Amber Healthcare Personnel Limited

Amber Healthcare

Inspection report

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Date of inspection visit:
26 July 2018

Date of publication:
21 September 2018

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

We undertook an announced inspection of Amber Healthcare on 26 July 2018. This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults. On the day of our inspection 48 people were being supported by the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on 30 March 2017 we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014). In that the service did not always effectively manage the risks associated with people's care. Staff responsible for the administration of medicines did not always have the competencies checked. The provider did not have effective systems in place to monitor the quality of service.

At this inspection we found the service had made significant improvements to address these concerns. Where risks to people had been identified, risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe. The service had systems to assess the quality of the service provided. 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.

People were safe. Staff understood their responsibilities in relation to protecting people from the risk of harm. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified. People received their medicine as prescribed.

People told us they benefitted from caring relationships with the staff. There were sufficient staff to meet people's needs and people received their care when they expected. Staffing levels and visit schedules were consistently maintained. The service had safe, robust recruitment processes.

Staff had a good understanding of the Mental Capacity Act (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected.

People told us they were confident they would be listened to and action would be taken if they raised a concern. We saw a complaints policy and procedure was in place.

Staff spoke positively about the support they received from the registered manager. Staff supervision and meetings were scheduled. Staff told us the registered manager was approachable and there was a good level of communication within the service.

People told us the service was friendly, responsive to people's individual needs and well managed. People knew the managers and staff and spoke positively about them. The service sought people's views and opinions and acted upon them.

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.

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

There were sufficient staff deployed to meet people's needs.

People received their medicines as prescribed.

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 2005 (MCA) and understood 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.

Staff gave people the time to express their wishes and respected the decisions they made. People were involved in their care.

The service promoted people's independence.

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 were treated as individuals and their diverse needs respected.

Is the service well-led?

Good

The service was well- led.

The service had systems in place to monitor the quality of service.

The service shared learning and looked for continuous improvement.

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 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 26 July 2018 and was announced. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in. The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at information we held about the service. This included previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about. In addition, we contacted the local authority commissioners of services to obtain their views on the service.

We spoke with nine people, two relatives, five care staff, one senior carer, and the service manager. During the inspection we looked at ten people's care plans, seven staff files, medicine records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

At our last inspection in March 2017 we found that the service was not always safe. In that the service did not always effectively manage the risks associated with people's care. Staff responsible for the administration of medicines did not always have the competencies checked. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Since our last inspection we found the service had made significant improvements to address these 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 manage the risks. For example, one person was at high risk of falls. The person's care record gave guidance for staff to ensure that mobility and walking aids were within reach of the person. We spoke with this person and they told us staff followed this guidance. Another person was at risk of developing a pressure ulcer. Staff monitored this person's skin and applied prescribed creams daily. This person did not have a pressure ulcer.

Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely. Staff we spoke with told us they had received medicine training and were confident supporting people with their medicines.

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Where people were prescribed medicines with specific instructions for administration we saw these instructions were followed. One person told us, "They make sure I take my tablets".

People told us they felt safe. One person we spoke with told us "The carers know what works for me and that makes me feel safe". Another person said, "They look after me in the way they should".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their line manager or the senior person on duty. Staff were also aware they could report externally if needed. One staff member told us, "If it was urgent then I would go to the police, but I can also report concerns to the (local authority) or come to you guys (Care Quality Commission)". Another staff member said, "I would contact the office and speak to my manager immediately if I had any concerns". We saw there was information about how to report concerns, displayed in areas of the service which reminded staff of the contact numbers they needed to report concerns.

There were sufficient staff deployed to meet people's needs. Staff visit records confirmed planned staffing levels were consistently maintained. Where two staff were required to support people, we saw they were consistently deployed. People told us staff were punctual and stayed for the allocated care time. One person told us, "They're always punctual and reliable". Another person said, "They're very punctual. That's important to me".

Staff told us there were sufficient staff deployed to support people. One staff member told us, "I think we

have enough staff". People's visits were monitored using a telephone monitoring system. The system alerted the registered manager if staff were running late. Data from the monitoring system was analysed to look for patterns and trends and allowed the registered manager to adjust rotas for staff enabling them to remain punctual.
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 (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

Accidents and incidents were recorded and investigated to enable the service to learn from incidents and mistakes. For example, one person suffered a minor injury after a piece of personal equipment they used became unsafe. The service worked hard to convince the person to stop using the equipment, whilst educating the person's family members to the dangers associated with the equipment. As a result, the person stopped using it and there were no further incidents or accidents.

