

AmberGreen Health & Social Care Ltd

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Inspection report

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21 January 2019

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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

This inspection took place between 28 December 2018 and 21 January 2019, and was announced. This was a new service and the first time this provider had been inspected by the Care Quality Commission (CQC).

AmberGreen Health and Social Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of our inspection three people were being provided with a service.

Everyone using AmberGreen Health and Social Care receives a 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 consider any wider social care provided.

The service had a registered manager at the time of the inspection. 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 told us they felt safe with the care provided. The registered manager appropriately managed all risks and worked in collaboration with other health professionals when needed. Information in risk plans enabled care staff to be able to safely meet people's needs due to the level of detail and personalised information.

People told us there were enough competent staff to provide them with support when they needed it and the registered manager covered any shortages.

Staff received extensive training, support and development to carry out their role effectively including spot checks of performance and competency checks of knowledge.

People did not currently require care staff to support them with medicines. However, the provider had robust procedures and policies in place should this be required.

People received proper support to maintain healthy nutrition and hydration.

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 told us they were treated with kindness by staff who were caring and respected their privacy and upheld their dignity.

People were given the opportunity to feed back on the service and their views were acted on.

People told us they knew how to complain and were confident they would be listened to if they wished to make a complaint.

People received personalised care that met their individual needs. People were given support and encouragement to do what they could for themselves, and care staff strived to meet people's individual preferences.

The management team worked hard to create an open, transparent and inclusive atmosphere within the service. People, their relatives and staff were invited to take part in discussions around shaping the future of the service.

There was a robust quality assurance system in place and shortfalls identified were promptly acted on to improve 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.

The registered manager had assessed risks to people's wellbeing and safety and there was information about how to mitigate these risks.

There were procedures for safeguarding adults and staff were aware of these.

The service employed enough staff and contingency plans were in place in case of staff absence.

Recruitment checks were undertaken to obtain information about new staff before they began their employment.

Is the service effective?

Good ●

The service was effective.

The registered manager was aware of their responsibilities in line with the requirements of the Mental Capacity Act 2005 and understood its principles. People had consented to their care and support.

Staff received on-going training and support they needed to care for people and meet their needs.

People's health and nutritional needs had been assessed, recorded and were being monitored.

Is the service caring?

Good ●

The service was caring.

Feedback from people and relatives was positive about both the staff and the management team.

People and relatives said staff were kind, caring and respectful and they trusted them.

Most people received care from regular care workers and developed a trusting relationship.

People and their relatives were involved in decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

Care plans were personalised and had enough detail for care staff to know how to meet people's needs. Plans were changed in response to changing needs when required.

There was a complaints policy in place. People knew how to make a complaint, and felt confident that their concerns would be addressed appropriately.

The service regularly communicated with people and their relatives to review their satisfaction with the care provided.

Is the service well-led?

Good ●

The service was well led.

The service employed a registered manager.

People and their relatives found the management team to be approachable and supportive.

There were systems in place to assess and monitor the quality of the service.

The provider encouraged excellent communication with staff and people, which promoted a culture of openness and trust within the service.

AmberGreen Health & Social 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.

We undertook this inspection on 28 December 2018. This inspection was a full comprehensive inspection and was carried out by one inspector.

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.

Inspection site visit activity started on 28 December 2018 and ended on 21 January 2019. It included one inspector speaking with people using the service and their relatives to gain their feedback about their experiences. We visited the office location on 28 December 2018 to see the manager and office staff; and to review care records and policies and procedures.

Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. This included the Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we were able to speak to people's relatives to obtain their views and feedback regarding the services provided. We also reviewed documentation in relation to the care provided. We spoke with two care staff members, the deputy manager and the registered manager. We looked at three care plans, three employment files, quality monitoring records and other relevant documents relating to how the service was run.

Is the service safe?

Our findings

We found the service was safe.

When asked if the person feels safe, one relative told us, "Yes, I think they do feel safe and I have watched the staff at work."

Staff told us, "Our duty is to make sure we are delivering a good standard of care...being sensitive to people's needs and presentation daily would help to prevent abuse" and "Whilst you are working with a client you have to look about for any signs of abuse. It could be in the team or in the house and report to the manager and the safeguarding team and they will take it from there."

