff spent any money on

behalf of people records and receipts had to be kept. We saw this was done and these were checked by the registered manager and relatives. All staff were provided with a copy of the staff handbook. This made clear that staff were not allowed to accept any gifts from people or be the beneficiary of a will. This meant the risk of financial abuse was reduced.

Risk assessments were in place which included information about how to mitigate risks people faced. These covered various set areas such as moving and handling and the physical environment. They included details of equipment and staff support required to support people in a safe manner. Risk assessments also covered risks that were specific to individuals. For example, the service supported one person to go on holidays and there were risk assessments in place about this. We saw that one person with capacity had chosen to have bed rails fitted to reduce the risk of them falling out of bed and there was a risk assessment in place about this.

Where the service worked with people who exhibited behaviours that challenged the service they did not use any form of physical restraint. Risk assessments were in place about how to work with people safely and staff understood how to support people when they were upset and agitated. One staff member said, "You remove yourself and give her time to calm down." Another staff member said, "Try and be sympathetic to whatever is upsetting her" when working with someone who was upset.

The service had a medicines policy in place which provided guidance to staff about the administration, storage, recording and disposal of medicines. Before administering medicines staff undertook training about this. The training included an assessment of their competence to make sure they knew what they were doing. Where the service provided support with administering medicines to people medicine administration record (MAR) charts were maintained. These included details of the name, dose and time of the medicine to be administered and staff signed to show the medicine had been given. We checked the MAR charts for a one month period for three people. Two of these were found to be completed accurately and up to date. However, there were unexplained gaps on the 5 and 8 December on the MAR charts for one person. We discussed this with the registered manager who told us they would carry out an investigation in to why there were the gaps on the MAR charts.

Good

Is the service effective?

Our findings

The registered manager told us new staff shadowed experienced staff as part of their induction programme. This was so they were able to learn the support needs of individuals. Staff confirmed this shadowing took place. A member of staff said, "We had in-house induction training. Shadowing, what to do with the clients." Another member of staff said, "I did an induction with the manager. From what I remember it gave us an overview of the clients I was to look after, and we did some training too. Manual handling, how to use a hoist, client safety, first aid." A relative told us, "If there is a new staff they do shadowing for a couple of days."

Records showed staff undertook a mixture of electronic and classroom based training. Mandatory training for all care staff included moving and handling, medicines, safeguarding adults, health and safety and food hygiene. A staff member said, "We were recently put on a course to cover the mandatory things." Staff also had the opportunity of completing NVQ's in Health and Social care to help them develop their skills base and knowledge. The NVQ is a work based qualification which recognises the skills and knowledge a person needs to do a job. The candidate needs to demonstrate and prove their competency in their chosen role or career path. In addition to mandatory training staff undertook specialist training. For example, staff who worked with people with Huntingdon's Disease had received training about this and there were plans in place for staff to undertake training about end of life care. A staff member told us, "I just started with a new client with Huntingdon's Disease and I am going to have training next week." Most staff we spoke with told us they were happy with the training provided. A staff member said, "I had mandatory training a couple of months ago. Health and safety, food safety, infection control, fire safety and safeguarding."

However, one staff member said they would like more in-depth training, but added they felt they had the necessary skills and knowledge to support people safely.

Staff told us and records confirmed they had regular one to one supervision meetings with a senior member of staff. Records of supervision showed they included discussions about issues relating to people who used the service, training, and what support staff members required. The registered manager told us that care staff were invited to choose their supervisor from one of the three senior staff working at the service. They told us this was because it was important that staff felt comfortable with their supervisor. A member of staff said during supervision they discussed, "Developing ourselves, how we want to go forward." Another staff member said, "I have my supervision with [manager], she is really good. She wants to know what I'm doing, if there are any problems, anything I can improve on or the company can improve on."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People were supported to make decisions over their daily lives. One person said, "I decide what support I

need. Unfortunately I need a lot of support but if I say 'go away', they do. For instance, they always go into the next room when my friends or family come to visit." Where people lacked capacity relatives provided information about how best to support people. Staff understood the importance of enabling people to make choices. One staff member said of the two people they worked with, "X has the capacity to communicate so she tells you what she needs. With Y you get to know how she communicates. We hold her clothes up and she will nod at the one she wants. We will ask her what she wants to do and she will nod at the one she wants. We take her wherever she wants to go." Another staff member said, "We always show them two or three pieces of clothing and they can choose."

Care plans included information about people's food likes and dislikes and about how to provide support with food. For example, the care plan for one person stated, "[Person] uses a flan dish instead of a dinner plate to eat food. Food needs to be separated in to sections." People told us they were able to choose what they ate when staff supported them with meal preparation. A relative said, "By and large I tell them what [food] to make."

