

Amber Healthcare Services Ltd

# Amber Healthcare Services Ltd

## Inspection report

165 Sansom Road  
London  
E11 3HG

Tel: 02089881874

Date of inspection visit:  
25 October 2018

Date of publication:  
02 January 2019

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 25 October and was announced. The provider was given 48 hours' notice because the location provides a service for people who may be out during the day, we needed to be sure that someone would be in. At our last inspection we found the provider in breach of regulations relating to the recruitment practices. We found three out of five staff records reviewed did not have references. At this inspection we found the provider had made improvements and were no longer in breach of the regulation.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults and children. Not everyone using Amber Healthcare Services Ltd. 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 there were 11 people using the service. Most people using the service lived in the Essex area.

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.

People were protected from the risk of abuse because staff were trained in safeguarding and knew how to safeguard people against harm and abuse. People and their relatives told us they felt safe with staff. Risk assessments were detailed and provided staff with information to mitigate risks. There was a process for logging accidents and incidents. People were protected from the risk of infection because staff wore personal protective equipment when delivering care. Medicines were administered safely. Protocols for managing PRN medicines were required. We have made a recommendation about the management of PRN medicines.

Staff undertook training and received regular supervision to help support them to provide effective care. The service was compliant with the requirements of the Mental Capacity Act 2005 (MCA) and staff understood the importance of asking people's consent before providing care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's nutritional needs were met.

The service worked in partnership with other health and care professionals to meet people's health needs. Health and care professionals and relatives spoke highly of staff and their skills.

Relatives told us that their relatives were well treated and the staff were caring and kind. People's needs were assessed and their individual needs met. People's cultural and religious needs were respected when

planning and delivering care. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service. People participated in activities of their choice. The service had a complaints procedure in place. Although there was no one receiving end of life care the service had an end of life policy in place.

Staff told us the registered manager was approachable and supportive. There were systems in place to monitor the quality 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?

Good 

The service was safe.

Recruitment records contained staff references and the service had employed someone to take responsibility for staff personnel

Safeguarding procedure's were in place and staff knew the action to take to keep people safe from harm or abuse.

Medicines were managed safely.

### Is the service effective?

Good 

The service was Effective. Staff received training and supervision to effectively carry out their role.

People's nutritional and hydration needs were met. People had access to health care professionals to meet their health needs.

Staff worked in accordance with the MCA and knew the importance of obtaining consent before providing care.

### Is the service caring?

Good 

The service remains Caring. People were treated with dignity and respect. People and relative spoke highly of the care provided by staff.

Staff understood people's individual needs.

People were encouraged to make choices around their care.

### Is the service responsive?

Good 

The service was responsive.

Peoples needs were assessed and reviewed.

People received person centred care. Staff followed people's care plans, which detailed how people preferred staff to deliver their care.

There was a complaints procedure in place. Relatives knew how to make a complaint and said the registered manager was approachable.

### **Is the service well-led?**

The service was well led.

We found that action had been taken to improve quality monitoring systems. Relatives and people told us that the registered manager was approachable.

There were systems in place to monitor the quality of the service. This ensured that shortfalls were identified and actioned.

**Good** ●

# Amber Healthcare Services Ltd

## **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 25 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection team included one inspector and an Expert by Experience with a specific area of expertise in people with learning disabilities, who made calls to people and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we gathered and reviewed information we held about the service. This included any notifications and safeguarding alerts. A notification is information about important events which the service is required to send us by law.

People using the service had complex needs and were non-verbal so we spoke with relatives on their behalf. We spoke with the registered manager and a director on the day of our visit. Following our inspection, we contacted four staff members and spoke with one care staff, including a senior team leader. We also spoke with two health and care professionals about their views and experience of working with the service. We reviewed care records for three people who used the service, this includes care plans and associated risk assessments. We also looked at records relating to the management of the service including accidents and incidents and quality audits. We asked the manager to send us additional documents related to the running of the service. This included policies and procedures and an action/service improvement plan.