This demonstrated that staff showed good understanding of how to prevent and recognise abuse. Additionally, these comments showed staff had clear knowledge of safeguarding procedures and how to report safeguarding incidents internally and externally.

The registered manager had robust systems and policies in place for managing risk and safeguarding. All staff were given training in safeguarding and how to recognise and prevent abuse prior to starting their employment. We saw information in the service was accessible to staff about safeguarding. All staff were able to speak confidently about this, as well as how to whistle blow if they had concerns.

There was a detailed system in place for managing and monitoring incidents and accidents which included reviews and evaluations. Staff showed good understanding of what to do in the event of an accident. However, there had not been any incidents or accidents at the service since the service had been registered with the Care Quality Commission (CQC).

Risk assessments were personalised and detailed and were completed as part of the initial assessment prior to a person starting to receive care and support. Risk assessments were regularly reviewed and each person's views sought as a part of this process. The level of detail in the risk assessments enabled staff to safely deliver personalised care in accordance with people's individual preferences.

AmberGreen Health and Social Care does not currently manage or administer medicines to people they currently support. However, we saw that there were good systems in place for the management and administration of people's medicines, if and when required.

We saw records that confirmed all staff had been provided with medicine training as part of their induction and ongoing training. We saw that each person had information about medicines they used in their care plan of potential side effects and medical history, in case of emergencies.

Staff rotas were planned in advance and records we reviewed confirmed there were enough staff to meet people's needs safely. We saw information with regard to the 'out of hours' arrangements and contact numbers for staff to call in the event of any emergencies.

In the event of staff shortages that could not be covered by care staff the registered manager would make arrangements to cover the care visit to ensure care was provided. Relatives that we spoke with confirmed this to be the case.

One relative told us, "They have been very accommodating and the key thing is punctuality. When they agree they will be there at 8.30am. they are there at 8.30am." When we cross referenced planned times against those documented in daily notes, the time matched. This demonstrated that the rota management was effective in meeting the agreed needs of people.

Safe and effective recruitment practices were followed which helped make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records for three staff members and found that all the required documentation was in place which included two written references and criminal record checks.

Staff received training in infection prevention and control, understood processes and procedures, and spoke of ways to prevent infection. We saw that there were sufficient policies and procedures for safely managing waste and encouraging good hand hygiene.

Is the service effective?

Our findings

We found the service to be effective.

All people using the service had a full initial assessment which was used to create detailed and robust care plans and risk assessments. The documents we reviewed showed that people were fully involved in the assessment of their needs. Rights and choices were being upheld. Care packages were reviewed monthly and amendments made where required.

Staff were appropriately skilled and knowledgeable. Staff told us, and records confirmed that they received the training and support they needed to carry out their role effectively. All staff either had or were completing an NVQ in Health and Social Care, as well as a diverse range of courses relevant to their role. Staff had also received training in areas such as medication, so that they were ready should a person have this need. Records showed a schedule for regular updating of the training received.

Staff completed an extensive induction programme when they started working for the service. This included training, testing knowledge and practical competency, with shadowing and observation of practice prior to working unsupervised. This gave new staff the skills, training and knowledge to enable them to support people effectively.

Staff competencies were observed and assessed by one of the managers approximately once per month. This gave an opportunity for the registered manager to assess both staff competencies and also, to mentor staff to ensure they followed good working practices.

All staff we spoke with confirmed that they received monthly supervisions with the registered manager which gave them the opportunity to discuss work related issues or concerns. One staff told us, "Yes, supervision is monthly and that is 1:1, if the registered manager calls you in we sit and go through things. The registered manager asks you if you are struggling with anything and I can make suggestions. The last suggestion I made was to do with the clients we had who required two staff and I told the registered manager that the person can come down to a single call. The registered manager took it on board and reassessed the person's needs."

