

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

Summary of findings

Overall summary

We inspected Amber Home Carers on 11 December 2017. This was an announced inspection. We gave the service 48 hours' notice of the inspection visit because the registered manager was often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Amber Home Carers is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It was providing a service to 121 people at the time of this inspection.

At the previous inspection in November 2015 we found the service was meeting the required standards. At this inspection the service continued to meet the standards.

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

People and their relatives told us that staff were kind, respectful and caring. They said that the service provided was consistent, of high quality and personalised to people's individual needs. The service asked people about the care they wanted and involved them in making day to day decisions about the support being provided, helping them remain independent where appropriate.

People and their relatives told us that they had regular staff visiting who were punctual and communicated well with them. There were systems to safeguard people from abuse. Staff completed safeguarding training and knew how to report any concerns.

People were supported by staff who were trained and well supported in their job roles. Staff members had been safely recruited and had received an induction to the service.

Staff had access to personal protective equipment (PPE) for the prevention and control of infection.

Staff had received training in the Mental Capacity Act (MCA) and understood the importance of gaining people's consent before assisting them.

The service completed assessments of people's needs and these were used to inform the care plan for each person. The service kept people's needs under review and made changes as required.

People and their relatives felt able to raise any concerns or complaints. There was a procedure in place for people to follow if they wanted to raise any issues. We discussed with the registered manager how people had expressed dissatisfaction with poor communication between the agency and themselves. The registered manager was able to identify the cause of this and was now in a position to improve the quality of

communication between the agency and people.

The service promoted a culture that was person centred, open and inclusive. People using the service and their relatives said that Amber Home Carers was well managed and responsive to their needs.

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.

Systems were in place to ensure that people who used the service were protected from the risk of abuse. Staff were aware of procedures to follow to safeguard people from abuse and people told us that they felt safe. Risk assessments were carried out before providing a service to people.

The agency employed sufficient staff to meet the identified needs of the people they provided services to. The service carried out appropriate checks to ensure suitable staff were employed.

Medicines were safely administered by staff and accurately recorded. Staff had been trained in administering medicines and audits were carried out regularly.

Is the service effective?

Good ●

The service was effective.

Staff had completed training to provide effective care and support to people using the service and received supervision and support from senior staff.

The provider worked within the principles of the Mental Capacity Act 2005 and made sure they obtained people's consent to the care and support they received.

People were supported to stay healthy and well. The service made appropriate and timely referrals to other relevant health professionals when required.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and respected and promoted their privacy, dignity and independence.

The service consulted people and their relatives about the care and support provided and involved them in decision making.

Is the service responsive?

The service was responsive.

People using the service received care and support that was personalised and responsive to their needs.

The provider had systems to respond to complaints they received. People using the service and their relatives felt able to raise any concerns or complaints. □

Good ●

Is the service well-led?

The service was well-led.

People using the service and their relatives told us the service was well managed. Senior staff were available, consistent, and led by example.

The service carried out checks to monitor quality in the service and make improvements where necessary.

Good ●

Amber Home Carers

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We gave the service 48 hours' notice of the inspection visit because the registered manager was often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We inspected the service on 11 December 2017. One inspector carried out the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We spoke on the telephone with four people who used the service to gather their views about the service provided. We also spoke with three care staff and the registered manager about the work they did and to gather their views of the service.

We reviewed a range of documents and records including; six care records for people who used the service, five records of staff employed by the agency, as well as a sample of complaints and compliments records, accidents and incident records and policies and procedures kept by the service.

Is the service safe?

Our findings

People using the service said they felt safe in the care of the staff who supported them and that their home environment and property was respected by staff. One person told us, "I am very happy. They come regularly twice a day and I can contact them when I need to."

People were kept safe and protected from neglect, abuse and discrimination. The service had safeguarding policies and procedures for managers and staff to follow if required. A whistle blowing policy was also in place. Staff received training to give them an understanding of abuse and knew what to do to make sure that people using the service were protected.

We looked at training records and staff confirmed they had completed training in safeguarding adults and said they would approach the registered manager if they had any concerns. One staff member said, "I would discuss it with the manager and we would inform social services."

People had care plans which included comprehensive risk assessments and gave staff guidance on the action to take to protect people from harm. For example, we saw risk assessments were completed where people had difficulty with their mobility or with eating and drinking. One relative said, "The carers are great. They help [my relative] and check they are ok."

