

Amber Care (lincolnshire) Limited

Amber Care

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?

Requires Improvement ●

Summary of findings

Overall summary

Amber Care provides care for people in their own homes. The service can provide care for adults of all ages including people with a physical disability, sensory needs, mental health issues and a learning disability. It can also provide care for people who live with dementia and people who are receiving palliative care at the end of their lives. At the time of our inspection the service was providing care for 62 people most of whom were older people. The service had its office in Market Rasen and covered an area within a fifteen mile radius of the town. It also covered an area of north Lincoln within a five mile radius of Brigg.

The service was owned and operated by a company. It was owned by two directors both of whom were involved in the day to day running of the service. One of the directors was the registered manager and the other was the director of operations. 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. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

Staff knew how to respond to any concerns that might arise so that people were kept safe from abuse. People had been helped to avoid the risk of accidents and medicines were managed safely. There were enough staff to complete all of the planned visits and background checks had been completed for new staff.

Staff had received training and guidance and they knew how to support people in the right way. People had been assisted to eat and drink enough and they had been supported to receive all of the healthcare assistance they needed.

CQC is required by law to monitor how registered persons apply the Mental Capacity Act 2005 (MCA) and to report on what we find. The registered manager and staff had received training in this subject and this enabled them to help people make decisions for themselves. When people lacked the capacity to make their own decisions the principles of the Mental Capacity Act 2005 and codes of practice were followed. This helped to protect people's rights by ensuring decisions were made that were in their best interests.

People were treated with kindness and compassion. Staff recognised people's right to privacy and promoted their dignity. Confidential information was kept private.

People had been consulted about the care they wanted to receive and they had been given all of the assistance they needed. Staff were innovative when supporting people who lived with dementia. People were helped to pursue their hobbies and interests and there was a system for resolving complaints.

Some quality checks had not been completed regularly to ensure that people reliably received all of the care they needed. People had not been fully consulted about how best to develop the service. Staff were

supported to speak out if they had any concerns, good team work was promoted and people had benefited from staff acting upon good practice guidance.

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.

Staff knew how to protect people from abuse and people had been helped to stay safe by avoiding accidents.

There were enough staff to complete planned visits on time so that people could reliably receive the care they needed.

Staff assisted people to manage their medicines safely.

Background checks had been completed in the right way before new staff had been employed.

Is the service effective?

Good ●

The service was effective.

Staff knew how to care for people in the right way and had received all of the training and support they needed.

People had been supported to eat and drink enough and staff had helped to ensure that they had access to any healthcare services they needed.

People were helped to make decisions for themselves. When this was not possible decisions were made in people's best interests and their legal rights were protected.

Is the service caring?

Good ●

The service was caring.

People said that staff were kind and considerate.

Staff recognised people's right to privacy and promoted their dignity.

Confidential information was kept private.

Is the service responsive?

Good ●

The service was responsive.

People had been regularly consulted about the care they wanted to receive.

Staff had provided people with all the care they needed and responded innovatively to support people who lived with dementia.

Staff recognised the importance of promoting equality and diversity by supporting people to make choices about their lives.

There were arrangements in place to quickly and fairly resolve complaints.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Quality checks had not always been robustly completed to ensure that people reliably received all of the care they needed.

People had not been fully consulted about the development of the service.

Staff had been encouraged to speak out if they had any concerns and good team work had been promoted.

People had benefited from staff acting upon good practice guidance.

Amber Care

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 registered persons were 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.

Before our inspection visit we reviewed information we held about the service. This included the Provider Information Return (PIR). This is a form the registered persons had completed to give some key information about the service, what the service does well and improvements they planned to make. We also reviewed other information we held about the service such as notifications. These refer to events that happened in the service which the registered persons are required to tell us about.

We also spoke by telephone with three people who used the service and with eight of their relatives. We did this to obtain their views about how well the service was meeting people's needs. In addition, we spoke by telephone with four members of staff (care workers) who provided care for people.

We visited the administrative office of the service on 12 October 2016 and the inspection team consisted of a single inspector. The inspection was announced. The registered persons were given a short period of notice because they are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection.

During the inspection visit we spoke with both of the registered persons, the clinical manager, the office manager, the administrator and a care worker. In addition, we examined records relating to how the service was run including visit times, staffing, training and quality assurance.

Is the service safe?

Our findings

People said that they felt safe when in the company of staff. A person said, "I've no trouble at all with the staff being in my home. I like to see them and I know I'm safe with them as it's a professional service." Relatives were also reassured that their family members were safe. One of them said, "I'm reassured to know that the staff are calling to see my family member because I can rely on them to be kind and helpful."