People receiving care had capacity to consent. The registered manager and staff we spoke with understood that they were required to obtain people's consent before they provided care and support. They told us they always asked the person if it was okay to assist them and always respected the person's wishes. For example, a relative told us, "That was one of the things that I noticed a lot, they would always knock at the door and say things like are you ready to do this? Do you want to do that? Do you want to finish your dinner first?"

Daily notes that we reviewed supported that staff were explaining to people what they wanted to do and were asking people for their consent before any action. We checked the care plans of three people and saw written consent had been obtained.

People's healthcare needs and nutritional needs were currently managed by their families and not supported directly by the service. However, staff did support with fluids and worked closely with the family and health professionals to be flexible with the care provided to meet needs.

People who used the service were all currently supported to attend health related appointments by their respective families. However, we were told that if relatives were unable to go with their family member to their appointments, then the agency would provide this support. The agency also worked closely with families and healthcare professionals to ensure that people could attend healthcare appointments on time.

Is the service caring?

Our findings

We found the service to be caring. One relative told us, "Probably the best thing is the personal approach to the care. AmberGreen Health and Social Care seem to have an attention to detail and a personal approach. They will have a chat if things are finished early and it is not a formal approach. They are punctual, professional and personal."

Relatives we spoke with told us their family members were looked after in a kind and caring way. They told us their family member mostly had regular staff who they liked and got on well with. They knew staff well and were familiar with their routines. One relative told us, "I was there when the care staff were there with my relative for 70% of the time. My relative was never rushed and staff definitely worked at the person's pace and were very polite and very good listeners."

Staff had developed positive and caring relationships with the people they cared for and demonstrated that they knew about their individual preferences, likes, dislikes and daily routines. One staff member said, "No care is the same, everyone's needs are different so care plans are pertaining to the clients and as soon as there are any changes it needs to be reviewed and updated."

One staff member we spoke with was able to tell us how they maintained people's privacy, dignity and independence. We were not able to observe care being delivered but when staff spoke with us, they talked about the person they supported in a kind, caring, and sensitive way.

One relative told us, "The staff encouraged my relative to sit up and use the chair, and get up and use the walking frame...we wouldn't have been in this position now where my loved one is mobile again without the staff encouraging them to get up and do things for themselves."

Staff and the manager were able to tell us about how they assessed people's communication needs and this was clearly documented in each person's care plan. For example, one person wished staff to use gestures in addition to speech, in order to clarify what is being said.

People who used the service were encouraged to maintain positive relationships with loved ones. Relatives told us they had been consulted and involved in the care planning for their loved one. We saw documented evidence of this within the three care plans we reviewed where people and relatives had signed to confirm they had agreed with its content.

Each person's private and confidential information was stored securely within the main office and we saw that confidentiality was maintained by the registered manager. The registered manager and provider were aware of how to contact advocacy services for people to use, when required.

Is the service responsive?

Our findings

We found the service to be responsive. People received care that was flexible and responsive to their changing needs. We saw evidence in care plans of staffing levels fluctuating to meet the changing needs of people. When people required more support, it was given and then reduced again when this was no longer required.

One relative told us, "Something they were good at, is when my relative was in hospital. The carers have been very good at adjusting when they come and came at six instead of eight to be ready for transport. The carers have been very good fitting in with my relative's medical need and the district nurse times it to come when the carers are here so they can help if the nurse needs it. The agency responds well if doctors or medical people are coming."

Staff had access to personal information which was kept in a folder in the person's home. This contained a copy of their care plan and the risk assessments. The support plan gave appropriate information and guidance to staff so that they could provide care safely and appropriately. We saw that this plan of care was person centred. For example, it contained detailed information about the person's life, their interest, their preferences and preferred routines. We found that the staff we spoke with had an in-depth knowledge of the person's needs, likes and dislikes.

We saw that there were the right skills mix of care staff which ensured people who used the service could, if they wished, choose the gender of the staff who provided their care and support. One person's care plan showed that they preferred female only care staff and this was respected.

Care plans were up to date, regularly reviewed and highlighted where care and support needs had changed. Staff confirmed that the care plans gave them enough information so that they could provide the required care and support. Staff completed daily notes which described the care and support that had been given, and noted any significant events that had occurred.

