

Amber Home Carers Ltd

Amber Home Carers

Inspection report

397 Staines Road
Feltham
TW14 9HA

Tel: 02088902566

Date of inspection visit:
16 December 2019

Date of publication:
14 January 2020

Ratings

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

Summary of findings

Overall summary

About the service

Amber Home Carers is a domiciliary care agency providing personal care and support to people living in their own homes. The agency offered care to younger and older adults. At the time of our inspection two people were using the service. The provider also owned a property which they were establishing as a supported living home for up to four younger adults with learning disabilities. No one was using this service at the time of the inspection, although this would fall under the remit of this service once it started operating.

The service is owned and managed by a private company who have one other branch providing care and support in Southwest London.

Not everyone who uses this type of service receives 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.

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

People were happy with the service they received. They told us they had been involved in planning their care and the agency had been flexible and adjusted the care packages to reflect their needs and wishes. People told us the staff were kind, supportive and appeared well trained and knowledgeable.

The provider's systems for recruiting staff had not always been followed because the provider had not obtained written references in respect of all staff. We discussed this with the registered manager. In some cases, previous employers had not provided requested information. The registered manager agreed to make sure other checks on their suitability took place, for example additional monitoring and supervision. All staff had been interviewed and completed an induction to the service, which included a range of training and competency assessments.

There were enough staff employed to care for people, but sometimes they did not arrive on time for care visits because of problems with transport. People told us the agency informed them when this was the case but it sometimes led to problems. The registered manager was aware of this and was trying to improve the time allowed for staff to travel between visits.

People's needs and preferences had been assessed and there were care plans to describe how these needs should be met. The registered manager and senior staff had regularly reviewed these to make sure they remained relevant and up to date.

The agency had effective systems for monitoring and improving the quality of the service, as well as investigating and responding to complaints, accidents and incidents. The registered manager and senior staff had a good overview of people's needs and worked alongside the staff in providing care. People using

the service told us they felt able to speak with the registered manager and they had addressed concerns they had raised.

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 details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This was the first inspection of the service since it was registered on 16 April 2018.

Why we inspected

This was a planned inspection based on the date of registration.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

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 Care Act 2014.

Inspection team

The inspection was conducted by one inspector.

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 is also set up to provide care and support to people living in a 'supported living' setting, so that they can live as independently as possible, although no one was using this part of the service at the time of our inspection. 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.

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.

Notice of inspection

We gave the service 48 hours' notice 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 13 December 2019, when we made telephone calls to people using the service and their representatives. We visited the office location on 16 December 2019.

What we did before the inspection

We looked at all the information we held about the provider which included information they submitted at the time of their registration. 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 one person using the service and the relative of the second person by telephone. We met the registered manager, care coordinator, nominated individual and finance manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at both care plans and the recruitment, training and support records for the eight care workers who supported the two people using the service. We also looked at other information used by the provider for managing the service, such as policies, procedures and information for staff.

After the inspection

The registered manager updated us with information about how they had started to address the concerns we had around staff recruitment. We received feedback from one member of staff.

Is the service safe?

Our findings

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

This was the first inspection of the service. At this inspection this key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider had not always ensured thorough checks were made on staff suitability before they started working at the service. The provider had obtained only one reference for five of the eight care workers and these were all 'character' or personal references from friends, and in one case from a family member. Two references for a sixth care worker were both from friends. Some of these staff had listed other care providers as previous employees. Therefore, the provider should have attempted to find out about the staff member's conduct from these other organisations.
- Following the inspection, the registered manager requested these references for staff. They also assessed the risks about lack of suitable references and planned for additional checks and monitoring of staff when they identified a risk.
- Other recruitment checks had taken place. These included checks on staff identity, eligibility to work in the United Kingdom and checks with the Disclosure and Barring Service to make sure staff did not have criminal records. All potential staff attended a face to face interview with the registered manager and this had been recorded. The interview included questions about different scenarios, good practice and attitudes towards care.
- There were enough staff to meet people's needs. Although sometimes the staff did not arrive at the correct time for their visits. This was because some staff worked for both of the provider's branches and had a long way to travel for some care visits. The provider was aware of this and explained the problem would be lessened when they had a dedicated team to work in each specific area. They were also looking at ways to allow more travel time between visits.
- The provider had an electronic call monitoring system, so they could identify when staff did not arrive for visits or were late. The registered manager told us the two people using the service were kept informed if staff were running late, and they confirmed this. The registered manager and care coordinator supported with some care visits if other staff were not available. They also provided lifts for staff on bank holidays or when there were problems with public transport, so staff could attend each visit.

Systems and processes to safeguard people from the risk of abuse

- People using the service and their relatives told us they felt safe with the agency and trusted the staff.
- The provider had a policy and a procedure regarding abuse and safeguarding adults. They also had copies of the local authority procedures and multiagency guidance. The registered manager knew what to do if they suspected abuse and had responded appropriately to safeguarding alerts in their other branch, although there had not been any such alerts regarding people using the service from this location.
- The staff induction included training and assessment of knowledge around safeguarding. This meant the staff were aware of what they should do in event of a safeguarding alert or if they suspected abuse.