Records showed that staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved. We noted that in the 12 months preceding our inspection the registered manager had appropriately contacted the local safeguarding authority. This had been done because staff had become concerned that a person was not being supported at home in the right way by some of their relatives. We were told that as a result of the registered manager's action arrangements had been made for the service to provide the person with additional assistance in order to keep them safe.

We found that people had been protected from the risk of financial mistreatment. People told us that staff kept accurate records supported by receipts whenever they went shopping for them. Although records showed that people had been correctly charged for the visits they had received, we noted that they had not been provided with a written statement describing how their invoices were calculated. This increased the risk that people would not be fully informed about the costs they were expected to meet. The registered persons acknowledged that this shortfall needed to be addressed and assured us that the matter would be resolved without delay.

We noted that staff had identified possible risks to each person's safety and had taken action in consultation with health and social care professionals to promote their wellbeing. An example of this involved staff liaising with health and social care professionals so that people were provided with equipment to help prevent them having falls. This included people benefiting from having special hoists, walking frames and raised toilet seats. In addition, we noted that the registered manager recognised the importance of investigating any accident or near miss that occurred. This was so that steps could quickly be taken to help prevent the same thing from happening again. A relative commented on this matter saying, "The staff take a real interest in my family member's welfare and they go out of their way to help them."

Records showed that staff had received training and support to enable them to assist people to use medicines in the way intended by their doctors. People said and records confirmed that staff had provided the assistance people needed to take their medicines at the right time and in the right way. A relative told us, "I think that my family member might get their tablets mixed up if it wasn't for the staff helping with them."

We found that there were enough staff to reliably complete all of the visits that had been planned. Records showed that planned visits were consistently being completed at the right time and that they lasted for the

correct amount of time. This helped to reassure people that their care was going to be provided in line with their expectations. A number of people commented positively about this, with one of them saying, "The staff are remarkably good with their time keeping. They turn up pretty much on time whatever the weather and I've never had a missed call." Relatives also commented positively with one of them remarking, "I don't have any problems with the staffs' timekeeping. I know that they sometimes stay for longer than they're paid for because they care."

We examined records of the background checks that the registered persons had completed before two members of staff had been appointed. They showed that a number of checks had been undertaken. These included checking with the Disclosure and Barring Service to show that applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. Other checks included obtaining references from relevant previous employers. These measures helped to ensure that staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

Is the service effective?

Our findings

People told us they were confident that care workers knew how to provide them with the assistance they needed and wanted to receive. Speaking about this a person commented, "I know all of the staff who call to see me and they know me and how I like things done. They know what they're doing and so I don't have to explain things to them all of the time."

The registered manager said that it was important for staff to receive comprehensive training and support in order to ensure that their knowledge and skills remained up to date. Staff told us and records confirmed that new staff had received introductory training before they worked without direct supervision. This training included completing the new national Care Certificate that sets out common induction standards for social care staff. We also noted that established staff had been provided with the refresher training in key subjects such as how to safely assist people who had limited mobility and first aid. Records showed that staff had regularly met with a senior colleague to review their work and to plan for their professional development.

We found that staff had the knowledge and skills they needed to consistently provide people with the care they needed. An example of this involved staff telling us how they assisted people who needed to be helped using a hoist. We noted that they suitably described how to safely use the equipment including occasions when two staff needed to work together in order to correctly deliver the assistance in question. Other examples involved staff having the knowledge and skills they needed to contribute to the specialist care needed by people who were receiving palliative care at the end of their lives. This included carefully following instructions given by healthcare professionals so that people could be comfortable and reassured.

The Mental Capacity Act 2005 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. We found that the registered manager and staff were following the Mental Capacity Act in that they had supported people to make important decisions for themselves. This had involved consulting with people who used the service, explaining information to them and seeking their informed consent. Some people who used the service gave examples of this when they described how staff had explained to them why they needed to carefully use medicines in the manner prescribed by their doctor. Another example, involved the way that staff had gently encouraged people to make the right decisions to enable them to stay safe by making sure that they adequately heated their homes.

Records showed that on a number of occasions when people lacked mental capacity the registered manager had contacted health and social care professionals and relatives to help ensure that decisions were taken in people's best interests. An example of this referred to staff liaising with a relative after they had become concerned that a person could no longer safely live in their home even with the assistance staff were providing. This had enabled careful consideration to be given about how best to support the person

concerned.