## Is the service safe?

### Our findings

At our last inspection we found the provider had not followed their recruitment procedures relating to obtaining staff references. At this inspection we found the provider had made improvements. All staff files checked contained the necessary references. The registered manager is aware of the need to ensure that references were verified with an official stamp or headed paper and has included this in their action plan. The registered manager told us that since our last inspection in July 2016 the service had employed a staff member with overall responsibility for human resources and staff personnel, this included ensuring that applications were completed and references followed up.

Recruitment procedures were in place and the necessary checks were carried out before staff started to work with people, including the necessary criminal checks. Disclosure Barring Service (DBS) checks were carried out by the registered manager who said she uses an external agency which is working quite well. All staff had an enhanced DBS check which included adults and children. Where a DBS did contain convictions, the registered manager met with the staff member to discuss this. This included the manager risk assessing the situation following a statement from the prospective applicant.

People using the service had complex health needs and were non-verbal, so we spoke with relatives to get feedback on people's experience of the service. Relatives told us that people were safe. One relative said, "I feel she [person who used the service] is safe yes indeed." Other relatives told us, "Yes, I feel that they [people who used the service] are both safe and well cared for," and "Yes I definitely feel that she [person who used the service] is safe."

Healthcare professionals spoke highly of the safety of the people the service cared for. Comments included, "The carers [staff] were meeting a lot of their [people using the service] needs, they go above and beyond what the package requires."

Safeguarding procedures were in place to ensure that people were protected from the risk of abuse. Records showed that staff completed safeguarding training. Staff understood abuse and knew what action to take should they witness or suspect abuse. Staff were aware of the different types of abuse and knew the signs to look for.

People's risks were assessed and their safety managed and monitored to enable them to stay safe and their freedom respected. Staff understood risks and knew what action to take to mitigate these. For example, a risk assessment for travelling abroad for one person, included the risk of travelling on a plane. This included carrying out a moving and handling risk assessment prior to travelling to ensure that the necessary adaptations needed to accommodate the equipment and environment was safe, and suitable to meet the person's needs safely. This showed that the service kept people safe as risks were assessed and managed appropriately.

There was a system in place for learning from incidents and accidents. Staff were aware of the action to take, which included recording the incident and reporting this to their line manager. A healthcare

professional gave us an example of how staff had responded to risk after a choking incident. They told us that staff had a, "Good understanding of [person] and what [their] needs are." The healthcare professional also told us that staff had been very good at letting them know about any risks. This was evident after speaking with staff who gave us examples of how they managed people's risks, such as using the percutaneous endoscopic gastrostomy (PEG). This is a procedure for people unable to swallow and involves placing a tube into the person's stomach to provide them with the necessary nutrients and fluids they needed. Ensuring that the person is positioned at the correct position to prevent blockages and a strict cleaning regime to minimise the risk of infection. This meant that staff understood risks and how to keep people safe.

There was an infection control policy and procedure in place. This provided staff with guidance on how to manage infection control protocols. Staff confirmed that they were provided with the necessary personal protective equipment (PPE) including gloves and aprons to minimise the risk of spreading infection. Relatives told us that staff wore gloves and aprons when providing personal care to their relative. One relative told us, "The carers are respectful when dealing with personal [care] and they wear aprons when they wash [person] and I've seen them do it, they are so careful." Another relative told us that when they visited their relative they always found that care staff were keeping the place clean and tidy. This meant that people were protected from the risk of infection because staff followed good infection control practices. The registered manager told us that during her visits to people using the service she would check whether staff were wearing PPE.

There was a process in place for managing and administering medicines. Records and staff confirmed that they had completed medicine training. We checked MAR charts and this showed that there were no gaps in recording. 'As and when required' PRN medicines were recorded in people's MAR charts, however, staff did not always follow the appropriate PRN protocol when recording PRN medicines administered. We informed the registered manager of this and she told us that staff were aware of how and when to administer medicines but would update the MAR charts to include when and why PRN had been administered. This was confirmed by our discussions with staff who knew people well and was able to explain why and when PRN had been administered.

We recommend that the service consider current guidance on managing PRN protocols and take action to update their practice accordingly.

