

Ambar Care Ltd

# Ambar Care Ltd

## 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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Ambar Care Ltd is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection, the service was providing care to 10 people.

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

People told us they felt safe with the staff and the management. They knew how to raise a concern and were confident it would be dealt with appropriately.

People appreciated receiving care from the same staff group, who generally visited at the planned time and had not missed a call. If staff were going to be late, people were informed. People told us staff were kind, friendly, treated them with dignity and promoted their independence.

Care plans were person-centred and provided guidance for staff on how to support people with their care. People and relatives told us they were involved in their planning of care and care plans were reviewed regularly.

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.

Safe staff recruitment processes were in place. Staff followed an induction programme, which included shadowing experienced staff. The registered manager was qualified to teach specific subjects and undertook the practical training with staff. Some mandatory training was completed on-line.

Medicines audits were completed, and any actions required were followed up. People were supported to take their medicines and the Medicine Administration Record (MAR) showed that people had received medicines as prescribed. Some areas of recording could be improved and made clearer and we discussed this with the registered manager.

Infection prevention and control procedures were followed by staff and they had received training in donning and doffing of personal protective equipment (PPE). People confirmed staff always wore PPE and disposed of it correctly.

Quality assurance visits were undertaken by the registered manager which provided oversight of the service. People and relatives knew the registered manager by name and confirmed they often visited them for review of care plans or spot checks on staff competency.

The registered manager was passionate when speaking about the service, people they provided care for, and acknowledged the importance of valuing staff. Staff told us the registered manager was approachable

and they were confident in their management skills.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 24 November 2017 and this is the first inspection.

Why we inspected

This was a planned inspection as a new service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 caring?

Good 

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good 

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good 

The service was well-led.

Details are in our Well-Led findings below.

# Ambar Care Ltd

## 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 Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors. One inspector reviewed records and contacted people using the service and staff who were working for the service, to gain their view of the care provided. Another inspector visited the service location to meet with the registered manager.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. For this service the provider was also the registered manager.

#### Notice of inspection

We gave a short notice period of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 9 February 2021 and ended on 2 March 2021. We visited the office location on 15 February 2021.

#### What we did before the inspection

Prior to the inspection we reviewed the information we held about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections.

#### During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the provider/registered manager and care staff.

We reviewed a range of records. This included two people's care records and medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who used the service said they felt safe with the staff who attended to their care. One person told us, "I feel safe with the staff and would contact [name of registered manager] if I had any concerns." A relative said, "I am happy to leave [relative name] with staff."
- The service had policies and procedures in place for safeguarding and whistle blowing.
- Staff had received training in adult safeguarding. They told us they were confident to raise an allegation of abuse and that the registered manager would take appropriate action. One staff member told us, "The registered manager [name] is always telling us to take people's concerns seriously and report back."

Assessing risk, safety monitoring and management

- Care plans contained various risk assessments relating to personal care and mobility, and measures were put in place to mitigate risks.
- External and internal environmental risk assessments were carried out which included a fire risk assessment to help the person be safe at home.
- The registered manager conducted regular reviews of the risk assessments and care plans to ensure they were current and continued to meet people's needs.

Staffing and recruitment

- The service had a robust recruitment policy and procedures in place. New staff were interviewed by the registered manager who told us they particularly focused on recruiting staff who were passionate about care delivery.
- References were taken and followed up by a telephone call. Identification and Disclosure and Barring Service (DBS) checks were obtained. The service used the DBS update service to ensure DBS records were current. The DBS is a national agency that holds information about criminal records.
- Staff wore uniform and had photographic identification badges.
- There were enough staff employed to meet people's needs.

Using medicines safely

- Staff received training in medicine administration and competency observations. One staff told us, "I have received training and have been observed. You cannot make mistakes with medicines."
- The service had a medicine policy in place. Care plans highlighted risk assessments had been completed and provided guidance for staff on how people took their medicines and what support was required.
- Medicine audits were conducted regularly, and actions followed up. Medicine Administration Records (MAR) were reviewed, and staff had signed each day that the medicines were taken. This demonstrated people received their medicines as prescribed. Some areas of recording could be improved and made

clearer and we discussed this with the registered manager who took immediate action and confirmed they would continue to monitor MAR chart recordings.

#### Preventing and controlling infection

- The service had an infection prevention and control policy in place. Additional guidance in relation to infection prevention and control during the pandemic was introduced to provide staff with current information about COVID-19.
- Staff had received training in infection prevention and control including donning and doffing of personal protective equipment (PPE). Staff told us they were supplied with enough PPE to undertake their work safely. People confirmed that staff always wore PPE. One relative told us, "They [staff] always wear PPE and bag it up properly after."
- The registered manager told us they identified people and staff who were more at risk during the pandemic and carried out risk assessments putting measures in place to minimise risks.
- Staff received weekly COVID-19 swab testing and the service had registered for staff to receive vaccinations.

#### Learning lessons when things go wrong

- The registered manager told us when things went wrong, they shared lessons learned with staff and made changes to improve 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care plans were comprehensive and person-centred. People's needs and choices were clearly identified and provided guidance for staff on how to support people.
- People and relatives told us staff were skilled and well-trained. People confirmed the registered manager visited them which gave people a chance to speak directly to management.

