

Amber Valley Total Care Ltd

# Amber Valley Total Care

## Inspection report

18 Main Road  
Smalley  
Ilkeston  
Derbyshire  
DE7 6EE

Date of inspection visit:  
26 January 2023

Date of publication:  
31 March 2023

Tel: 01332881255

Website: [www.ambervalleytotalcare.com](http://www.ambervalleytotalcare.com)

## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Amber Valley Total Care is a domiciliary care agency providing personal care to people in their own homes. The service supports younger and older people, including people with dementia. At the time of our inspection there were 82 people using the service.

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

There was ineffective leadership at the service and governance systems were not in place to identify areas where improvements were needed. Audits were not completed to identify where actions needed to be taken. The provider did not report incidents and events they were legally required to do to in line with their regulatory requirements.

Risks to people were not assessed and there were no risk assessments in place to guide staff on how to support people in relation to specific risks.

Systems were not in place to record and review accidents and incidents to help ensure people were safeguarded from abuse. Staff were not recruited safely; pre-employment checks were not completed thoroughly.

People were not always supported safely with their medicines. People did not always receive their prescribed medicines and the recording of medicine was not in line with best practice guidance.

Staff received training to carry out their roles, however not all staff had completed training in relation to specific health conditions.

People did not always receive personalised care, care plans did not include individual likes, dislikes and preferences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff felt supported in their work. People told us staff were kind, caring and reliable. People had the opportunity to provide feedback on the service. There was a complaints policy in place and complaints were acted upon in a timely manner.

The provider gave us some assurances they would start addressing the issues we found on this inspection.

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

### Rating at last inspection

The last rating for this service was good (published 17 October 2017).

## Why we inspected

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

## Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, recruitment and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

# Amber Valley Total Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 2 inspectors.

#### Service and service type

Amber Valley Total Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from professionals who work with service. We used information gathered as part of monitoring activity that took place on 11 November 2022 to help plan the

inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service. We spoke with 8 staff members, including the registered manager, finance manager, care coordinator and care workers. We reviewed a range of records, including 6 people's care records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed including policies and procedures.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

### Staffing and recruitment

- Staff were not recruited safely as the provider did not follow safe recruitment procedures.
- The provider did not carry out relevant checks to ensure people employed were of good character.
- We found 2 recruitment files of staff employed that did not include references or full employment history. One person employed did not have a completed criminal record check. This meant people were at risk of receiving care from unsuitable staff.

This failure to have systems and processes in place to recruit staff safely is a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- There were enough staff to meet the needs of people using the service. People received their care within 30 minutes of their allocated time. In the event a call was missed, there was an extra staff member to carry out the care call.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were not assessed, monitored or managed appropriately. There was no written guidance or control measures in place to mitigate risks.
- We saw a person's care plan which stated they were at risk of choking. There was no risk assessment in place for staff to support them safely with eating, or how to respond if this person exhibited symptoms of choking. This meant this person was at an increased risk of choking. .
- The care plans for 2 people using the service stated they had a catheter in place. There were no risk assessments in place to inform staff of the risks or how to recognise and respond to known risks of catheters, such as urinary tract infections, leakage or blockages. This placed them at risk of catheter related complications.
- There were no systems in place to analyse accidents or incidents.
- The provider's policy on reporting accidents only included references to accidents or incidents relating to staff only.
- The provider stated that only staff accidents and incidents were recorded. The provider was not aware of their responsibility to record accidents and incidents that affected people using the service. This meant people were at risk of harm due to no analysis or identification of trends to minimise the risk of re-occurrence.

The failure to assess, monitor and mitigate the risks of the service is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were not always in place to protect people from the risk of abuse. The systems in place did not ensure people were supported by safely recruited staff.
- Staff received safeguarding training and understood how to raise concerns. One staff member told us "If I had any concerns I would go straight to management".

Using medicines safely

- Medicines were not managed safely and this placed people at risk of receiving their prescribed medicines unsafely.
- We found missing signatures on the 3 medicine administration records (MAR) viewed. This meant people did not always receive their prescribed medication, placing people at risk of health deterioration.
- MAR were handwritten and were not completed in line with best practice, for example the strength, dose or route of medicines had not been recorded for 3 people. This meant there was no instruction for staff on how to administer their medicines, placing them at risk of receiving the wrong dose or strength of medicine.
- There was no guidance in place for people who were prescribed 'as and when required' medicines and staff did not record the dose administered. This meant people were at risk of receiving the wrong dosage of medication placing them at risk of ill health.
- Staff received training on administering medicines, however the provider could not evidence staff competency checks had been undertaken to ensure staff remained safe to administer medicines.

The provider failed to safely manage medicines this was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were not always in place to protect people from the risk of abuse. The systems in place did not ensure people were supported by safely recruited staff.
- Staff received safeguarding training and understood how to raise concerns. One staff member told us "If I had any concerns I would go straight to management".

Preventing and controlling infection

- People were not always protected from risk of infection, due to people's health risks not being assessed or monitored.
- There was an infection control policy in place. The policy did not refer to procedures in relation to COVID-19. This meant there was a risk that procedures in relation to COVID-19 may not have been embedded in the service.
- Not all staff had received infection prevention control (IPC) training. This posed a risk in relation to managing and minimising the risk of infection.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed to provide guidance for staff on how to support people, however, risks were not always identified and there were no risk assessments in place.
- Implementation of evidence-based guidance was variable. Care assessments did not consider the full range of people's diverse needs. For example, one person with dysphagia had no specific information in their care plan for staff to be able to support them appropriately.
- Information was not always complete about people's likes, dislikes and relevant social history. This meant people's choices were not always recorded for staff to deliver person centred care.
- People's nutrition and hydration needs were considered in their care plans and staff had information on how to prepare people's food. One person was supported to use adapted cutlery to help with their dietary intake.