## Is the service effective?

### Our findings

Relatives told us that staff were skilled and trained to do their job. Comments from relatives included, "The staff are trained enough I have never been aware of any issue due to lack of training," "All the carers without exception are very excellent," and "The staff use a medical peg and really seem to know what they are doing."

The registered manager told us that staff were supported and received appropriate training to effectively carry out their role, "How lucky I am with my staff and how enthusiastic they are. The right matching of people that's the way to succeed. If they [Staff] feel happy they deliver good work."

People using the service had their needs assessed before joining the service using a 'client assessment personal and social profile'. This covered areas such as communication needs, general health/diagnosis, medicine, personal routine, such as waking and bedtime routine, food and drink likes and dislikes, social needs and relationships.

Staff completed an on the job induction, which included working with a more experienced member of staff. Staff received mandatory training in topics such as, first aid, moving and handling, fire safety, safeguarding and food hygiene. First aid and moving and handling training were delivered through on the job training. The service worked with the GP practice to arrange an external pharmacist to deliver training in medicines management. Staff also completed specialist competency training relevant to people's individual needs, this involved on the job training delivered by the nurse in PEG feeding. Records and staff confirmed this.

Staff and records confirmed that they received regular supervision. Staff told us that they felt supported by the registered manager who they also said was approachable. The registered manager told us that although not all staff appraisals had not taken place this year, staff had their development needs met in respect of individual training and progression in the company. Records confirmed this. Appraisals had been planned for October 2018.

The registered manager told us that staff were encouraged to develop in the company and previous skills utilised. They said, "We ask what they [Staff] want to achieve, trying to find out which direction they want to go in." For example, one staff member with a health a safety degree had been given the opportunity to work as a health and safety officer for the company. Another staff member interested in completing level five in Health and Social Care had been given some management responsibilities and looking to develop their skills further within the company.

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.

Staff understood the requirements of the MCA and importance of asking people for consent before

supporting them. One staff member told us, "Giving people choices and supporting them with their choices. Ask people before supporting them with their choices."

Staff understood the importance of asking consent before supporting people or providing personal care. Staff told us that they always gave people choice and asked before providing care. People using the service were non-verbal and not able to say what they wanted, but could indicate using other forms of communication whether they were happy with the care. For example, one staff member told us that when they asked the person what they wanted, they used eye contact to indicate that they understood, at all times staff would continue to explain as care was being provided. Where people were not able to give their consent, a mental capacity assessment had been completed and a best decision meeting held. Records confirmed this. The registered manager told us that permission was sought before taking photos of people.

People using the service had complex needs and swallowing difficulties. Therefore, people's nutritional and hydration needs were met by the service via PEG feeding. Staff received specialist training in PEG feeding and understood what was expected of them.

Records and staff showed that the service worked closely with other health and care professionals to ensure that people's health needs were met. For example, one person seeing the physio-therapist had improved their ability to use their hands. Another person had involvement by the speech and language therapist (SALT). This was validated by relatives who told us that staff liaised with doctors and the district nurse. "They meet [person who used the service] medical needs and I'm sure that they give her medicine on time," and "The carers are really on the ball when it comes to health." The registered manager told us that the service was, "Always supporting our clients [people who used the service] to hospital visits, reviews, we are always there." Health and care professionals confirmed that the service worked well with them and kept them informed of any changes. This showed that people had access to health and care professionals when they needed.

# Is the service caring?

## Our findings

We noted through feedback from relatives, staff and one person using the service that there were elements of outstanding care being provided to people. People were supported by compassionate staff, who had the well-being of all people at the heart of all they did. The registered manager had worked hard to ensure that people were cared for by a team of staff who understood their individual needs. This was demonstrated by staff who knew people extremely well.

One person who used assisted technology to feedback their views about how they were cared for told us, "My carers aren't just good, they're excellent, often going above and beyond to ensure I live my life to the full in safety. .... Carers aren't just my carers, they become my friends too."