Staff support: induction, training, skills and experience

- Staff undertook an induction programme when first joining the service which included training and shadowing the registered manager and experienced colleagues. Staff completed the Care Certificate. The Care Certificate is an identified minimum set of standards that sets out the knowledge and skills expected of specific job roles in health and social care.
- Some mandatory training was undertaken on-line, with practical subjects delivered face to face. The registered manager was qualified to teach moving and handling people, medicine administration and safeguarding training.
- Staff had completed refresher training and observational checks were conducted by the registered manager to ensure staff were competent and to identify any further training requirements.
- Staff supervisions and annual appraisals were carried out and staff confirmed this. They told us, "I had full training which made me feel confident. [Name of registered manager] taught us well, a good teacher, very patient." Another said, "I had training plus shadowing. I am now doing my NVQ (National Vocational Qualification) in Health and Social Care."

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

- Care plans identified people's nutrition and hydration requirements. The person's appetite and the support requirements they needed to eat and drink were documented to ensure the care provided met the person's needs.
- Consideration to any dietary requirements was documented including food intolerances, specific health related diets and religious and cultural preferences.
- Care plans were structured to recognise any risk factors such as difficulty in swallowing where they would be assessed and measures put in place to mitigate risks.
- Staff received training in food hygiene and nutrition and hydration.

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

- The service worked closely with the primary care team. Contact details of relevant professionals such as

the GP or social worker were documented in the person's care plan.

- Where support with daily living was required, for example mobility, assistance was sought from health and social care professionals. The registered manager told us that the occupational therapists had been undertaking video calls during the pandemic to ensure there were no restrictions on referrals for advice on mobility.
- Staff told us they would report any concerns in relation to the person's health to the registered manager. In the event of a health emergency, staff were confident to call the emergency services.

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 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.

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

- The service was working within the principles of the MCA and had policies and procedures in place.
- Care plans identified people's ability to make choices and best interest decisions were made on their behalf if and when required.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were positive about the service. People told us "Staff are polite and always leave the house clean and tidy." Another said, "I was surprised how nice they were, so friendly. I am happy with the care."
- Care plans considered the person's cultural and spiritual needs and wishes.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were able to express their views on the care they received and were involved in their plan of care. People knew the name of the registered manager and told us they had visited them and discussed their care needs.
- The care plans identified what the person was able to undertake themselves and how the staff should support them.
- The registered manager told us people were offered choice at every visit. People confirmed they were given a choice and staff always asked if there is anything else they could do for them.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke with compassion when they described the people they cared for. Staff told us, "I love my work. I treat everyone like I would like my family members to be treated. I like to help them. I see my clients like my family" and, "I treat people with dignity and ensure their privacy. Some live alone and I like to chat with them."
- People confirmed that staff supported them to maintain their independence. One relative said, "[Person's name] is independent and they [staff] look after them incredibly well. They [staff] observe and ensure [relative name] is comfortable. We love them, they really care. They are amazing staff."
- Staff told us they promoted people's independence through encouragement. One person said how the staff provided them with support which gave them confidence.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- An initial assessment of the person's needs was undertaken, and specific areas of care were documented to provide staff with guidance on how to provide the care required.
- Care plans identified people's preferences and what interests and activities they required support with. The pandemic had restricted some activities.
- Where possible people received care from the same staff group and said the service was reliable. People told us, "The service is good, I have the same staff and they are mostly on time." Another said, "They always turn up at the same time, no issues." One person however said, "They [staff] are very good but I never know when they are going to call but they always come." We discussed this with the registered manager.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were documented. Where glasses or hearing aids were required, the care plan identified the appropriate support the person needed.
- The registered manager told us they could provide information in large print if asked. Other communication aids such as pictures or Makaton sign language would be sought if required.

Improving care quality in response to complaints or concerns

- The service had not received any complaints at the time of the inspection. They did have a complaints policy and procedure in place which provided guidance on making a complaint.
- People told us they would be confident to raise a concern and that it would be dealt with appropriately. The service user guide provided information on how to make a complaint and the process to expect including contact details of external organisations.

End of life care and support

- The service did not have anyone receiving end of life care at the time of inspection.
- The service had an advanced care planning policy and procedure in place. The registered manager told us they work closely with the local hospices for training. Some staff had received training in end of life care and the registered manager was planning further training after the pandemic.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted an open culture. Staff told us the registered manager was approachable and supportive. One staff member said, "[Name of registered manager] has high standards and goes the extra mile." Another said, "The registered manager is very approachable and often visits at weekends. I am happy to work with them. I have learnt a lot from them."
- Staff told us they could always contact the registered manager to speak with them. Staff said they felt appreciated by the registered manager.

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

- The registered manager understood duty of candour and were aware of their legal responsibilities. They knew when notifications were required to be sent to the Care Quality Commission and how to make referrals in the event of a safeguarding concern. The registered manager had considered the impact of the pandemic might have on the service and had updated their business continuity plan.
- The registered manager took an honest and open approach and told us that their aim was to continue to improve the quality of care delivery. They recognised that as the service grew they would require more management support and was in the process of training a staff member to take on a more senior role.
- Staff understood their role and the standards expected and spoke positively about providing care to meet the individual person's needs.
- The registered manager had oversight of the service and conducted quality assurance audits.
- Staff meetings were held, and minutes were viewed. During the pandemic meetings had been conducted through using technology.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service worked in partnership with health and social care professionals. Through regular care plan reviews, the service was able to identify where further assistance was required and make the necessary referral.
- The pandemic had resulted in limited access to other areas of support. The registered manager told us they aimed to work more closely with local organisations such as MIND, Dementia Friends and Age UK so they would be able to signpost people for advice.

#### Continuous learning and improving care

- The registered manager told us they promoted staff learning and career progression. They told us they use Skills for Care site to gain current information about training opportunities and changes to practice.
- The registered manager maintained their own professional registration. They linked with the local authority groups to share knowledge and good practice ideas with other registered managers.