Amber Care and Development Ltd

Amber Home Carers

Inspection report

51a Sheen Lane
Richmond-upon-Thames
Surrey
SW14 8AB
Tel: 020 8600 2553
Website:

Date of inspection visit: 16 November 2015
Date of publication: 23/12/2015

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

Overall summary

We carried out an inspection of Amber Home Carers on 16 November 2015. This was an unannounced inspection.

Amber Home Carers provides a range of services to people in their own home including personal care, companionship and shopping in the London boroughs of Richmond-upon-Thames, Wandsworth and Ealing. At the time of inspection there were 62 people using the service, including 22 people receiving personal care.

A registered manager was in place. 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 who used the service told us they felt safe. Staff had received training about safeguarding and knew how to respond to any allegation of abuse. Staff were aware of the whistle blowing procedure which was in place to report concerns and poor practice.

Summary of findings

There were sufficient staff employed to provide consistent and safe care to people, with people receiving care from the same small team of staff.

People received their medicines in a safe way and staff had received training in the types of medicines people received. Staff recorded medicines taken by people in an appropriate medicines record sheet.

The manager and care co-ordinators had a good understanding of the Mental Capacity Act 2005 and had received training in this area to meet people's care needs.

Staff helped ensure people who used the service had food and drink to meet their needs. Some people were assisted by staff to cook their own food and other people received meals that had been prepared by staff.

Staff knew people's care and support needs. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. There were regular home visits and telephone spot checks carried out by the service to monitor the quality of service and the care practice carried out by staff.

People told us that staff were kind, caring and efficient.

People who received care remained independent and in control of their decision making and choices. People had access to health care professionals to make sure they received appropriate care and treatment. The service maintained accurate and up to date records of people's healthcare and GP contacts in case they needed to contact them.

A complaints procedure was available and people we spoke with said they knew how to complain, although no one said they had needed to. The service maintained records of compliments and complaints and recorded how these were resolved.

People had the opportunity to give their views about the service. There was regular consultation with staff, people and/or family members and their views were used to improve the service. Regular audits were completed to monitor service provision and to ensure the safety of people who used the service.

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?

Good

The service was safe.

Systems were in place to ensure that people who used the service were protected from the risk of abuse. Staff were aware of procedures to follow to safeguard people from abuse and people told us that they felt safe.

The agency employed sufficient staff to meet the identified needs of the people they provided services to. The service carried out appropriate checks to ensure suitable staff were employed.

Risk assessments were carried out before providing a service to people. Medicines were safely administered by staff and accurately recorded. Staff had been trained in administering medicines and audits were carried out regularly.

Is the service effective?

Good

The service was effective.

Staff had access to training and the provider had a system in place to ensure this was up to date. Staff received regular supervision and appraisals.

People's rights were protected. People received assessments of their needs and were consulted before care was provided. The provider was aware of their responsibilities under the Mental Capacity Act 2005 (MCA)

Effective communication ensured the necessary information was passed between staff to make sure people received appropriate care.

People received food and drink to meet their needs and support was provided for people with specialist nutritional needs.

Is the service caring?

Good

The service was caring.

Care plans were written in a personalised way based on the needs of the person concerned. People were cared for by kind, respectful staff.

People were offered support in a way that upheld their dignity and promoted their independence.

People were involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

The complaints procedure was accessible to people and the service maintained records of compliments, feedback and complaints.

Where necessary, the provider worked well with other agencies to make sure people received their care in a coordinated way.

Summary of findings

Staff were aware of people's important contacts and GPs, and supported people to make contact with them where required.

The service was flexible in response to people's needs and preferences.

Is the service well-led?

Good

The service was well-led.

There was a consistent quality assurance system in place which enabled the registered manager to monitor the quality of the service, identify and address short falls and improve the service.

The registered manager promoted a culture of openness and transparency through being approachable and listening to people. People felt the service was well led and staff reported that they felt Amber Home Carers a good agency to work for.