Relatives spoke extremely highly of the service provided by staff who they said were caring and kind. Comments included, "The staff are kind and caring", "They [staff] talk to [person who used the service] all the time even though he can't speak they are always talking to him and making him laugh, they really show great care" and "They [staff] are wonderful and very patient." Another relative told us that staff had been respectful when entering the person who used the service's home. Staff were asked to use slip on shoes around the house due to the home being carpeted. Staff respected this. Staff also carried out certain chores they were not required to do, but they were always happy to do so. This showed that staff went the extra mile to ensure that people's needs were met.

People were treated with dignity and respect. Relatives comments included, "Yes, I really think they [staff] are respectful when dealing with [person who used the service] personal care" and "The staff are very conscientious and always do their best." The registered manager told us, "Dignity and privacy is very important if personal care involved." She told us of staff commitment to provide the best care they could and spoke of the dedication of staff.

Staff spoke extremely highly of the registered manager's approach to caring for people who used the service. Staff gave us an example of how they had turned one person's life around so that they were able to enjoy a normal life. This person spent most of their time in their living room watching TV. Staff had worked with the family to encourage them to take them out. They told us that the additional hours needed to take the person out was paid for by the agency, which included an additional staff member and arranging transport to take the person out. Staff said, "We won [person's] beautiful smile and possibility to see [person so happy]. Now [person] enjoys cinema, and could see the seaside again after many years of sitting in [their] recliner chair only." This showed that the service was prepared to do what was necessary to ensure this person had the care and quality of life they wanted.

Staff knew the needs and preferences of the people they cared for and supported. Staff could tell us about people's interests and their preferences. Care plans documented people's preferences for care.

Each person had a daily routine plan which detailed how care should be delivered. In one plan this stated that staff were to, 'ensure you maintain high standards of dignity at all times when assisting [person] with

[their] needs.' This showed that the service promoted the importance of ensuring that staff maintained people's dignity.

Care and support plans contained people's likes and dislikes, living arrangements and access information, medical diagnosis, communication, mobility and equipment used, including maintenance of these.

People and their relatives were involved in their care. Comments from relatives included, "I feel involved in the care." Another relative told us, "I feel fully informed by the carers and know that myself or my son would be called immediately if they were any issues." This relative told us that the only issue they had was resolved immediately by the registered manager.

People's cultural and religious needs were respected and people were supported in their area of worship by staff. The registered manager told us that they had planned to travel with one person to their native country for the first time. She told us that although they did not have anyone from the lesbian, gay, bisexual and transgender (LGBT) community the service would ensure that if they did, the person's needs would be met. The service care plan included a section on sexual orientation. Discussions with staff members showed that they respected people's sexual orientation and needs, so that LGBT people could feel accepted and welcomed by the service.

## Is the service responsive?

### Our findings

The service was responsive to people's needs and had a person-centred approach to care. The registered manager gave us an example of how they had met a person's individual needs. This person had complex physical needs and required various equipment to assist staff in meeting their needs, including the use of a hoist. Staff planned to take the person abroad and had organised a team of people to travel with the person. It had taken several months of forward planning, checking facilities were accessible, including asking about the measurements of the room to use a portable hoist. This showed that the provider took into account the person's individualised needs to enable staff to provide personalised care.

People took part in individual activities suited for their needs. For example, staff had organised a musician to visit one person's home to celebrate their birthday. They played the guitar and sang songs related to the person's culture. Pictures showed the person celebrating their birthday, they were smiling and blowing out candles.

People's different communication needs were recorded in their care plan. This included the various communication aids used by people who used the service. For example, one person used an tablet to type what they wanted to communicate to staff, another used eye expressions to indicate a 'yes' or 'no' response. A relative told us, "The carers [staff] try their best to communicate even though my family member [person who used the service] has very limited communication skills."

People's individual needs were met because staff were provided with clear instructions on how to support them. For example, one person with complex needs required regular turning at different degrees, this was clearly documented in the person's care plan and provided detailed instructions for staff to follow.