The daily notes were checked on a regular basis by the registered manager to evaluate care practices and identify areas for improvement and development. Daily notes were detailed in terms of support provided, but would benefit from recording the person-centred approach that relatives reported.

Relatives we spoke with confirmed that they were involved in reviews, where appropriate in order that they had an opportunity to comment on the current care and support that their family member received.

No one using the service was being supported on end of life care. However, the registered manager had implemented robust policies and procedures for supporting people if this should be needed. The registered manager told us that they were getting all staff trained on end of life care so they were prepared.

People who used the service and their relatives confirmed they were provided with an information pack when they commenced the service which contained information on how to make a complaint. One relative

told us, "Yes, what they have is a complete document of their procedures and how to complain. I was astonished by the professionalism of the brochure that we were given and I was aware of the complaints procedure."

All relatives we spoke with confirmed that they knew how to make a complaint and that the registered manager was open, approachable and responsive. Relatives told us they have regular contact with the registered manager. People said when they had raised concerns in the past as an issue arose, the registered manager dealt with the concern effectively.

Staff told us they would report any concerns raised with them to the registered manager, the CQC or the local authority. Staff were happy to raise concerns and felt they would be listened to.

We viewed evidence of relative satisfaction in the form of survey results and social media reviews. All were extremely positive about how responsive the service was and how people would recommend AmberGreen Health and Social Care to other people.

Is the service well-led?

Our findings

We found the service to be well-led. There was a registered manager in post at the time of the inspection. Relatives told us that the registered manager was approachable and in regular contact with them to review their experiences of the care provided. One relative told us, "The registered manager is very patient and never in a rush to leave if we needed to talk. Also, if the registered manager had concerns about my relative that they wanted to talk about, they would make a point about coming out and having a chat to us, very approachable."

Care documents reviewed were robust and person centred, with regular reviews. Following each review, the registered manager documented the outcomes and drew up a course of action to keep improving the service and address any concerns or changes needed.

The registered manager showed in-depth knowledge of their role and responsibilities, under the current legal frameworks. They demonstrated a passion for care and for delivering a high-quality service. They were able to explain how they were doing this and their plans for growth whilst continuing to exceed standards.

Staff were also very clear about their roles and shared the same passion for delivering high quality care.

People and relatives confirmed that they were regularly consulted about the care given and if changes were needed, they were happy to contact the registered manager to identify this and agree a plan of action.

The registered manager explained that they were involved in regular networking meetings with local providers and the clinical commissioning group. This enabled the registered manager to keep driving up quality and to stay current with any changes in legislation or new initiatives.

There was effective leadership in the service and the registered manager had a clear vision of the values of the service and how they wanted to develop. Staff were also able to explain the vision and demonstrate how they put this into practice in their work.

Staff were very happy in their roles and said that they felt valued and involved. One staff when asked if they were happy working for AmberGreen Health and Social Care said, "Yes, very much so because they always provide training and explain things." Another staff told us, "I would say it is a small knit family/team and we know each other, communicate regularly and make sure the job is done."

The registered manager told us, "The staff are hardworking, reliable, honest and have the required experience. I will mentor them to the standards I want so that they are also able to mentor other new carers. I make sure I work with all carers who are new in order to see how they practice."

One staff spoke about how the manager supported their personal well-being, as well as their professional one by being flexible and giving the right level of support when required.

The service operated in accordance with their statement of purpose, which is a document that sets out what the service aims to do and how they will achieve their objectives.

There were very robust governance systems in place and the manager showed good oversight into the systems and overall service. Audits took place on all files and systems monthly, and outcomes and actions documented. These were then followed up and progress recorded. This meant the service was able to operate safely and effectively.

Lessons learnt were used to make changes to practice or systems and this was shared with the staff team by private social media groups and face to face discussion.

The registered manager was in the process of trialling a new computer system which would enable the service to have all records online. Staff would be able to update daily notes and changes live onto the system so that all changes, concerns and successes could be monitored remotely by the registered manager. This system, should people choose to, could also be linked for health professionals to access it so a co-ordinated approach to meeting people's care needs could be continued.