The service provided support with PEG feeding to people. PEG stands for percutaneous endoscopic gastrostomy, a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. PEG allows nutrition, fluids and/or medications to be put directly into the stomach, bypassing the mouth and oesophagus. Where this support was given care plans were in place providing details about it and staff had undertaken appropriate training. The PEG feeding was overseen by the district nursing service.

Care plans included details of people's medical history and medical conditions. They also included contact details of people's GP so this information was readily to hand in the event it was needed. Records showed staff called the GP when required, for example when they had concerns about a person with low blood pressure.

The registered manager told us they fostered a culture of staff reporting issues that needed referring to other agencies where there was a health need. For example, staff noticed that a person's hearing was deteriorating and a referral was made to the community matron. Another person had falls so a referral was made to the occupational therapy team who carried out an assessment. As a result of this adaptations were made to the person's home which made it a safer environment for them. The service had worked with the physiotherapy team for another person to develop a set of exercises for the person. Guidelines were in place for staff about this so they could support the person with their exercises appropriately.

Good

Is the service caring?

Our findings

People told us staff treated them in a caring and respectful manner. One person said, "Care staff are outstandingly good. They treat me with dignity and respect by honouring my wishes to remain covered all times, except when I shower of course." A relative described the care staff as, "Generally very good indeed. In fact, all of them have been very good. Very sympathetic, very patient." Another relative said, "The carer is attentive and exhibits kindness to the family member, and to the remainder of the family who reside here."

Care plans included information about people's life history such as about their family and where they grew up and about their likes and preferences. For example, the care plan for one person included information about their favourite TV programmes, stating, "[Person] loves anything to do with sport and also enjoys watching the soaps." This meant care staff were able to get a good understanding of the person to help build good relations with them. Care plans also included information about people's communication needs. For example, the care plan for one person stated, "[Person] uses subtle hand gestures to obtain certain things. Staff that have worked with [person] are aware what certain gestures mean. For any new member of staff [person] is patient and will teach them step by step what their hand gestures mean." Staff had a good understanding of people's communication needs. One staff member said of a person they worked with, "Because I've worked with her a long time I have got to know her body language, she gives a nod to let you know what she likes."

The registered manager told us that people had the same regular care staff working with them to promote continuity of care and to enable staff and people to build positive relationships. However, the registered manager added that staff were trained to work with other people so they could step in at short notice should the need arise. One staff member said, "I work with two clients. You get to know them really well." A relative said, "I'm keen on that [having the same regular care staff]. They are very good at shadowing for someone new but by and large the staff remain the same. They don't have a high turnover of staff."

People were able to choose their care staff so they worked with people they felt comfortable with. The registered manager told us on occasions people had said they were not happy with their care staff and they were subsequently changed. People were also able to choose the gender of their care staff. The registered manager told us, "I always explain to the client that they have a choice about the staff." They gave an example of one older person who said they preferred to have more mature staff working with them.

Staff had a good understanding of how to support people in a manner that promoted their dignity and privacy. One staff member told us how they supported people with personal care, saying, "I tell them what I am doing, giving them choices. When they are getting care I keep them covered up, doors shut, curtains shut. We knock on the door." Another staff member said, "Try and keep them covered for their dignity. I ask them as I go along if it is all right if I wash your legs and they let me know if I can."

People had signed consent forms to agree to confidential information about them been shared with relevant persons such as health and social care professionals. Staff had a good understanding of confidentiality and were aware it was not appropriate to talk about people outside of the work setting.

Confidential records were stored securely at the service's office and only authorised staff had access to them. This helped to protect people's privacy and confidentiality.

Staff told us they supported people to be independent. One staff member said about supporting a person with personal care, "With [person] we give her the choice. She can wash her face herself but sometimes she wants us to do it for her. She puts Vaseline on her lips and she does that herself. Brushing her teeth she does herself." The same staff member said about when helping a person to undress, "We just need to help her pull it [item of clothing] off her head, but she can take her arms out." Another staff member said, "We have to stop ourselves from doing things for them. We have to try to encourage them to do things for themselves."

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs. One person said, "I would describe Amber as an outstanding care provider, I left my previous agency because they were sending any old Tom, Dick or Harry. Amber don't do that and only send staff that I have approved beforehand and who've had at least three shadow shifts here." A relative said the service was, "Excellent. They have provided care as and when my [family member] needs it. They have always been there even at the last minute."

The registered manager told us that after receiving an initial referral a senior member of staff carried out an assessment of their needs. They said of the assessment process, First of all it's a meeting with me or a manager with the client and their family. We need to know who the client is, everyone is different." They added that they also liked to speak with professionals who were involved in the person's care to try to get a full picture of their needs. They said, "When the client is in hospital I like to go and do the assessment there so I can talk to the hospital staff." The registered manager told us the purpose of the assessment was, "To find out the best possible way forward for a particular client." They said this involved looking at the needs of the clients and records confirmed this was done, for example in relation to communication, mobility, health needs and medicines.

