

Amber Home Carers Ltd

Amber Home Carers

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Amber Home Carers is a care agency providing personal care to people living in their own homes and to people living in supported living schemes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of our inspection, 40 people were receiving help with personal care in their own homes. Most of these people were older adults. There were also 14 people receiving care and support within 9 supported living services. These people were adults with learning disabilities and autistic people.

People's experience of using this service and what we found

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support: The service supported people to have maximum possible choice, control and independence. Staff focused on people's strengths. Staff did everything they could to avoid restraining people. Staff enabled people to access specialist health and social care support. Staff supported people to make decisions. Staff supported people with their medicines in a way that achieved the best possible health outcomes.

Right Care: Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right culture: People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. The service enabled people and those important to them to worked with staff to develop the service. Staff valued and acted upon people's views. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 6 June 2023).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an inspection of this service on 2 May 2023. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, consent to care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Amber Home Carers

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 3 inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

This service also provides care and support to people living in 9 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 31 July 2023 and ended on 1 August 2023. We visited 2 supported living schemes on 31 July 2023 and the office on 1 August 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We looked at all the information we held about the provider, which included the action plan following their last inspection.

During the inspection

We met 4 people who used the service and 3 care workers and the activities coordinator at the supported living schemes. We met the registered manager and other senior staff in the agency's office. We spoke with the relatives of 4 people and 2 external healthcare professionals on the telephone.

We looked at the care records for 5 people, records for 5 members of staff, how medicines were being managed and other records used by the provider for managing the service. These included meeting minutes, audits and other checks.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection, we found medicines were not always managed in a safe way. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvements and the provider was no longer breaching Regulation 12.

- People received medicines in a safe way and as prescribed. The provider had improved systems for managing medicines. We identified a small number of areas where things needed to be improved further. We discussed these with the registered manager, and they sent us evidence of these improvements after our visit.
- Staff undertook training, so they knew how to manage medicines safely. Managers assessed their knowledge and competencies for managing medicines. Managers were improving the staff training resources about medicines.
- There was enough information about medicines and risks relating to these. They were stored safely. Staff kept records to show when medicines were administered.
- The provider undertook audits to check medicines were being managed safely.
- People were not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. One staff member explained about a reduction in one person's PRN (as required) medicines. They told us that through the right support and strategies to support the person they found they did not need to use medicines in the same way. A relative also explained how one person's medicines had been reduced, telling us, "[Person] was on medicines and [they have] stopped taking it since early June - truly astonishing!"

Assessing risk, safety monitoring and management

At our last inspection, we found that risks were not always safely monitored and managed. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 12.

- Risks to people's safety and wellbeing were assessed, planned for and monitored. People were enabled to take positive risks and be independent when possible. Plans considered people's choices and the safest way

to promote these.

- The risks within people's home environment and equipment they used had been assessed.
- Risk assessments were regularly reviewed and updated.
- The provider had worked with external healthcare professionals to create support plans for people who sometimes got agitated or physically aggressive. The plans included strategies to minimise the risks relating to this, to de-escalate situations and to support people when these techniques had not worked. Staff confirmed this, explaining how they supported people. One staff member told us, "We have to create a calm environment and watch for triggers. We try to avoid things that make people unhappy."
- Staff undertook training to help make sure they could care for people safely. For example, helping them to move, using equipment and keeping them safe when they were eating and drinking.

Systems and processes to safeguard people from the risk of abuse

- There were systems to help safeguard people from the risk of abuse. Staff understood these and undertook relevant training.
- The provider had worked with other agencies, such as the local safeguarding authority, to investigate and respond to allegations of abuse.
- There were systems to help protect people from financial abuse when staff supported them with their money.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. People were supported by the same regular workers who they knew well. Staff had enough time to travel between care visits and to provide the support people needed. There were allocated staff who worked regularly in the supported living schemes and knew people's needs.
- There were systems for recruiting staff which helped to make sure they were suitable. These included checks on the staff before they were employed. Many of the staff were recruited from abroad and had professional qualifications, such as nursing, from their home countries. Although they were not able to practice their profession in the UK without adaptation to UK standards and registration with professional regulators, they had already acquired knowledge and skills which helped them understand about meeting people's needs and providing good care.