Assessing risk, safety monitoring and management

- The provider had carried out assessments of people's needs including the risks they were exposed to. These assessments were recorded and had been regularly reviewed and updated. There were assessments in respect of safe moving, falls, skin integrity and people's healthcare conditions. The assessments included guidance for staff about how to mitigate risks and keep people safe.
- The provider had also assessed people's home environments, equipment being used, and any risks associated with these areas. There was information about what staff should do if equipment went wrong and who to contact regarding this.

Using medicines safely

- Neither person using the service was being supported to take medicines at the time of the inspection. However, the provider had appropriate procedures for the management of medicines and all staff had been trained in respect of this, and had their competencies and knowledge assessed. This meant they would be able to provide support with medicines if needed.
- The provider had also carried out an assessment regarding medicines for both people using the service. This included information about the medicines they were prescribed and their ability to manage this themselves. The registered manager told us they worked closely with supplying pharmacies and they would contact them if they were concerned about medicines supplies.

Preventing and controlling infection

- The provider had procedures regarding the prevention and control of infections. These included carrying out observations of staff to make sure they wore protective clothing, such as gloves, and washed their hands. People using the service and their relatives told us the staff wore uniforms, washed their hands and used gloves and hand gel when needed. They said the agency supplied these and made sure there was enough gloves available.

Learning lessons when things go wrong

- The provider had systems for learning from things that went wrong. These included systems to investigate accidents, incidents and complaints. There had not been any such incidents at this location, although we were able to discuss how the provider had responded when things went wrong at their other branch. The registered manager explained how they had changed practices and spoken with staff as a result of certain incidents. They had used this knowledge to help prepare for similar events which might happen in the future.

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 was the first inspection of the service. At this inspection 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

- The registered manager or care coordinator carried out assessments of people's needs. These assessments included meeting with the person and their family (if applicable). They also gathered information from previous care providers and other professionals. They used all this information to complete assessments of needs and develop care plans.
- People using the service and relatives told us they had been consulted about care plans and their needs were regularly reassessed. We saw assessments considered people's cultural needs, religion, social background, likes and dislikes as well as recording information about their health and personal care needs.

Staff support: induction, training, skills and experience

- Staff were supported and given the training and information they needed to provide effective care. The registered manager and all the office staff were qualified trainers. They provided induction training for new staff covering all the areas identified as important in the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.
- The registered manager explained they had adapted the training to meet the needs of different staff and had developed pictorial and bullet point reference guides about key responsibilities and parts of the role. They showed us these and told us they gave copies to staff during their induction and annually.
- Staff were also supported to undertake vocational qualifications in care. This meant they could develop their knowledge and skills further. The provider had a fully equipped training room and had signed up for online training packages which staff could access to update their training when needed.
- The provider had systems for monitoring staff performance and providing support. These included carrying out unannounced spot checks to observe them at work, conducting telephone and face to face meetings with individual staff and an annual appraisal of their work.
- There were additional systems used to help make sure staff were well informed about their roles and the people they were supporting. For example, access to the provider's computer data base, policies and procedures and information sharing via mobile phone applications.

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

- People using the service and their relatives told us they were happy with the support they received with eating and drinking. They told us the staff offered them choices and involved them in meal preparation.
- The provider had assessed people's nutritional, diet and hydration needs and the risks relating to these. They had clear plans which included information about people's preferences, habits and independence in these areas.

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

- People's healthcare needs were recorded in their care plans. The staff had worked with other healthcare professionals to make sure these needs were met. For example, the relative of one person told us how the staff had worked alongside hospital professionals to understand how to support the person to move safely and use their equipment. Care plans included guidance from other healthcare professionals.
- The staff had responded to changes in people's health and had followed these up. For example, we saw evidence of communication with healthcare professionals regarding changes in one person's condition and how the agency had requested professional support and intervention for the person.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- The provider had assessed people's capacity to make decisions about their care and treatment. They had involved other important people, such as relatives and external professionals when discussing how care should be provided in people's best interests.
- People had been asked to sign consent to their care plan.
- The provider had information for staff about DoLS in both home care and supported living settings. This information was shared during training and staff had access to this for their reference if needed.

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 was the first inspection of the service. At this inspection 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 using the service and relatives told us they were well treated, and staff were kind, considerate and polite. They said they had good relationships with staff. The relative we spoke with explained the staff provided support and friendship to the family of the person as well. Some of the comments we received included, "They take great care, providing empathy, comfort and having a laugh and a joke. We feel very comfortable with them" and "I am very happy with my carer, things are going well."
- People's diverse needs were recorded within their care plans and assessments. The registered manager told us they matched staff to make sure they could respect people's individuality and meet their needs. They explained they monitored this and had removed staff from supporting some people where this had not worked out well.

