

Amber Valley Total Care Ltd

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Inspection report

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Derbyshire
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 6 October 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 office. The service provided domiciliary care and support to people living in the Amber Valley area of Derbyshire. At the time of the inspection there were 100 people using the service. Our last inspection which took place at the providers previous location in November and December 2016, the service was rated as 'Good.' At this inspection, the service remained 'Good.'

There is a registered manager at the service. 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. This service had two registered managers, who managed the service supporting each other.

The provider had completed audits to reflect the service improvements and to drive safety aspects relating to risks. Staff enjoyed working for the service and felt they received support for their role. Care plans had been reviewed and reflected the person's current needs. Where people did not have capacity to make decisions about their own care an assessment, there was a process in place to ensure any important decisions had been made in the person's best interest.

People felt safe when being supported by staff and that they knew how to protect them if they suspected they were at risk of abuse or harm. Recruitment checks were made to confirm staff were of good character to work with people and sufficient staff were available to meet people's support needs. Risks to people had been identified and staff understood how to support people to reduce risk. When required specific risk assessments had been completed in relation to equipment or supporting people in the community.

Staff had received updated information about people's needs so they could provide the care that was required. People felt comfortable with staff and had developed relationships with them which were positive. The staff team that people received, was consistent and provided flexibility if changes were required. When required staff had supported people with their meal choices to ensure their nutritional needs had been met. Other people received support with their medicines or the application of creams, this was done safely and in accordance with guidance.

People were positive about the way staff treated them and said staff were kind and compassionate. People felt comfortable raising any issues or concerns and there were arrangements in place to deal with people's complaints.

The registered manager understood their role within the organisation. They had completed notifications and had displayed the rating as required by the guidance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Staff understood their responsibilities to keep people safe from harm. Risk assessments had been completed and provided guidance to reduce any risk. People received their medicines as prescribed and staff had been trained to know how to manage them safely. There were enough staff to provide the level of support required to maintain a consistent service. The recruitment practices in place checked staff's suitability to work with people.

Is the service effective?

Good ●

The service was effective

Staff received training which provided them with a range of knowledge for their role. When people lacked capacity an assessment was available to be completed and decisions made with support from the people most relevant to that decision. People were encouraged to make choices about their food. Support was provided by health professionals when needed.

Is the service caring?

Good ●

The service was caring

People were encouraged to be independent and respected for their preferred way of receiving their care. Staff supported people to maintain their dignity and privacy and were kind and caring and treated people respectfully.

Is the service responsive?

Good ●

The service was responsive

People's preferences had been considered so that they received the care they required and in the way they wished to receive it. The service was flexible to people's changing needs and provided support to ensure people could still have access to things of interest. People felt able to raise a complaint and the provider had a policy which was accessible.

Is the service well-led?

Good ●

The service was wellled.

People were given the opportunity to comment on the service and reflect on the type and level of care they received. The provider had a range of systems to maintain and make improvements to the quality of the service they delivered. The provider had invested in new premises to develop the business. Staff felt supported and there was a positive atmosphere at the service.

Amber Valley Total Care

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 6 October 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 held about the service. This included any notifications the agency had sent us about what was happening at the home. Notifications are changes, events or incidents that providers must tell us about. We also contacted the local authority and Healthwatch to see if they had any information which might help inform the inspection.

We spoke with four people who used the service and three relatives of people who used the service, including people we met face to face in their homes. We spoke with the registered manager, the care coordinator and four care staff who worked for the service.

We looked at the care records of four people who used the service and other documentation about how the service was managed. These included policies and procedures, three staff recruitment records and records associated with quality assurance processes.

Is the service safe?

Our findings

Staff had received safeguard training and felt confident in what and how they would report. One staff member told us how they had raised a concern with the manager and it was actioned immediately. Where people had a number code to enable staff to enter the property, we saw there was a system in place to maintain people's safety and security. Some people had a pendent alarm which they told us provided them with additional safety in the event of an emergency such as a fall. We saw this was documented in the care plan and staff made aware to ensure it was used.

We saw that risks to people's safety had been assessed. The assessments covered all aspects of the person's care and environment. Where the person required equipment to support their mobility within the home, a separate assessment had been completed which provided guidance on how to support the person safety. One relative said, "We have four calls a day and they are always on time and always two staff. It's reassuring and I feel confident the staff know what they're doing." Staff told us when any changes were required, they received a text to their mobile phones and then the care plan was updated. On the day of the inspection, we saw a person being supported by the service had declined in their health and mobility. The registered manager contacted social care professionals to request an urgent assessment for equipment. In the interim to reduce the risk to staff, a new risk assessment was completed and a slide sheet from the providers stock was placed at the home. This meant when risks were identified action was taken to reduce the risks to both the person and staff.

