Amber Health Care Personnel

Amber Healthcare

Inspection report

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Ratings

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

Overall summary

Amber Healthcare is a Domiciliary Care Agency (DCA) and provides personal care services to people in their own homes.

At the time of our inspection there was not 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.

At our last inspection on 22 September 2014 we asked the provider to take action to make improvements relating to records. At this inspection we found the provider had taken action and improvements had been made.

People told us they benefitted from caring relationships with the staff. One person said "They look after me really well, they always ask if there's anything else to do".

Staff and relatives told us there were not always sufficient numbers of staff to meet people's needs and this had an

Summary of findings

impact that resulted in some visits being late. However this has been identified in a recent audit carried out by the service which has been acted on and has resulted in a reduction in late visits.

Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. Records confirmed the service notified the appropriate authorities where concerns relating to peoples wellbeing.

Where risks to people had been identified, risk assessments were in place and action had been taken to reduce the risks. Staff were aware of people's needs and followed guidance to keep them safe.

Not all staff had a good understanding of the Mental Capacity Act (MCA). However we observed examples of how staff had applied the principles of the act in their day to day work. The coordinators and director were knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected.

People told us the service responded to their needs and wishes. Comments included; "If I'm not happy they change things" and "They really do listen to me".

People told us they were confident they would be listened to and action would be taken. The service had systems to assess the quality of the service provided in the home. Learning was identified and action taken to make improvements which improved people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

The provider carried out regular audits to monitor the quality of service. These audits covered all aspects of care including, care plans and assessments, risks, staff processes and training.

Staff spoke positively about the support they received from the care coordinators. Staff supervision records were up to date and they received annual appraisals. Staff also received regular spot checks that were used to improve practice. Staff told us the care coordinators were approachable and had a 'can do' attitude.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Staff were not always deployed effectively

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments in place to reduce the risk and keep people safe.

Is the service effective?

Good

The service was effective. People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act (MCA) and applied its principles.

Is the service caring?

Good

The service was caring. Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Details of how people wanted to be supported were contained in their care plans and this guidance was understood and followed by staff.

Is the service responsive?

Good

The service was responsive. Care plans were personalised and gave clear guidance for staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

People's needs were assessed prior to receiving any care to make sure their needs could be met.

Is the service well-led?

Good

The service was well led. The provider had systems in place to monitor the quality of service. Learning was used to make improvements.

There was a whistle blowing policy in place that was available to staff around the service. Staff knew how to raise concerns.

Amber Healthcare

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 checked whether the provider was 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 the on 9 and 10 September 2015 and it was unannounced. The inspection team consisted of one inspector.

At the time of the inspection there were 65 people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law.

We spoke with 14 people, four relatives, seven care staff, the director of the service and two care coordinators. We reviewed 10 people's care files, six staff records and records relating to the management of the service.

Is the service safe?

Our findings

The service had a system for ensuring people received their visits. Staff used an Electronic Telephone Monitoring System (a system which records when a staff member arrives at and leaves a person's house). If a staff did not use this system an alert was raised with the office. The office would then ensure the call had or would be carried out. We audited the system and saw there were no missed visits recorded. None of the people we spoke with said they had experienced a missed visit.

However staff and relatives told us there were not sufficient staff to meet people's needs. Comments included; "We don't have enough staff", "Six new rotas in a week, [peoples] visits aren't missed but it's frustrating when you keep getting given different rotas", "Their scheduling is appalling" and "There is never enough staff and this impacts on the clients as some visits can be late".

One person's care records highlighted they had a late visit which resulted in a short gap between the breakfast visit and the lunch visit. We spoke with this person's relative who told us the impact was that their relative liked to have a sleep after breakfast, therefore by the time the breakfast was given the person they had fallen asleep in the middle of it, and therefore had missed a meal. Comments included "When I arrived [relative] had a cooled meal in front of (them), [relative] was asleep. "One relative we spoke to told us "They're supposed to ring me if they're going to be late so I can tell [relative]". "But sometimes they don't do this" and "They're late at least once a week".

We spoke with the provider about this and they showed us evidence that this had been identified and that they had made steps to address the number of late visits. The provider also told us that they have revisited the deployment of staff, and are looking at ways of minimising travel time by matching staff to people in the same geographic area.

Where people required two staff to support them, two staff were consistently deployed for each visit. People told us staff stayed for the full length of the scheduled visit. Comments included: "They always stay there time" and "they do the full half an hour".

There were individual medication administration records (MAR charts) which documented when staff had assisted people with their prescribed medicines. These were fully completed which showed that people received the medication they needed when they needed them.