Staff were supported by a comprehensive range of policies and procedures This ensured that staff supported people in a consistent way.

Amber Home Carers

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 2 November 2015 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We spoke on the telephone with four people who used the service to gather their views about the service provided.. We also spoke with three care staff, the manager, two care co-ordinators and the training co-ordinator about the work they did and to gather their views of the service.

We reviewed a range of documents and records including; two care records for people who used the service, two records of staff employed by the agency, as well as a sample of complaints and compliments records, accidents and incident records and medicines administration records (MAR). We also looked at policies and procedures kept by the service.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe when receiving care. One person told us, "I feel very safe with the carers. I have no problems." Another person said, "They are nice. They don't do anything rough."

All of the care staff we spoke with were able to provide a good explanation of what was meant by a safeguarding concern and the various forms of abuse, including financial and emotional abuse. They were also able to provide a clear description of the safeguarding policy and the action they would take if they were concerned about someone's safety. This included reporting incidents to the manager and alerting local social services.

Staff records confirmed that training had been provided to staff with regard to safeguarding and the service had appropriate policies and procedures in place.

We saw that the service had alerted the local authority on the four occasions since September 2014 they had had a safeguarding or other concern and that they had followed the agreed safeguarding procedures as well as notifying the Care Quality Commission (CQC). At the time of the inspection there were no safeguarding concerns.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. For example, assessments included information about risks of falling and details of nutritional needs of people. They formed part of the person's care plan and there was a clear link between care plans and risk assessments. The risk assessment and care plan both included clear instructions for staff to follow to reduce the chance of harm occurring whilst at the same time supporting people to maintain their independence.

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to staff at the office. Incidents and accidents were logged at the office and action was taken by the manager as required to help protect people. Details of how incidents were acted upon and resolved were also recorded. Resolutions were in the form of reviewing the situation with staff, amending routines where necessary and contacting the individual to check that they were happy with the action taken.

People and staff had access to emergency contact numbers if they needed advice or help from senior staff when the office was not open. Comments from people were positive. Everyone we spoke with had found it easy to contact the office at any time which increased their feeling of safety.

We discussed how the service recruits staff and looked at staff records. The manager and other office based staff were able to describe the recruitment process in a clear and consistent manner. Staff records demonstrated that a robust recruitment process was in place and that the recruitment process was designed to ensure that successful staff had a good balance of skill, knowledge, experience and personal qualities that suited them to the profession of caring.

We saw relevant references and results from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions that make them unsuitable to work with vulnerable people. These had been obtained before people were offered employment. Application forms included full employment histories.

New staff underwent a thorough induction process which included training related to the Care Certificate, an induction programme which covered 15 standards that health and social care workers needed to complete during their induction period. Newly appointed staff spent a period of shadowing another more experienced member of staff and was assessed as competent before working on their own with people.

All staff we spoke with confirmed that they had received an induction and were able to describe the recruitment they went through which reflected the written procedures and records.

We checked the management of medicines. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines and had also received training in understanding what the medicines were that were being administered. However, the majority of people managed their own medicines and suitable checks and support were in place to ensure the safety of people who managed their own medicines. All medicines administration records (MAR) were audited and any errors recorded. There were no medicines errors in the last 12 months and all care staff were able to confirm that they had received appropriate training in medicines administration. Care staff also

Good

Is the service safe?

described the procedure of medicines administration a clear and knowledgeable manner. This included ensuring people gave consent, checking and explaining the medicines to be given and recording accurate details in the MAR sheet.

Good

Is the service effective?

Our findings

People told us they were happy and confident with the skills and competency of the care staff. One person told us: "They are all very good. They turn up on time and are helpful." Another person told us that it was reassuring when the agency let them know if care staff were running a little late. "They let me know so that I don't worry."

Staff were also positive about their training and support. One care staff told us, "I get lots of support from my manager and have had plenty of time to do training."

Another member of staff, who had not previously worked in care, said: "I've received all the training I need in safeguarding, medication and care plans. I feel supported by the office and have received an appraisal."