Risk assessments were reviewed regularly to ensure people continued to be safe and staff were able to meet their needs.

People told us that they were supported by staff who were regular and familiar to them. The registered manager described how staff were grouped in areas or "patches" which was designed to ensure that people got to know their regular care staff and so feel more reassured and safe.

The service had a thorough recruitment and selection process in place for new staff. This helped to ensure people were protected from the risk of receiving care from unsuitable staff. Staff files showed that relevant checks had been carried out before staff started to work for the service. These included obtaining written references, proof of identity, and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on prospective staff to help employers make safer recruitment decisions.

The service managed the control and prevention of infection. Staff received infection control training and told us they were provided with appropriate Personal Protective Equipment (PPE) such as disposable gloves and aprons. This meant staff were protected from potential infection when delivering personal care.

People told us the staff assisted them to have their medicines as prescribed and they were happy with the arrangements. One person's relative said, "Generally there are no problems with helping [my relative] with medicines. There have been a couple of times when medicine instructions haven't been passed on, but it got resolved."

Staff had received training in the administration of medicines and were aware of their responsibility in this area. Policies and procedures were available for staff to refer to.

The registered manager had a system to record any incidents and accidents and a procedure to investigate these. Investigations included speaking with the person in their home and amending the plan of care and risk assessment where necessary.

The service respected equality and diversity. Equality and diversity policies and procedures gave clear guidance to staff to help make sure people's rights and diverse needs were respected. Care staff completed online training and had a good understanding of how to protect people from discrimination and harassment.

Is the service effective?

Our findings

Staff had the right skills and knowledge to carry out their roles. One person said, "They know what they're doing. I have no problems." A relative told us, "They are great."

We saw that care staff undertook induction training that was in line with the requirements of the Care Certificate. The Care Certificate is an identified set of 15 standards that health and social care workers adhere to in their daily working life. New staff shadowed experienced carers for a number of calls until they had completed a "Learner Review and Action" form and were confident to provide support independently.

Mandatory training was completed both via e-learning and in classroom based sessions. Training included privacy and dignity, dementia awareness, infection control, health and safety and manual handling. We were able to look at the way the service monitored training and kept it up to date.

Staff said they felt supported by the management team. One staff member commented, "We meet regularly and can discuss anything with the manager."

We saw that staff received individual supervision and support. These were recorded and documented in the supervision "Facilitation Form" used for this purpose.

Support plans included details of any support people needed with their nutrition and hydration and we saw staff recorded this in people's daily care notes. Where required, people's care plans included their religious or cultural dietary needs, for example if a person required a particular diet.

The provider worked with the local authority to make sure they identified and met people's care and support needs. Some people using the service were referred by the local authority and their care records included an assessment of their care needs and a suggested package of care.

The registered manager told us the service monitored people's health and would report any changes to the family, GP and social worker as required. We saw examples where the service had worked jointly with community nursing and social services in order to ensure the person received effective care.

Relatives' experience of communication between them and the service was mixed. Positive comments included "I can contact the manager whenever I need to." and "I have no problems." Some relatives had more negative experiences. One relative commented, "The carers are great. But sometimes communication with agency is poor, in that they sometimes don't do things that they say they would or forgetting to communicate any changes."

We raised the subject of communication with the registered manager as an area for further investigation and review by the service. The registered manager confirmed that there had been a period of absence during illness where this may have occurred but expressed confidence that it had improved.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who use the service and 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 checked whether the service was working within the principles of the (MCA) 2005.

People told us they were able to make choices about the day to day care they received. One relative told us, "The carers are great. They take my relative to church, out for walks, and talk about what they are doing."

Staff had received training in understanding their responsibilities under the Mental Capacity Act (MCA). Staff told us they asked people for their consent before delivering care or treatment and respected people's decision if they refused support.

Where people lacked capacity to make some decisions, we saw the provider worked with their relatives or representatives and the local authority to agree decisions that were in the person's best interests.

Is the service caring?

Our findings

People using the service told us their privacy and dignity was respected and that they were treated with kindness. People were consistently positive about the caring attitude of the staff, with comments such as "The carers are great." and "They do great things."