People told us they felt safe. Comments included; "Yes indeed I feel safe, they're always there for me" and "Oh yes I do feel safe". People were supported by staff who could explain how they would recognise and report abuse. They told us they would report concerns immediately to the senior coordinators. They were also aware they could report externally if needed. One member of staff said "I would go to a senior or management and explain everything, and if I wasn't happy then I would come to you. (The Care Quality Commission). Another said "I would ring the office or call the police if it was immediate". Records confirmed the service notified the appropriate authorities with any concerns.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to reduce the risks. For example, One person was at risk of dehydration. The risk assessment gave guidance to staff on how to reduce this risk. Staff were advised to 'fill a flask' to support this person in between visits. Another person's risk assessment identified that they had problems with their hearing. The assessment identified the risks to this person and guidance to staff stated 'Speak slowly in [persons] left ear clearly'. Staff told us they followed this guidance. One staff member said "It's important we do this, so [the person] understands what's going on and I can deliver the best care".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role.

Good

Is the service effective?

Our findings

People and their relatives told us staff knew their needs and supported them appropriately. Comments included; "They are really good", "They meet dad's needs", "Its good" and "On the whole they are good."

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. This training included fire safety, moving and handling and infection control.

Staff comments included "There's loads of training and refresher", "I like the training", "Training is covered in induction and you are told what to look for and what action to take" and "Yeah it supports me in my role"

Staff received regular supervision, spot checks on their competency and appraisals. Records showed staff also had access to development opportunities. Staff told us they found the supervision meetings and spot checks useful and supportive. Comments included: "The supervisions are helpful", "The spot checks keep you up to date and make sure you're doing it right" and "They help me to highlight areas of improvement".

We discussed the Mental Capacity Act (MCA) 2005 with care coordinators. The MCA protects the rights of people who may not be able to make particular decisions themselves. The care coordinators were knowledgeable about how to ensure the rights of people who lacked capacity were protected.

Records demonstrated that staff had been trained in the Mental Capacity Act (MCA). The majority of staff we spoke with were able to demonstrate a good understanding of the principles of the Mental Capacity Act (MCA). One said "It's about people's ability to make informed decisions". However some staff did not have a clear understanding of the act. We spoke with the provider who gave reassurances that they would provide additional training for all staff around MCA and the relevant code of practice.

We saw evidence within care records where staff had raised concerns surrounding a person's capacity. The staff liaised directly with the persons G.P which resulted in a capacity assessment being carried out. This was followed up in correspondence from a care manager at social services stating 'They acted swiftly, correctly and used initiative. A really good piece of work that sets an example'.

People told us staff sought their consent before supporting them. Comments included; "They explain what they're going to do", "They always ask me, do you mind" and "They respect me". Staff told us "I always have a chat first about what we need to do and get permission. If someone's adamant that they don't want help and they have capacity then you have to respect their decision", "I always ask no matter what the task is" and "You should always seek consent, you don't just grab a flannel and stick it in someone's face that's wrong. You let the client know what you're doing and how you are going to do it, or it could be seen as abuse".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, district nurses and dieticians.

People told us they had plenty to eat and drink and most people said they did not need any support for this. Where people did need support care plans gave staff clear guidance and peoples personal preferences where highlighted. Staff we spoke with could demonstrate which people needed support.

Good

Is the service caring?

Our findings

People told us they benefitted from caring relationships with the staff. Comments included; "[Staff member] is very kind (they) will do anything for you", "They look after me really well, they always ask if there's anything else to do" and "They care, I think I'm really lucky". Relatives told us, "Mums carers are fantastic, mum loves them. She's got a really good relationship. It works well" and They are very caring".

One relative had recently written to the service saying '[staff member] is fantastic, [they] do a great job with cleaning the house and [staff] is always caring with [relative], providing personal care and encouraging [relative] to eat".

People told us staff were friendly, polite and respectful when providing support to people. One person said they give me my lunch and get me up nicely. People told us they felt involved in their care. Comments included: "Yes and I have to be", "I feel involved in my care" and "They ask me how I like things". Relatives said: "They always keep us up to date and we update them", "We are given the opportunity to input".

Staff told us how they usually saw the same care worker regularly which meant they got to know them well. Staff comments included: "it's all about continuity and understanding the client's needs" and "It's important to know the clients because then you know the warning signs if anyone is unwell".

We asked people how staff promoted their dignity and respect. Comments included: "They always treat me with respect" and "They treat me with dignity when they are (delivering personal care)". Staff we spoke with said "We shut the curtains, close doors and general make sure they're not left feeling vulnerable", "I give them the same care as I would myself".