The staff training records showed staff were kept up-to-date with safe working practices. The registered manager told us there was an on-going training programme in place to make sure all staff had the skills and knowledge to support people. The training co-ordinator was able to describe the training programme, which included both basic and more advanced training such as The Qualifications and Credit Framework (QCF). At the time of inspection we were able to see a member of the care staff taking part in a piece of learning overseen by the accredited assessor.

Staff confirmed that they received supervision and support from managers and records confirmed this. We saw that in addition to informal day-to-day supervision and contact there were formal supervision sessions with staff every three months and an annual appraisal. Office based staff such as care co-ordinators held weekly team meetings. Because the agency covered several boroughs the care coordinators ensured they had a clear split of responsibilities and portfolios. Daily handover sessions ensured that referrals were handled by the correct care co-ordinator, or that a care co-ordinator would cover for the other during periods of leave.

People confirmed that staff always asked them for consent and views before carrying out tasks. One person told us, "Yes, the manager comes in and checks that I am happy with what's being done." Records included a statement by people that they had given consent for their assessment and care.

The agency also provided care staff with a checklist of things to review whenever they were leaving someone's home. This checklist was designed to ensure that people were safe, comfortable and that all the tasks that should have been carried out were completed. This included verbally confirming with the person that they were happy.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager confirmed that at the time of inspection there was no one who required someone to act for them under the Court of Protection. The manager was aware of the requirement to inform the CQC should the situation change.

Staff were aware of and had received training in the MCA as part of induction and were able to give a clear description of what was meant by "lacking capacity" and having to do things for people in their "best interests". All of the staff we spoke with confirmed that they were not actively engaged with anyone who was subject to the MCA.

We checked how the staff met people's nutritional needs and found people were assisted to access food and drink appropriately. People told us staff were helpful in ensuring they had plenty to eat and drink. They said they would prepare or heat meals for them. Nobody had any concerns about the meals prepared by their care staff, and told us they were always given a choice wherever possible. One person told us, "They are great. They even go out and buy me a loaf if I'm running short, so that I have something in the house if I want it."

People who used the service were supported by staff to have their healthcare needs met. Care staff had details of

Good

Is the service effective?

people's GPs and any other health professional such as pharmacist or chiropodist. People's care records showed that staff liaised with GPs where requested, although this was usually managed by people themselves or their relatives.

Good

Is the service caring?

Our findings

People were supported by staff who were warm, kind, caring, considerate and respectful. One person said, “The girls I have are really thoughtful and very kind.” Another person told us, “They are very nice girls and always turn up on time.”

Staff also displayed a thoughtful, caring approach when speaking about people and the way in which they deliver care. One care staff told us, ”We are there for the clients and our job is to make them happy.” Another care worker said, “I try to give the same quality of care I would give my own family.”

All people we spoke with told us they had received information about the care they were to receive and how the service operated. They also confirmed that the same group of care staff cared for them, providing a good sense of continuity of care as well as the reassurance that people were being cared for by people who knew them well.

Interviews with staff and staff roster records we looked at demonstrated that the care was co-ordinated in such a way that ensured the same care staff would be scheduled to work with people, in order that relationships could develop and staff could understand people’s needs and wishes better. Staff we spoke with had a good knowledge of the people they supported. They were able to give us information about people’s needs and preferences which showed they knew people well. One member of the care staff told us that they were pleased that their schedule of people to visit was within a manageable area and that travel time between people had been factored in to the schedule.

People were involved and consulted about the type of care they wished to receive and how they wished to receive it. Everyone we spoke with confirmed that they had been involved in developing and deciding their care plans and that their views were listened to and respected. Decisions about people’s care were made after an assessment of what was needed and agreement was reached as to how best to provide the care, including frequency of visits, tasks to be carried out and time schedules.

Everyone we spoke with said that their care staff were reliable and punctual, and that care was equally good at weekends, or when their regular care staff were off.

Care records confirmed that people had been assessed and involved in decision making and had consented to their care.