There were sufficient staff to support people's needs. People told us they had regular staff who arrived at an agreed time. One person said, "I have a regular group of care staff, but they're all good. I have no problem with any of the staff." Another person told us, "All the staff are excellent, friendly and have a laugh with you." Staff we spoke with confirmed they had regular routes based on geographical locations. The registered manager told us they had established routes which covered when there was two staff required. They said, "This works well as it reduces the risk of one staff arriving ahead of another. Staff told us this worked well. Staff also told us there was enough staff to meet people's needs. One care staff said, "They are flexible with the work and listen to what you can and cannot do." The registered manager told us, "We only pick up additional work if we feel able to fulfil the requirements." They added, "We are currently recruiting so we can consider additional work as we wish to expand the business."

The provider supported an 'on call system' for people to ring in the event of an emergency out of office hours. We saw the on call number was displayed in the care folders provided to people. Staff told us they always received a positive response from the on call and felt supported. For example, one staff member told us they had contacted the office as the person they were supporting was unwell and they required support from another staff member. The office staff arranged for a second person to attend and they arrived within ten minutes. This meant staff and people using the service were supported in an emergency.

We saw that when staff started working in the service, recruitment checks were in place to ensure they were suitable to work with people. One staff member told us, "I had to wait until my references had been received

and my DBS before starting my training." A DBS provides a check relating to any previous criminal records. We saw that when any concern had been raised in relation to peoples DBS, a risk assessments had been completed and appropriate training and support provided.

People told us and we saw the staff used protective equipment when providing personal care and meal preparations. The staff told us there was always plenty of equipment for them to use to ensure people's personal protection. One staff member told us, "The office is open and you can collect what you need, there is no restriction on the amount you can have." This showed the provider managed the control of infection and protected staff in maintaining standards of hygiene and cleanliness.

People were supported to take their medicines and had creams applied. One person told us, "I rely on the care staff for my medicine. The staff always check and complete the MAR sheet, they watch my medicine like a hawk." A relative told us staff always ensure the correct creams are applied. They said, "They keep up with the different creams and stop [name] getting any sores." We saw each person had a risk assessment which identified the help required and how it would be given. We saw that staff had undertaken medicine training which involved a 12 week course, following this staff received a competence check. One staff member said, "It was very detailed training and makes you ensure you check everything before giving the medicine." Medicines administration records (MAR), were completed by staff to record when medicine has been given, or if not given the reason why. This meant people received their medicine as prescribed.

Is the service effective?

Our findings

There was a structured approach to training and staff also had an opportunity to receive training on specific areas. One staff member told us they received training in Dementia, they said it was a 12 week course with workbooks and information. They said, "It gave me more of an insight into dementia and gave me some good techniques to help me when I am supporting people." Another staff member said, "The training is very good, you go to college and have a workbook, I like that. You learn something new every day, there is always a new technique."

We saw the provider had invested in senior staff to complete train the trainer qualifications so they could offer training directly to other staff. Some staff had recently received training in the use of slide sheets, one staff member told us, "It was really useful and I learn some simple ideas which will help me, like removing the sheet with one corner and the other ways you can use the sheet to support people when they cannot move themselves." Another staff member said, "I had a problem turning a person, the trainer came out and provide me with guidance with the person."

The provider had a structured induction for new employees which involved training, shadowing experienced staff and observations by senior staff to check their progress. New staff had received training in the care certificate, this sets out common induction standards for social care staff. This training was done in conjunction with Derby College. One staff member said, "Its supportive, we sit as a group and work through the workbook and you get 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 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the provider was working within the principles of the MCA. The registered manager had a clear process to follow when a person lacked capacity; this recorded the people who were important to them in supporting any decisions. People we spoke with told us staff asked their consent before supporting them. One person said, "They do ask, but they know my routine and the things I like." Staff knew about people's individual capacity to make decisions and understood their responsibilities to support people to make their own decisions. One staff member said, "We always assume capacity and give people as many choices as we can." This showed the staff and manager understood their responsibilities to comply with the Act.

Some people required support with their meal preparation. People who received support with mealtime visits told us staff offered them choice and encouraged them to eat and drink enough to maintain good health. Some people were at risk of not eating enough food, for these people there was a care plan which reflected the type of diet and nutritional support the person required. For example, the care plan stated, 'high fat diet and a daily supplements.' We saw records reflected the person had received this type of diet.

Some other people were at risk in relation to hydration, we saw for these people a record had been completed and monitored. One staff member told us about a person who had a catheter, they said, "We record the fluid and if there is a problem we contact the district nurse." Staff had received training in supporting people with a catheter and understood when to record any concerns. This meant people had been supported with their dietary needs.

People had been supported to manage their health care. Staff told us they had taken prompt action to ensure they were referred to relevant health services if needed. One staff member told us they had called an ambulance for a person who had fallen. They said, "I contacted the office, they covered all my other calls so I could stay with the person." Records confirmed health and social care professionals had been consulted to support people's needs.

Is the service caring?