We noted that when necessary people had been provided with extra help to ensure that they had enough to eat and drink. Records showed that some people were being given gentle encouragement to eat and drink regularly. This included staff preparing and serving food for people who might otherwise have not been provided with a hot meal. Relatives valued this part of the assistance their family members received with one of them saying, "I'm very pleased to know that my family member is being helped to have their meals because I think some of them might end up being missed otherwise."

People said and records confirmed that they had been supported to receive all of the healthcare services they needed. This included staff consulting with relatives so that doctors and other healthcare professionals could be contacted if a person's health was causing concern. A relative commented on this saying, "The manager is very good about keeping in touch with me and so I know if my family member isn't well and needs to see the doctor."

Is the service caring?

Our findings

All of the people who used the service with whom we spoke were positive about the quality of care they received. One of them said, "I like to see the staff because they're a friendly face and we have a good chat." Relatives were also complimentary and one of them said, "I've always found the staff to be courteous and trustworthy. They're friendly without being too much so and they remember that they're in someone else's home."

People said they were treated with respect and with kindness. An example of this was a person saying, "The staff are very thoughtful and they'll do little odds and ends for me that they don't have to. Sometimes they do it in their own time which you don't see much nowadays." Another example was a person who told us, "I don't think that the staff see it just as a job. Somehow, Amber Care seems to find people who genuinely want to care and it shows in their kindness and whole approach. I see them more as friends than employees."

We found that staff knew about things that were important to people. This included staff knowing which relatives were involved in a person's care so that they could coordinate and complement each other's contribution. Records showed that this extended to keeping in contact by email with relatives who lived overseas. A relative spoke with us about this and remarked, "On a number of occasions staff have got in touch with me. It might be to tell me about a problem or just to remind me that my family member is running low on something and needs some shopping done for them. It's not the staffs' job to contact me but they still do it."

Records showed that most people could express their wishes or had family and friends to support them. However, for other people the service had developed links with local advocacy services that could provide guidance and assistance. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

We noted that staff recognised the importance of not intruding into people's private space. Records showed that when people had been first introduced to the service they were asked how they would like staff to gain access to their homes. We saw that a variety of arrangements had been made that respected people's wishes while ensuring that people were safe and secure in their homes. In some instances this entailed staff knowing how to obtain the keys to people's homes if they preferred not to answer their door bell. In addition, we noted that there was a clear system for staff to follow if they were not able to obtain access to someone's home. If necessary this included contacting the emergency services so that help could be provided if a person had fallen, needed assistance and could not open their front door.

Staff told us that they had received guidance about how to correctly manage confidential information. We noted that they understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need-to-know basis. In addition, we found that staff were aware of the need to only use secure communication routes when discussing confidential matters with each other. An example of this was staff saying that they never used social media applications for these

conversations. This was because other people not connected with the service would be able to access them.

We saw that records which contained private information were stored securely. The service's computer system was password protected and so could only be accessed by authorised staff. In addition, paper records were kept neatly in subdivided files that were secured in locked cabinets when not in use.

Is the service responsive?

Our findings

Each person had a written care plan a copy of which was left in their home. People said that they had been invited to meet with a senior member of staff to review the care they received to make sure that it continued to meet their needs and wishes. A person summarised this arrangement when they said, "When I first started with the service one of the managers came to see me to ask what care I wanted to receive. Since then they've come back since to check that I'm still all right with it."

People said that staff provided all of the practical everyday assistance that they needed and had agreed to receive. This included support with a wide range of everyday tasks such as washing and dressing, using the bathroom and getting about safely. A person commented about this saying, "The staff know that I have my little ways and they respect them. I don't like having bare feet on the lino' in the bathroom and so they always move the bath mat so that I can stand on it. Little things add up and make a big difference." We examined records of the tasks three different staff had completed during a number of recent visits to four people. This included a person who was receiving elements of palliative care. We found that the people concerned had been given all the practical assistance they had agreed to receive as was described in their care plans.

Staff were confident that they could support people who lived with dementia and had special communication needs. We noted that staff knew how to relate to people who expressed themselves using short phrases, words and gestures. In addition, staff knew how to effectively support people who could become distressed. A member of staff illustrated this by describing how they reassured a person when they became anxious. This involved sitting quietly with the person and chatting about everyday subjects such as the weather and their respective families.