People’s privacy and dignity was respected. Staff asked people’s permission before carrying out any tasks and consulted them with regard to their support requirements. Staff were aware of the requirement to maintain confidentiality and the need to ensure that personal information was not shared inappropriately.

Good

Is the service responsive?

Our findings

Everyone we spoke with was confident that they received personalised care that was responsive to their needs. Interviews with staff demonstrated that there was a commitment to providing an individualised care service to people. People's care records and service policies and procedures focussed on ensuring that care packages were decided on only after an assessment had been carried out and people consulted about their views on how it should be delivered.

One person told us how the manager had visited the home and discussed the proposed care package with them.

Staff were also able to demonstrate how the service strived to be as responsive as possible, particularly when there was a concern about someone. The manager described how the term "responsive" meant more than simply reacting to a problem. An example was given where the agency originally started by ensuring someone received their medicines and this developed into supporting the person to gradually manage their own medicines. This in turn meant that the number of visits could be reduced and the person saved money whilst at the same time increased their independence, which was part of the care plan.

People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Care plans were in place that reflected the current care and support needs of people. Care plans provided detail for staff to give care and support to people in the way they preferred.

People told us they felt the service listened to them and learned from their experiences, concerns and complaints. They confirmed that spot checks and telephone calls took place during which they were asked whether the service was continuing to meet their needs and if they had any issues with the service.

People confirmed that they received regular contact from the agency regarding their care plans and were consulted about changes. This was reflected in people's care records where changes to the original care plan had been recorded.

People told us they knew who to complain to if they had any issues. Everyone we spoke to told us that the manager or other office staff at the agency were easy to make contact with.

We looked at records of compliments received, complaints and incidents and saw that these were appropriately logged and responded to. The service had received several complaints by the same individual and we saw that the agency was working with the individual and their local social services to resolve their complaint. This was confirmed by the local authority.

Letters of thanks, compliments and any incidents or issues that people had were appropriately recorded.

Good

Is the service well-led?

Our findings

The service promoted a positive culture that was person-centred, open, inclusive and empowering. Staff policies and procedures, induction and training all emphasised the involvement of the individual in decisions about their care and had systems in place to monitor how well that was working.

Everyone we spoke with confirmed they had been provided with useful information about the agency in the form of leaflets and a folder with their care plan and other guidance about the service. Everyone was able to give examples of the agency contacting them, either by phone or in person to check that they were happy with their care and to check that staff were carrying out the care plans as agreed.

One person told us, "They are a very well-run agency. They are very easy to get through and they contact me from time to time." Another person said, "The manager is very polite, I get the same girls and everything runs smoothly."

The service demonstrated good management and leadership. There was a manager who was registered with the Care Quality Commission (CQC) who in turn was supported by a team of staff who co-ordinated care and managed the business of the service. They were able to describe a shared vision of how they saw the service as one which provided care to a standard that would be suitable for their own relatives.

We saw that systems were in place to support staff, allow communication with people who used the service and to enable the staff team to discuss the quality of the service.

The manager and their team met regularly and care staff received regular supervision and annual appraisal. In addition the manager maintained good links with social services, provider forums and organisations related to the field of domiciliary care, dementia and professional development, such as Skills for Care and local provider forums.

The manager and team provided a strong visible presence for staff and people through good communication and regular personal visits. Spot checks in people's homes and telephone interviews included areas such as care staff conduct and presentation, courtesy and respect towards people, maintaining time schedules, ensuring people's dignity was maintained and competence in the tasks undertaken. This was supported by the effective links the service had established with other agencies such as occupational therapists, palliative care nurses and GP services.

Staff told us they would recommend Home Instead to anyone who needed care, or to a care worker looking for employment. One staff member said: "Person centred care is my motto."

The service delivered high quality care through having systems and processes which were designed to monitor the quality of the care provided and to ensure that people's experiences and views were used to help improve the service.

We saw that records were kept securely and confidentially and these included electronic and paper records.