Our findings

People had positive relationships with the staff. One person told us, "The staff are all wonderful, I would be lost without them." A relative told us, "They treat [name] like a piece of gold." Staff we spoke with told us they enjoyed their role. One staff member said, "I love the job, each day is different and you know you make a difference to people." Everyone we spoke with told us they were involved in discussing their care needs with staff. One person said, "The office are always checking everything is ok." We saw from the schedules that people had regular staff to enable relationships to be developed.

People told us the staff kept in contact with their families when their needs changed. A relative said, "The staff keep us informed of any concerns, the other week the staff had to call an ambulance and when we arrived they had made sure [name] was sorted." They added, "I feel they're in safe hands." This showed staff involved people's families in their care.

People's privacy and dignity was respected. One person said, "Staff are very good, you only have to ask and they do things." They added, "When I receive my care they take their time and are careful." Staff told us how they ensured people's dignity. One staff member said, "I always sit with the person and talk to them to give some reassurance. People should receive the care how they wish. Some people like two bowls of water, one soapy and one plain." They added, "It's important they feel comfortable, it's their choice." We saw the provider had achieved the local authority dignity award in June 2017. The registered manager shared with us their application which contained many positive examples of how they promote people's dignity.

Is the service responsive?

Our findings

People told us staff knew about their needs and preferences. One person said, "Staff talked to me at the beginning and have followed through with the care I have requested." The care plans reflected people's needs and provided a guide to the tasks identified by the person during their assessment. The care plans were available in care folders within the home and staff told us they use them. One staff member said, "They are always to hand. I always read them and check the daily logs." The registered manager told us they had changed the care plans so they were easier to read with bullet points." Staff we spoke with told us they felt they were easy to read and understand, with enough detail to provide the guidance they needed.

Other people told us they usually saw the same staff and if there were any changes, the staff let them know. One person said, "Staff are always on time and in the main I receive the same staff. However I am satisfied with all the staff that comes." We saw that when staff had been on leave the care coordinator provided staff with an update on any changes which had occurred. This meant people would receive care which was relevant to their current needs. Some people had been supported to access activities of interest to them. For example, attend a place of worship or family visit.

The service had a complaints procedure which was displayed at the office and each person received a copy in their service user guide. One person said, "I am highly satisfied, if I needed to complain I would, however I have nothing to complain about." They added, "The office staff have said to complain if I have any concerns." The provider had not received any complaints since our last inspection. We saw many thank you cards received from people who had used the service. For example, 'Thank you for the care and kindness to my relative, without which they would have been in hospital.' And 'The care we received was so kind and caring.' The provider had shared the compliments with the staff team.

Is the service well-led?

Our findings

The service was run by two registered managers, the owner and another manager who had worked for the company for many years originally as a carer and they had worked in all the associated roles. They told us, "It's good as I know all the roles and can support staff in all these areas if needed." Staff we spoke with told us they felt supported by the managers. One staff member said, "The managers are supportive and flexible." We saw that staff received supervision and support with their roles.

Staff told us there was an open and warm atmosphere at the office. On a Friday the staff called and collected their rota for the following week from the office. The registered manager told us, "We have an open door, staff call in when it is convenient to them. It's an opportunity for us to share any changes or just provide a supportive environment for staff, with a cuppa and a chat." Our inspection was completed on a Friday, we saw there was a relaxed approach and staff confirmed this. One staff member said, "It's an open house here, you can call anytime and you're always welcome." People and relatives we spoke with confirmed that the office was approachable. One person said, "The office is very obliging." A relative said, "The staff are very helpful and go out their way to help."

The provider had moved to new premises. The registered manager told us, "We needed more space as we had no training facility or space to have staff meetings." They added, "This building gives us the scope to provide a better support network for the staff and develop the business." We discussed the business development, the registered manager told us, "I am passionate about providing good care, and we want to build slowly as we don't want to lose the personal touch."

The provider had suitable systems in place to assess and monitor the safety and quality of the service people received. We saw the phone call system which was used by staff had been audited on a weekly basis. This system recorded when staff entered and left a property. The registered manager told us, "We review the data and when there is a gap, we check to ensure the person had received a call by cross referencing with the daily logs. Staff are then reminded that they must complete the phone logging system." We saw the system was also used to reflect when people's needs changed. For example, a person requiring additional time. The system showed the increase in the time spent with the person, this is then shared with the commissioners of the service to support an increase in the care package.

Other audits had been completed in relation to medicines. We saw the MAR sheets had been checked and any errors had been raised with the staff member. For example, one staff member had missed a call from their rota, this in turn meant the medicine was missed. The GP was consulted and the medicine administered. The staff member was given additional guidance and support to ensure the incident did not happen again. This shows the provider used audits to ensure the service was safe for people and met their needs.

People had been asked about the service they received and the analysis showed all those who responded felt the service they received was of good quality. The registered manager told us, "We plan to develop the questionnaire to be more focussed and to complete one for staff so we can look to make further

improvements."

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating and it was visible on their website

The manager understood their responsibility of registration with us and notified us of important events that occurred at the service; this meant we could check appropriate action had been taken.