Staff spoke respectfully about the people they supported. One staff member told us, "You have to have the attitude that you are working with your own relatives. That way you know how you should treat people."

People told us they had received information about the care they were to receive and how the service operated. They also confirmed that, in the main, the same group of care staff cared for them, providing a good sense of continuity of care as well as the reassurance that people were being cared for by people who knew them well.

People were involved in making decisions about the support they received. Care plans were regularly reviewed and helped the service support people in their daily life as well as keeping their independence.

Care plans involved people, their families and external professionals such as social work teams, where required. For example, one care plan described how someone preferred to eat and what kind of meals were culturally appropriate, which contained input from relatives. Another described the multi-agency support that someone was receiving in order that care staff understood the various roles each care agency carried out for the person.

People's privacy and dignity was respected and these topics formed part of staff training. Staff asked people's permission before carrying out any tasks and consulted them with regard to their support requirements. Staff were aware of the requirement to maintain confidentiality and the need to ensure that personal information was not shared inappropriately.

Is the service responsive?

Our findings

People were confident that they received personalised care that was responsive to their needs. Interviews with staff demonstrated that there was a commitment to providing an individualised care service to people.

People were able to contribute to the planning of the care and support they received. Before they started to provide support to people, a senior staff member visited them to complete an assessment of their needs and get their feedback about the support they required. Where care was commissioned by the local authority, records also included a supplied assessment and care plan. A care plan was then written based on their identified needs.

Records showed the service regularly reviewed people's care plans to make sure they had up to date information about their support needs. Records included evidence of regular spot checks by senior staff including of the care documentation in place at the person's home. Telephone calls were also made to people on a rotational basis to regularly ask them how they felt their care plan was helping them.

Daily care records were completed by staff at the end of each visit. These recorded a summary of the care and support provided including the person's mood and information about any changes in care needs.

Care staff told us the service gave them information about people's care and support needs before they visited them for the first time. Technology was used in providing the service and this was accessed by staff via their mobile phones. The system displayed their schedule and allowed them to document any concerns or changes in people's needs instantly.

Staff also made use of messaging each other in groups in order to share up to date information on people, to advise on expected time of arrival, and to understand their colleagues' shift pattern for the week.

The provider worked with the local authority to make sure they identified, met and responded to people's care and support needs. One external professional told us the agency worked well with local authority social workers to provide them with the information they needed.

The provider has a system and process to respond to complaints. We saw that concerns and complaints had been appropriately logged and responded to. For example, one complaint was resolved through face to face meetings with the complainant and followed up in writing. Another complaint was one in a series of complaints by the same individual and we saw that the agency was working with the individual and their local social services to resolve their complaint. This was confirmed by the local authority.

People told us they knew how to raise concerns and make complaints. Some people told us that communication with the provider had been poor over the last few months. We raised this with the provider, particularly in the context of people being able to raise complaints and concerns. The provider was able to show us that during a period of sickness absence the quality of communication had dropped. However, this had now been rectified upon the return of the registered manager.

Is the service well-led?

Our findings

People and their relatives told us the service was well led. They consistently reported that they were happy with the care and support provided by the service. One person commented, "They are generally very good. Apart from some communication problems of late, generally if you call them they will be happy to talk to you and I can ring anytime."

Another relative told us, "They are great. I can't fault the carers or the quality of care, and the manager is very approachable."

Staff told us they felt respected, valued and supported by the registered manager and other senior staff. One staff member said, "I am very happy working here. It's a great team." Staff told us they received feedback from senior staff in a helpful and motivating way. This included individual supervision sessions, training and team meetings.

A registered manager was in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

There was a clear leadership structure in place. The registered manager was supported by a deputy manager, a business manager, care coordinator and field coordinators who carried out spot checks and telephone interviews.

Feedback was obtained from people through care review meetings and spot checks of individual staff carrying out their duties. In addition, regular service audits were carried out.

The service worked in a collaborative and open way with external stakeholders and agencies to support the care provision. Feedback received from an external social care professional was positive and we saw evidence of the service communicating with other involved healthcare professionals to help ensure joined-up care. For example, with social services and healthcare agencies.

In addition the manager maintained good links with social services, provider forums and organisations related to the field of domiciliary care, dementia and professional development, such as Skills for Care and local provider forums.

There were systems in place to ensure the security of confidential information.