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

- People's health, care and support needs were monitored, however did not consistently include information on specific health issues, this meant there was a risk that people's health could deteriorate. For example, there was no specific guidance in place for one person who became anxious on occasions.
- The registered manager told us one person expressed agitation and distress towards staff. There was no information in this person's care plan identifying this or information on how to support this person in these instances.
- We saw evidence of referrals being made to other agencies to support people. For example, liaising with the social work and district nursing team.
- The provider supported people to go out. For example, one person was supported to find an appropriate wheelchair route to access a sports centre.

Staff support: induction, training, skills and experience

- Staff supervision and support was not consistent. Staff did receive supervisions, however we did not see evidence of supervision for all staff files viewed. Supervision records we saw were a short checklist not detailing specific discussion or progress.
- Staff received training to carry out their roles. One staff member told us, "I feel we meet people's needs and there is enough training."
- New starters had an opportunity to shadow staff to learn the relevant skills for the role.

- People told us staff were competent in their roles. One person told us, "They do their job really well".

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- The service worked within the principles of the MCA. We saw completed mental capacity assessments in people's care plans.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Care plans included basic information for staff on how to support people, however there was no evidence people were consulted or involved in the care planning process.
- Care plans did not consistently include people's preferences, choices or social history. This meant people or their relatives were not fully involved to inform care planning.
- People did have an opportunity to express their views on the service, for example, people completed 'Quality Assurance Forms' in relation to meeting their individual needs. The provider acted on issues identified.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider had not ensured systems were in place to promote good standards of quality care to fully ensure people were well treated and supported. For example, systems were not in place to identify if staff stayed the duration of the care call, or if a care call was missed.
- Care plans did not include information for staff on specific health issues to support people holistically.
- Some people's care plans did consider people's diverse needs. For example, one person's care plan included information on their ethnic origin and they were supported to attend an online Sunday service.
- We received some positive feedback about staff. People told us staff were kind and reliable. One person told us, "Staff are lovely".

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected
- We received positive feedback and people told us staff treated them with dignity.
- One person told said, "They are very caring, I can't speak highly enough of them to be honest".

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were not always involved in decisions about their care, treatment and support. This meant people did not have full choice and control to meet their needs and preferences. For example, people preferences, likes and dislikes were not consistently included in people's care plans. This meant there was no evidence to demonstrate people's care was personalised.
- Technology used by the provider was not always accessible or easy to use. It was not always used in a way that promoted responsive care and support. The provider told us technology was not working, data was not accurate, and training would be organised to create a better system.
- We received positive feedback from people. People told us they did not have any concerns in relation to meeting their needs. One person told us "I don't have any issues at all".

End of life care and support

- At the time of inspection, no one using the service was reaching the end of their lives. End of life training was available to staff, however not all staff had received this.

Meeting people's communication needs

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

- The provider complied with the Accessible Information Standard. Care plans included detail on how people were communicated. Information was available in different formats, for example, picture boards.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain their independence. The provider supported people to access the community by purchasing a mobility car. This was used to transport people to appointments and social visits.
- Events were organised for people to participate in, for example, animal shows and tea and cake afternoons.

Improving care quality in response to complaints or concerns

- There was a complaints policy and place. People knew how to raise a concern or a complaint.

- Complaints were investigated and actions taken to improve people's outcomes. For example, one person complained about the care they received on a morning call. They suggested a list to be completed detailing all tasks the person required. Action was taken, a list was created and distributed to staff to ensure the person's needs were met.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider who worked as the registered manager did not fully understand their responsibilities of their registration with us. There was no systems in place to audit any aspect of the service, this meant there was no evidence of learning, reflective practice or service improvement.
- There were no statutory notifications submitted in the last 12 months to inform us of significant events that happened at the service. When raised with the provider, the provider was unaware of their responsibility to submit notifications to CQC .
- There were no systems in place to monitor the performance and outcomes of the service. The provider informed us training was required to use the technology in place to monitor performance. The provider told us training on the systems would be scheduled.

The provider failed to ensure the quality, safety and leadership of the service. The provider also failed to understand their regulatory requirements this was breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager did not understand their legal responsibility in relation to the duty of candour and what incidents were required to be notified to the Care Quality Commission.
- The provider was committed to making the necessary changes to meet regulations and deliver good care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service was not well led. The provider had a lack of oversight to deliver a safe service.
- Whilst we received positive feedback from people using the service, staff were not always supported with the information to enable them to deliver person-centred care.
- The provider told us they will make the necessary changes to ensure they meet regulations.
- Feedback was sought from people using the service. For example, 'Quality Assurance Forms' were given to people to give feedback on the care they receive.

Working in partnership with others

- The provider worked with other healthcare professionals, for example we saw referrals to the district nursing team in relation to people's skin.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found no evidence people had been harmed. However, systems were not in place to assess risks effectively and put measures in place to keep people safe.</p>

### The enforcement action we took:

Warning notice.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence people had come to harm. However, leadership and governance was ineffective and had not picked up on areas where improvements were needed. There were no governance systems in place to audit any aspect of the service. This put people at risk of harm.</p>

### The enforcement action we took:

Warning notice.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not ensure people were recruited safely.</p>

### The enforcement action we took:

Warning notice.