People's independence was encouraged. For example, one person who enjoyed going out had two staff members to take them out during the day. The registered manager told us that this person liked to go places such as the cinema, shopping, cricket and football. They also liked to travel and go on holidays abroad. For another person who requires support whilst at school this was provided. This involved staff attending school with the person to provide care, including medical and personal care.

There was a complaints process in place. A relative told us that the manager was always available and easy to get hold of, if they left a message she would always get back to them. They further said that it's a small company [service] which is well run and he has never made any complaints. They further said, "I speak to the manager from time to time, she is really on the ball and she is very approachable. I would have no problem discussing any issues I might have." Another relative told us that they, "Had never had to make a complaint." A third relative told us, "She [registered manager] is really approachable and I would not have any problem raising a complaint but I have nothing to complain about."

At the time of our inspection the service did not have any people receiving end of life care. The service had an end of life policy which was appropriate for people who used the service.

## Is the service well-led?

### Our findings

Relatives spoke highly of the service and the registered manager. Comments from relatives included, "The manager is very good and very professional", "It's definitely not all about the money with her [registered manager]", "Amber Health should [be] an example to all care agencies," and "I would climb to the top of Nelsons column and recommend Amber health. I have recommended this agency to other people."

The registered manager told us, "Every fortnight I go to all clients [people using the service] to get feedback and to check how staff deliver care and whether they are wearing PPE." This was confirmed by relatives who told us that the registered manager visited often to ask for their views about the quality of the service. A relative told us, "On a regular basis the manager comes to the house and sits at the kitchen table and we discuss how the care is going, I could not ask for more. There is such good communication between staff and carers." The same relative told us, "I can't believe how well run this company is. The manager is so good in comparison with any company that I have used before. I am kept informed at all times." This showed that the service sought feedback about the service to make improvements.

Other relatives told us, "Yes the agency asks for regular feedback" and "They [agency] have asked for feedback." All relatives said they would recommend the service.

Staff said the registered manager was approachable and they felt supported in their role. Staff meetings were individualised and person centred, focussing on the person being cared for and the staff group responsible for caring for them. The registered manager told us that each staff team had a senior staff member who led these discussions. Staff told us that these meetings gave them an opportunity to talk about any concerns or changes to people's needs. Further specialist training had been planned with a Makaton specialist.

Management had a hands-on approach to delivering care. The registered manager told us that all managers were hands on, "Managers are not only managers, they are stepping in to cover. That's very important for us, 100% shifts need to be covered, there's no other way." Matching people with staff was also important to the service, "We ask the clients, we are very open with them, communication is absolutely essential." This was confirmed by a health and care professional who told us that staff had been changed as the relationship between them and the person using the service could not work. This demonstrated that the service made changes to improve the experience of people using the service.

There was a clear management structure and lines of responsibility. This included the registered manager and care coordinators. The care coordinators managed cases and staff, and worked closely with other health and care professionals. The registered manager told us, their philosophy was, "Prevention, improving the quality but preventing hospitalisation, infections, illnesses and pressure sores." They further said, "We are all very close with all our family, very good communication." This meant that the service was able to deliver consistent care because staff knew their role and understood their responsibilities.

Staff felt the registered manager did a good job of running the service. One staff member told us, "Yes, it's

[service] run really well, it's run for the clients. You're able to deliver what people want and deserve and they do listen and look for an alternative." This was evident when the agency continued to provide care for one person, despite the lack of funding. This has since been resolved. This showed that the registered manager worked closely with staff and took their views on board.

The service worked in partnership with other agencies. This was confirmed by health and care professionals who told us that if something was not working or wrong staff were, "Very proactive, no issues with cover or carers not being there. The family seems happy." They also told us that staff were part of the reviews carried out and had an input.

The registered manager told us that the human resources officer had completed training in April 2018 on the new General Data Protection Act which came into force in May 2018. This meant that the service was working within the law in respect of the new data protection requirements.

Following our visit, the registered manager sent us an action plan detailing the planned improvements to the service. This included time scales for achieving these, the responsible person and the area of improvement. The action plan outlined areas such as record keeping, recruitment, updating policies and procedures. This showed that the registered manager had a plan in place to continuously learn and improve the service.