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

- People's views formed the basis of their care plan. There was information about what was important to people and how the staff should support them with this. People using the service and their relatives told us they were able to make decisions about their care each day. For example, what they ate, how they spent their time and if they wanted any changes to their care and support.

Respecting and promoting people's privacy, dignity and independence

- People told us the staff respected their privacy. Requests for same gender staff support were recorded and respected.
- People were supported to be independent where they were able. For example, one person's care plan described how they should be supported to take part in different activities of daily living, family life and why this was important to them. Their relative told us the staff respected these choices and enabled the person to do as much for themselves as possible.

Is the service responsive?

Our findings

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

This was the first inspection of the service. At this inspection 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

- People using the service and their relatives told us they received personalised care which reflected their needs and choices. The relative we spoke with commented, "They are very flexible, they adapt the service to reflect [person's] needs. [The staff] use their own initiative to respond to changes." They explained the staff asked the person what they wanted and provided this support, which included roles not specifically recorded in the care plan but which were important for the person at the time. The staff communicated clearly with each other and the registered manager so care plans could be reviewed if they identified a specific need had changed or a new need had arisen.
- The provider had created care plans which set out how people should be cared for. These included guidance from other professionals. The care plans were regularly reviewed and updated. The staff kept records of the care they provided each day and these were collected and analysed each month to make sure care plans were being followed.

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 were provided with information about the agency and their care plan. This was available in different formats if needed. People told us they were happy with the information they received. One relative explained their relative would like a visual timetable to show which staff were coming for each visit. We discussed this with the registered manager who agreed to provide this.
- There was information about people's communication needs within care plans so staff knew how to explain information and also how to 'hear' the views of people using the service. For example, one person used a tablet to help them communicate. This was explained in the care plan and their relative told us staff made sure they allowed the person time to communicate their needs via this device.

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

- The relative we spoke with told us the staff helped support the person to develop and maintain their relationships with their family. The care plan stated how important these relationships and the person's role within the family were. The staff enabled the person to carry out household tasks and care for their family which they would not be able to do without staff support.

- The staff supported one person to access the community, use public transport and attend a number of classes.

End of life care and support

- At the time of the inspection, neither person was being supported with end of life care. The provider had supported other people in the past in their other branch and had worked closely with palliative care teams. So they were aware of how to provide good end of life care and support.
- The care plans for people using the service included information about their cultural and religious needs and people who were important to them so this would help provide essential details if someone suddenly died or became seriously unwell.

Improving care quality in response to complaints or concerns

- The provider had a suitable procedure for investigating and responding to complaints. There had not been any formal complaints. The relative we spoke with told us they had raised informal concerns. They said these had been responded to swiftly and they were satisfied with the response.

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 was the first inspection of the service. At this inspection 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 culture at the service was person-centred. Both the person using the service and the relative of the other person confirmed this. They told us they felt the provider was open with them, they engaged with them and empowered them to make decisions about the service. Their comments included, "The carers are amazing, I am really impressed" and "They have developed good relationships with us and feel like part of the family."
- People were provided with information about the service in the form of a guide which outlined the provider's aims and objectives and key procedures. They also had copies of their care plans and other documents at their homes and they told us they could request changes and updates if needed.

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 had policies for dealing with complaints and investigating accidents and incidents as well as duty of candour. The relative who we spoke with explained the agency was "always apologetic" when something had gone wrong, such as a late visit or problems with staff.

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

- The registered manager was also the director of the company. This was their second branch, and they were experienced at running their other branch and working within regulatory requirements. The registered manager was a qualified nurse and had undertaken a number of other qualifications including a level 5 management in care qualification. The company was a family run business and they worked closely with the nominated individual who was the secretary of the company.
- The provider sourced external companies to support them in developing and reviewing policies and procedures to make sure these reflected national good practice guidance and legislation.
- There were effective systems for managing the service, including well organised records and systems for quality assurance. The provider had a business continuity plan which outlined how they would respond to a range of different adverse events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People using the service and relatives told us the provider engaged well with them. They said the

registered manager or senior staff visited them and asked for their views. They told us they had been responsive to requests for change.

- We saw the provider also engaged with other stakeholders, keeping them informed about people's care and any changes in their needs.

- The registered manager carried out regular spot checks on staff, observing how they supported people. They also contacted people using the service, relatives and staff for telephone feedback about their experiences.

Continuous learning and improving care

- The provider had systems for monitoring the quality of the service and making improvements. These included audits of care plans, care records and medicines administration charts (when these were being used).

- They also carried out reviews of people's care and supervision meetings with staff so they were aware of any concerns and could address these. There was a detailed training plan to make sure staff training reflected the needs of the service.

- The provider sent out quality satisfaction surveys asking people about their experiences. The most recent survey was in October 2019. The majority of responses related to the provider's other branch. However, we could see people were mostly happy with the services. Where they had expressed concerns the provider had a plan to address these.

Working in partnership with others

- The provider worked closely with commissioners and healthcare professionals to make sure people's needs were being met