In addition, we noted that the service had introduced innovative measures to support people who lived with dementia and who were at risk of becoming distressed due to social isolation. One of these measures involved providing people with special knitted mufflers in which they could rest their hands. The mufflers were colourful and had ribbons and fabric flowers sewn onto them to make them interesting items to hold. Another example was a sunflower competition in which people had been invited to participate. The service had provided everything needed to grow the plants. Staff had then assisted each person to water their plant so that they could watch it grow and compare it to others at the end of the growing season.

Staff understood the importance of promoting equality and diversity and we noted that they had been provided with written guidance about how to put this commitment into action. An example involved the registered manager saying that she consulted with people about the gender of the staff who assisted them. In addition, we noted that the registered manager knew how to support people who used English as a second language. They knew how to access translators and the importance of identifying community services that would be able to befriend people by using their first language.

Staff had supported people to pursue their interests and hobbies. An example of this involved some people being supported to go shopping. Other examples involved staff re-arranging the times of visits so that

people could attend events such as family gatherings. A relative commented about this saying, "I find the office staff to be very helpful and usually it's no problem to change the time of a visit as long as you give them a bit of notice."

People and their relatives had received a document that explained how they could make a complaint. The document included information about how quickly the registered persons aimed to address any issues brought to their attention. Records showed that in the 12 months preceding our inspection the registered persons had received one complaint. We noted that the concern had been promptly investigated and resolved.

Is the service well-led?

Our findings

People and their relatives told us that they considered the service to be well managed. A person commented about this saying, "It must be well organised because the staff arrive when they should, do what they should and the bills are pretty much accurate." Relatives were also reassured about this matter with one of them saying, "I think it's well managed. If I telephone the office with a question the staff seem to know about my family member or if not someone who does will usually call me straight back."

However, we found that some shortfalls needed to be addressed to ensure that people continued to enjoy a positive experience of using the service. In their Provider Information Return the registered persons said that they used robust systems to check on the quality of the service people received. One of the arrangements involved a senior member of staff completing 'spot checks' at people's homes when a member of staff was providing care. Although these were said to be done frequently we found that the system was not working as intended. This was because records showed that the completion of the spot checks was considerably overdue. We raised this matter with the registered persons who said that they had already identified the shortfall that had resulted from senior staff having to cover for colleagues who had left the service. The registered persons told us and documents confirmed that they planned to reinstate the spot checks in the near future.

We were told that another system involved the registered manager auditing records completed by staff to show the care they had provided during each visit they completed. This was done to ensure that people were reliably provided with all of the care they needed and wished to receive. However, we noted that the completion of these audit checks was not fully recorded and this increased the risk that problems might not be quickly identified and resolved.

In their Provider Information Return the registered persons also said that they recognised the importance of enabling people to contribute suggestions about the future development of the service. However, we found that robust arrangements had not been made to fully act upon this commitment. We noted that people had not been invited to complete a quality questionnaire to give feedback about their experience of using the service. The registered manager said that they regularly visited people to obtain feedback. However, this process was not recorded and so we could not be sure what improvements had been suggested and what changes had been made. The registered persons acknowledged that these shortfalls had reduced their ability to consult with people about their experiences of using the service. They assured us that they would promptly address this problem so that people would be more actively involved in the development of the service in the future.

We found that the registered persons used a number of measures to develop good team working practices. These arrangements helped to ensure that people consistently received the care they needed. An example of this involved staff being expected to read the records that were kept in each person's home. These described the care that had been provided to date and noted any changes which needed to be made. Staff said that this arrangement helped to ensure that they provided flexible support that responded to people's changing needs. In addition, records showed that staff had regularly been invited to attend team meetings.

This had been done so that staff could be updated about developments in the service and contribute ideas about how to further promote good team working.

People and their relatives said that they knew who the registered manager was and that they were helpful. We noted that the registered manager knew about important parts of the care people were receiving. In addition, they knew about points of detail such as which members of staff were allocated to complete particular visits. This level of knowledge helped them to effectively manage the service and provide guidance for staff.

We found that there was an open, relaxed and friendly approach to running the service. Staff said that they were confident they could speak to a senior colleague if they had any concerns about the conduct of another staff member. Staff told us that this reassured them that robust action would be taken if they raised any concerns about poor practice.

We saw that the registered persons recognised the importance of ensuring that people who used the service benefited from staff acting upon good practice guidance. An example of this was the way in which the registered persons had subscribed to a national scheme that is designed to ensure that people who receive care at home have their dignity respected and promoted. We found that this national guidance was reflected in the knowledge and skills staff brought to their work and helped them to promote positive outcomes for people who used the service.