Details of how people wanted to be supported were contained in their care plans. For example there was guidance on how one person liked their toast in the morning and that they always had this with marmalade along with a cup of tea with two sugars. Another person's care plan highlighted the importance of 'putting the night bag on the stand ready for the night carer' because this is how the person liked things doing. One staff member said "Even though I know there preference's, every now and again I will asked anyway, just so they know they have a choice".

People told us they were informed who was visiting them and when the visit was scheduled. Comments included; "They let me know who is coming" and "They give me a program for the week". All the people we spoke with told us they had a regular group of staff who visited them.

Good

Is the service responsive?

Our findings

People told us the service responded to their needs and wishes. Comments included; “If I’m not happy they change things” and “They really do listen to me”. One relative told us “They’re a lot better than others we’ve used”.

People’s needs were assessed prior to receiving any care to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people’s personal histories, likes, dislikes and preferences and included people’s preferred names and interests.

People received personalised care. One person was supported by care workers following a referral to a dietician. The service sought advice and worked with healthcare professionals to meet this person’s needs. Daily care records confirmed staff were following this guidance to support the person. This was followed up with correspondence from the person’s relative which stated, ‘[relative] has been to see the dietician and the good news is [the relative] has put weight on, thanks for all your hard work.

People knew how to raise concerns and were confident action would be taken. Comments included: “If I had a problem I would ring the office and let them know” and “I would ring up the office and tell them”. One person told us, “There was a mix up once and they sent a gentleman [instead of a female], I rang the office and they sorted it out immediately”.

Relatives told us, “Once one worker wasn’t [carrying out a task] I got in touch with [staff member at the office] and they sorted it out. [staff member] is very good”. Another relative told us, “I had to ring the office once and the response was excellent”.

Staff told us how they would support people to complain. We saw evidence of how the service had supported someone to make a complaint by giving them guidance over the telephone and then following this up by sending out a copy of the complaints procedure to them.

Records showed there had been a complaint since our last inspection. This had been resolved to the person’s satisfaction in line with the provider’s complaints policy. Information on how to complain was given to people and their relatives.

The service sought people’s opinions. Regular telephone calls were made by the care coordinators to ’check in’ with people and allow them to highlight any concerns with their care.

People’s opinions were also sought through twice yearly satisfaction surveys. We saw the results of the latest survey which were positive. Where people raised issues the provider took action to improve the service. For example one person and their relative had told the service their circumstances had changed and they ‘wanted their visits later in the morning’ and to add ‘additional tasks’. This request was actioned and their visits were rescheduled for later in the morning and new tasks were introduced into the care package.

Good

Is the service well-led?

Our findings

At our last inspection on 22 September 2014 the provider had failed to meet Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because care plans did not always reflect the care and support people required. We asked them to send us an action plan explaining the improvements they would make. At this inspection we found the provider had taken action and improvements had been made to people's care records at Amber Healthcare.

There was not 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. The director of the service gave assurances that they were in the process of recruiting to this position, and where able to provide evidence to support that satisfactory steps have been taken to recruit one within a reasonable timescale.

Staff spoke positively about the service and the coordinators. Comments included "I love it here", "Other staff are friendly", "I enjoy working here", "They [the coordinators] do their best" and "They go out of their way for you [the coordinators]". The care coordinators discussed concerns with staff .They used one to one meetings and the disciplinary procedure to resolve issues, share learning and provide advice and guidance for staff to prevent future occurrences.

Regular audits were conducted to monitor the quality of service. These were carried out by the provider. Audits covered all aspects of care including, care plans and assessments, risks, staff processes and training. Information was analysed and reviewed by the provider and care coordinators collectively to identify patterns and trends across the service. This Information was used to improve the service. For example, the service had identified that some visits where late and 'customers were saying they would like to see improvement in the timeliness of their visits'.

The service has now focused on this area and started to monitor this on a daily basis. A dedicated staff member monitored and took appropriate action to increase the number of visits that are delivered within fifteen minutes of the planned time. Records showed there was a recent reduction in late visits. The provider has also introduced a financial incentive for staff to support this.

We identified through records and speaking with staff that there had been an incident were one person had been put at risk due to a failing in the correct recording of their medication administration records (MAR). We spoke with the service about this and they were able to demonstrate that as a result of this incident they had reviewed the audit cycles and changed them from three monthly to monthly.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The service had informed the CQC of reportable events.

All staff understood the provider's whistleblowing policy and procedure and said they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice.

The service had good links with the local community and worked closely with other healthcare, professionals including GPs, occupational therapists, dieticians and district nurses. Records of referrals to healthcare professionals were maintained and any guidance was recorded in people's care plans.

This section is primarily information for the provider

Action we have told the provider to take

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

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.