Preventing and controlling infection

- There were systems to help prevent and control infection. The provider had appropriate procedures, which had been reviewed and updated in line with government guidance regarding COVID-19. The staff undertook relevant training.
- Staff were supplied with enough personal protective equipment (PPE) such as gloves, aprons and masks. They knew when they needed to use this and how to wear this correctly.
- People using the service and their relatives told us staff followed good hygiene practices, washing their hands and wearing gloves, masks and aprons when needed.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. The provider investigated accidents, incidents and adverse events. They shared the learning with staff so that improvements could be made to the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

At our last inspection, we found the provider had not always acted within the principles of the MCA and this was a breach of Regulation 11 (consent to care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 11.

- The provider was acting within the principles of the MCA. They had assessed people's mental capacity. They had consulted with people and their representatives about their care and decisions around this.
- The provider had taken appropriate action to refer people for further assessments when they lacked the mental capacity to make decisions.
- The provider had gained people's consent and had written agreements in place regarding restrictions and care plans.
- The staff understood their responsibilities under the MCA and had undertaken relevant training. One staff member explained, "We engage with people and help them weigh up options. We respect their choices and explain if something is unsafe so they can make informed decisions." Another staff member described how they used pictures, visual clues, and body language to help people who could not use words to communicate in making decisions and choices.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed before they moved to the service. The provider met with

people and their representatives, as well as gathering information from health and social care professionals.

- Care plans were developed from these assessments. These were regularly reviewed and updated.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well trained and supported. The staff undertook a range of training as part of their induction. The provider also arranged for additional training when people had a specific healthcare, or equipment need. The staff had undertaken training about learning disabilities and autism.
- The provider worked closely with other healthcare professionals to access specialist training.
- Staff said they felt supported. There were good informal systems for them to speak with members of the management team for advice and information. The staff found training useful and told us they had learnt a good range of information. One staff member explained, "I found training very useful. Knowledge is power and should never stop!"

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have a balanced diet and enough to eat and drink. Since the last inspection, the provider had made improvements to the way meals were planned for and catered for in the supported living services.
- The provider worked with external healthcare professionals to make sure people's nutritional needs were assessed, monitored and met.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The staff worked with other professionals to make sure people's healthcare needs were met. They made referrals for additional support and liaised with specialist professionals to make sure they provided the right care and support.
- The staff had responded appropriately when people's healthcare needs changed and when people became unwell.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, we found that the provider did not always effectively operate systems to monitor and improve the quality of the service. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 17.

- The provider had developed systems and processes for monitoring and improving the quality of the service. These included regular audits and checks on the service and people's experience. Relatives of people using the service and staff told us they had witnessed improvements and felt the service was well run. One staff member told us, "I have seen improvements since the last inspection. The changes have brought the carers together well, we work as a team, and we understand what we need to do."
- The provider was in the process of updating their computer systems and transferring information from one system to another. At the time of the inspection, not all the information about people's care and needs was in one place. The registered manager had set a date for the beginning of September 2023 to complete this work and make sure care information was clear and easily accessible. The situation was not impacting on care delivery and staff knew and understood people's needs well.
- The registered manager was appropriately qualified and experienced. They were supported by a management team who carried out different roles and provided staff with guidance and training. Relatives and staff spoke positively about the registered manager. One relative commented, "A well-managed outfit with the owners involved in running of business."
- The management team had regular meetings with each other to discuss the service.
- The provider had a range of policies and procedures which reflected good practice guidance and legislation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive culture and people received person-centred care. One person told us, "I love it here [in the supported living scheme]. The staff are lovely." Comments from relatives included, "From our point

of view it is 5 star, just brilliant improvement in 6 months. The compassion and care people there seem to show, we just can't believe it" and "I think we are happy. The carers are really lovely and very caring."

People using the service, relatives, staff and other stakeholders were consulted about the service and able to contribute their ideas.

- The staff and management team knew people well and had good relationships with people. However, some relatives felt they would like clearer information and better communication from the provider. We discussed this with the registered manager who was in the process of updating records so that relatives would have access to computerised records and photographs of activities in the future. They felt this would improve communication as they would be able to see in real time about the care people had received.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under duty of candour. They had investigated when things went wrong and were open and honest with people about this.
- They had investigated complaints and learnt from these to improve the service.

Working in partnership with others

- The provider worked in partnership with others. They had professional relationships with companies designed to help manage the service, including quality monitoring organisations.
- The staff worked with other external professionals to support people and make sure their needs were being met.