Care plans were developed for people based on the initial assessment and on-going work with them. Care plans were personalised and included detailed information about the support needs of individuals. For example, the care plan on personal care for one person stated, "[Person] needs support to put the toothpaste on the toothbrush and also help with her mouthwash as she will swallow it and needs reminding to spit it out." The care plan for another person stated, "[Person] likes to look well presented. He will be given a choice of what he likes to wear." Care plans included information about support with health, communication, waking and bedtime routine, personal hygiene and food and drink.

Care plans were subject to regular two monthly review which meant they were able to reflect people's needs as they changed over time. Daily records were maintained of care provided which helped to monitor the care on an on-going basis. These showed care was delivered in line with people's assessed needs.

People we spoke with told us they knew how to make a complaint, saying they would contact the registered manager. However, people said they had not had to make a complaint. One person said, "I have never had to make a complaint but if I did I'd text the line manager in charge of my case."

The service had a complaints procedure in place and people were provided with a copy of this. The procedure included timescales for responding to any complaints received. However, it did not include the correct contact details of organisations that people could contact to complain to if they were not satisfied with the response from the service. We discussed this with the registered manager who told us they would amend the policy accordingly.

The registered manager said there had not been any complaints received since the previous inspection.

Good

Is the service well-led?

Our findings

People spoke positively about the registered manager and told us they found them to be accessible. One person said, "I have daily contact with [registered manager] via text and face to face weekly. She always asks if I'm OK." A relative said, "[Registered manager] pops round, we have a meeting next week. Every two months we talk about how we can change things."

The service had a registered manager in place. They were supported in the running of the business by two managers and two team leaders. Most staff told us they found the management to be supportive. One staff member said, "[Manager or registered manager] I can call anytime. They always call back straight away. They are very helpful and definitely approachable if I have any problems. It's a really good company to work for, really flexible and supportive. It's a really nice atmosphere." Another staff member said, "She [registered manager] always picks up the phone, I can always call her." The same staff member said of the senior staff, "They know a lot about our clients, they work with them quite often so I always have proper support." A third staff member said, "If I have any problems I can solve it straight away with one of the managers. The registered manager said, "If they [staff] want to talk and have any issues I am here 24/7 for them."

The registered manager told us the service continuously sought feedback from people about the care and support they received. They said, "We are always talking to them [people and relatives]. All the managers are in the field with the clients and our staff." The registered manager explained that as the service only had ten people and three managers it was relatively easy to make sure each client was visited by a manager every week." The registered manager said, "The purpose of these visits is our assurance that the clients and the carers are OK."

The registered manager told us they also did care shifts themselves. This provided people with the opportunity of talking directly to the registered manager and it also enabled the registered manager to see the problems and challenges faced by care staff first hand. They told us, "The best way I can see where improvements need to be made is when I come and work the shift."

The registered manager told us they carried out spot checks at people's homes. This was to check that staff worked appropriately and were punctual. They told us some of these spot checks were routine but others were in response to specific concerns raised by people. For example, one person had said their care staff were arriving for duty in an unkempt manner and the registered manager carried out a spot check to investigate this.

Questionnaires were given to people and their relatives so they could provide feedback about the service. Questionnaires asked about the standard of care, the friendliness of staff, the level of communication from management and how well people's care plans reflected their care needs. We saw completed questionnaires that contained positive feedback. For example, one relative wrote, "We cannot speak highly enough of the professionalism and care shown. At a very difficult time they were both sensitive and professional. Excellent level of service and care."

Team meetings were held for staff who worked with individual clients. This provided the staff with an opportunity to have in depth discussions about best practice when working with individuals and to share ideas. Records showed they also included discussions about staff morale and the logistics of covering shifts and team working.

The registered manager told us they attended various seminars and conferences run by organisations relevant to social care. Records showed this included attending conferences run by the Care Quality Commission and Action on Elder Abuse. This helped them keep up to date with changes and developments within the social care sector.

The registered manager gave examples of how practice at the service had improved as a result of quality assurance systems and receiving feedback from people. For example, through staff supervision staff had said that too much of the training was computer based and as a result more classroom training had been arranged. Staff working with one person had said they [the staff] were prone to infections. As a result, the infection control procedures were changed and a different type of protective clothing had been purchased which resulted in eliminating staff infections.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures must be established and operated effectively to ensure that persons employed are of good character. Regulation 19 (1) (a) (2) (a) (3) (a) Schedule 3 (4) (a) (b)