People were protected from risks associated with infection control. Staff had been trained in infection control procedures and were provided with personal protective equipment (PPE). An up to date infection control policy was in place which provided staff with information relating to infection control. This included; PPE (personal protective equipment) and hand washing.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. One person said, "They seem to know what they're doing". Another person said, "[Person] has (medical condition). They know what they are doing and they are sensitive about it". Records confirmed people were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff completed training, which included safeguarding, moving and handling, infection control, medication management and food and hygiene. One staff member told us, "We recently had medication training, it was really good".

Newly appointed care staff went through an induction period which was matched to The Care Certificate. The Care Certificate is a set of standards that social care workers are required to work to. It ensures care workers have the skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. This included training for their role, shadowing an experienced member of staff and having their competencies assessed prior to working independently with people. One staff member told us, "My induction was a positive experience and I felt supported through it".

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people relating best practice, for example, where people had been identified as having mobility difficulties, referrals had been made to occupational therapists. Care plans contained details of recommendations made by occupational therapists.

We discussed the Mental Capacity Act (MCA) 2005 with the manager and staff. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff were knowledgeable about how to ensure the rights of people who lacked capacity were protected. One member of staff told us, "Capacity fluctuates, for example I find that with one of my client's capacity changes from morning to afternoon. So, if I have any big questions then I wait till the afternoon visit to ask them". Another staff member said, "Were people lack capacity, we must act in the persons best interests and involve family members and the person G.P".

Staff told us and records confirmed staff received support through regular supervision (a one to one meeting with their line manager). One staff member said, "I had a supervision and an appraisal recently". Another staff member said, "Supervision is good. We can be open. I can discuss what concerns that I have, how I feel and any training I may need". Staff were also supported through 'spot checks'. Senior staff observed staff whilst they were supporting people. Observations were recorded and fed back to staff to allow them to learn and improve their practice.

Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met. One person we spoke with told us, "The carers know my likes. Cornflakes for breakfast. Then for the other meals they look to see what we have in the fridge freezer''. People's care records stipulated what nutritional support they needed. For example, one person's care plan highlighted the level of support needed when during meal times.

The service worked closely with other professionals and organisations to ensure 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, dentists, occupational therapists and district nurses. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans.

Good

Is the service caring?

Our findings

People told us they benefitted from caring relationships with the staff. Comments included; "They are all lovely girls", "They look after me the way they should", "They are fantastic and very caring" and "The carers are nice and caring".
People told us they were involved in care planning process. One person said, 'If I ask for anything done they do it'. People's relatives also told us they were consulted during planning of care. One person's relative said, "We have a care plan and it's updated. We all discuss it".

People told us they were treated with dignity and respect. One person told us, "I don't have any complaints with the way they care for me. I feel confident in them". Another person said, "The carers make me laugh. They are respectful, pleasant and caring".

We asked staff how they promoted people's dignity and respect. One staff member we spoke with told us, "We make sure people have towels around them and that curtains and doors are always closed. Most importantly we always ask for consent and make sure people know what's happening". When staff spoke about people with us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. It was clear this culture was embedded throughout the service.

Care records highlighted what people could do for themselves in order to remain independent. This included aspects of personal care, mobility and getting dressed. Were the need to promote independence had been identified, this was highlighted, there was guidance for staff on how to prompt and support people effectively.

People told us they were involved in their care. One person told us, "Yes I feel involved. The office will often call on the phone to see how things are. They also come here quite often and discuss how things are". Another person told us, "My carer asks me how things are going and the office call and touch base with me". Staff met with people and their families and sought their input into how care plans were created. People's opinions were recorded and incorporated into the care plans. For example, people provided personal information for their personal profile section of the care plan.

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office and we were told copies of care plans were held in people's homes in a location of their choice. Where office staff moved away from their desks we saw computer screens were turned off to maintain information security.

Good

Is the service responsive?

Our findings

People's care plans were descriptive and reflective of their individual support and care needs. The care plans covered areas such as personal care, eating and drinking, mobility, emotional well-being, elimination and communication needs. The care plans included information about personal preferences and were focused on how staff should support individual people to meet their needs. These care records were current and reflected people's needs in detail. We saw daily communication logs were maintained to monitor people's progress on each visit.

Staff we spoke with knew the people they cared for. For example, we spoke with one staff member about a person they supported and they were able to tell us the person's likes, dislikes and preferences that matched those outlined in the person's care records. Staff we spoke with were able to tell us people's preferences in relation to their individual needs.

Discussion with the manager showed that they respected people's differences so people could feel accepted and welcomed in the service. The equality policy covered all aspects of diversity including race, sex, sexual orientation and religion. Records showed staff had received training in equal opportunities and diversity. Discussions with staff evidenced that these policies and procedures were supported in practice. One staff member we spoke with told us, "It's important that we treat people as individuals. We are who we are and we must be treated for who we are. We must respect people as individuals, without respect, how can we provide personalised good quality care".

The service was responsive to people's changing needs. For example, one person described occasions where they needed to adjust their care visit times to suit their needs because of a medical appointments. The person told us, "They very good if I have to rearrange because of a hospital visit. They're very pleasant". We also saw that where people's condition changed the service responded by making referrals to healthcare professionals and adapting care and support to meet the person's changing needs. For example, one person's needs changed in relation to their mobility, as a result the person required two staff members to support the effectively. Rotas and the person's care records confirmed that the correct number of staff were deployed to meet this person's needs.

We asked the provider to provide evidence of how the service ensured it worked within the Accessible Information Standard (AIS) framework. AIS was introduced by the Government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. The provider was not aware of AIS. However, after we explained AIS they were able to demonstrate to us an example of where they had supported a person with communication difficulties to understand information relating to their care.

People knew how to raise concerns and were confident action would be taken. Everyone we spoke with knew how to raise a complaint and felt they were listened to. One person said, "If you have a complaint, then you can tell the office'. Another person said, "They are easy to talk to. I get in touch if there is a problem". The services complaints policy and procedure were held in people's care records in their homes.

Complaints were dealt with in line with the providers policy.

People's opinions were sought and acted upon. The provider conducted regular quality assurance telephone surveys where people and their relatives could express their views about all aspects of the service. We saw the results from the surveys were positive.

At the time of our inspection no one at the service was receiving end of life care. However, people's care records contained advanced wishes. For example, some care plans contained details relating to people's wishes not to be resuscitated in the event of a cardiac arrest.

Good

Is the service well-led?

Our findings

At our last inspection in March 2017 we found that the service was not always well led. In that the systems in place to monitor the quality of the service were not always effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Since our last inspection we found the service had made significant improvements to address these concerns. The manager had systems in place to monitor the quality of service provided. Regular audits were conducted to monitor and assess procedures and systems. Information from these audits was used to improve the service. For example, following a recent audit of care records the manager identified that information relating to people's care was not as accessible and easy to find as it should be. As a result, the registered manager re designed the way in which people's care records were kept. The impact of this is that staff could easily access the information they required to support people effectively.

There was a registered manager in post. However, the service had a new manager who was also in the process of becoming the new registered manager. 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 we spoke with felt the service was well run. One person told us, "The new manager certainly seems to be sorting things out for the better". A second person said, "The way the place is managed is getting a lot better". A third person told us, "[Manager] rings regularly and we have a chat. I have confidence in her".

Staff told us they had confidence in the service and felt it was well managed. Staff comments included; "Everyone try's their best to support each other "[Manager] is brilliant she's supported us and has relieved a lot of the pressure that we were starting to feel", [Manager] has made some great positive changes" and "[Registered manager] is a great boss and he supports us if we need it". The service had a positive culture that was open and honest. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. The manager spoke openly and honestly about the service and the challenges they faced.

The service encouraged open communication between the staff team. A staff member told us, "We have regular meetings and what discuss what's going on". We viewed the team meeting minutes, which showed that staff had regularly met to discuss people's individual needs and to share their experiences.

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

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 registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

The service worked in partnership with local authorities, healthcare professionals and social services.