

Amber Case Management Ltd

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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

Amber Case Management offers a case management service for people with acquired neurological damage, such as brain and spinal cord injuries. Amber case management provide a service to legal teams who are working on behalf of their clients to gain compensation for care or as a result of a personal injury or clinical negligence. This service may also continue when any settlement has been reached. The service have a team of professionals such as occupational therapists and nurses who provide ongoing assessments and advice to the legal teams to ensure the care is what people need. The service currently support 50 'clients'.

The support each person received was unique to them and bespoke packages of care were delivered by staff, recruited and trained through the service but employed directly by the person themselves or a deputy appointed by the court of protection to manage the persons financial affairs. The professionals who managed the financial/legal affairs and care package, including care staff were referred to as guardians and came from a legal background. It is Amber Case Managements role to provide management and support to the guardians to ensure people get the care they require.

The service will assist with the assessment of need and the role of the case manager included attending litigation meetings, court proceedings and case conferences to draw up a comprehensive assessment of needs, and develop care plans based on the specific and individual needs of individuals.

People were kept safe. No one we spoke with raised any concerns regarding safety or had any concerns about the way the service was run. People were positive about their care and support.

Each person had dedicated members of staff to look after them. People who used the service choose which staff they had to support them.

People who used the service, family members and professionals we spoke with said the service was professional, caring and staff were flexible in their support.

The administration of medicines was safe. Staff audited the system to check for any errors.

There was a culture of openness at the service. People were included in meetings to ensure they had a say in their care and were aware of any changes.

Staff were trained in each persons specific needs as well as the mandatory training such as infection control or health and safety.

The service liaised with other organisations and professionals to ensure people received the care they needed.

People received a comprehensive assessment and care plans gave staff the details they needed to deliver

effective care.

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

People's experience of using this service:

People who used the service and family members all thought the service was professional, supportive and caring.

Rating at last inspection:

At the last inspection (report published 22 December 2016) the service was rated as good.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor information and intelligence we receive about the care service to ensure care remains safe and of good quality. We will return to re-inspect in line with our inspection timescales for good services, however if any information of concern is received, 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.

Amber Case Management Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care inspector from the Care Quality Commission (CQC).

Service and service type:

The service is a domiciliary care agency and registered to provide personal care to people in their own homes.

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 24 hours' notice of the inspection visit because we needed to be sure that someone would be in the office.

Inspection site visit activity started on 11 June and ended on 12 June 2019. We visited the office location on both days to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Prior to the inspection we reviewed information and evidence we already held about the service, which had been collected via our ongoing monitoring of care services. During the inspection we spoke to a clinical case

manager/occupational therapist, a staff member from the human resources department responsible for training, a business manager, the office manager, the senior complex nurse trainer, an independent occupational therapist, three family members of service users, two service users and a care staff member.

The service did not receive a request for a Provider Information Return (PIR) prior to the inspection.

We reviewed four plans of care, five medicines administration records (MAR) and other records relating to the management of the service and the care provided to its service users.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who had access to the service and family members we spoke with felt the service was safe.
- We saw that where required support was given to the guardians or individuals who employed care staff to follow the correct procedures for any safeguarding incidents.
- There were suitable policies and procedures for the protection of vulnerable adults and children. The service would provide contact details of local authority agencies for any incidents to be raised at a local level.
- The service provided training in the safeguarding of adults and children for staff employed by the guardians and the team of professionals employed by the agency.
- There was a whistleblowing policy to report any concerns they had with confidence. Staff told us they would report any concerns.

Assessing risk, safety monitoring and management

- Any risks a person had were assessed and ways to minimise possible harm explored. For example, where a person was at risk of financial abuse steps were taken to minimise the risk by applying to the court of protection.
- We saw that people had their health, environmental or social risks assessed but these were safely managed.
- Risks identified were to keep people safe but did not restrict their lifestyles. For example people were risk assessed to keep them safe on holiday.
- Risk assessments were reviewed regularly to ensure information was accurate and reflective of people's needs.
- The office was safely maintained with arrangements made for what to do in the event of a fire.
- Although there had not been any significant accidents or incidents we saw there was a system to investigate and minimise future occurrences.

Staffing and recruitment

- The service do not directly employ care staff. They offer a service to the guardians or people who used the service to help find and choose the staff they wanted. They provided guidance on the safe employment of staff to ensure recruitment was robust.
- New staff were matched to a person who used the service to help ensure they were compatible. People or their guardians chose the staff member they thought best suited their needs.
- The professional staff the service employed had all the necessary checks to ensure recruitment was safe.
- Each guardian, family member or person who used the service choose their own staff team to ensure there were enough staff to meet their needs.

- All the people we spoke with said that the staff team were available and flexible to meet their needs and talk to if required.

Using medicines safely

- The administration of medicines remained safe.
- There were systems in place to spot any errors and action taken to prevent any reoccurrence.
- People's records clearly identified which medicines had been prescribed to be taken as and when required (PRN). Protocols were in place to guide staff to understand when these medicines should be given if people were not able to ask for them.

Preventing and controlling infection

- The service were not responsible for infection prevention and control in people's homes but told us staff would give advice on best practice issues and arranged for staff to receive training in this area.
- There were policies and procedures for the prevention and control of infection to inform staff of good practice issues. The service used the National Institute of Health and Clinical Excellence (NICE) guidelines to ensure they followed best practice guidelines.
- We asked if care staff were provided with personal protective equipment and were told this was the responsibility of the guardians but they helped train staff to use it and during assessment decide what was necessary. The equipment was available in people's homes when staff from the agency provided support.

Learning lessons when things go wrong

- From audits the service had spotted minor errors in some paperwork and had arranged further training to remedy the errors.
- There were systems in place to learn from any incidents or accidents.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- People who live in their own homes are not usually subject to a DoLS. However, the service undertook mental capacity assessments for people and attended best interest meetings to ensure any restrictions to a person's liberty was the least restrictive.
- Best interest meetings the service became involved in included helping a person make a decision around a dental procedure and providing support for a person to see their family.
- The service liaised with guardians to gain consent, which was recorded in the plans of care.
- People we spoke with said staff at the service always arranged when they were meeting with them and were flexible around the arrangements with legal representatives and family members. They were given the opportunity to agree to any care and treatment.

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

- Amber Case Management get referrals from legal representatives for people involved in negligent care claims and provide a comprehensive assessment of people's needs.
- They supply professionals such as occupational therapists to build up a picture of a person's current and future needs. This may take several months.
- Following this people have a choice to continue to use the service or choose another care agency.
- If using Amber Case Management the service provide a case manager who remains in contact with all parties concerned, provide regular updated assessments to the legal guardians, help supply and train staff and monitor the ongoing care needs of each individual.
- People who received the care and treatment, or where required, for example for children, family members or their legal guardian were involved in the assessments to ensure their views were taken into account.

Staff support: induction, training, skills and experience

- A family member of a service user said, "My family member uses Amber Care who provide a team of

therapists to help care for our family member. The service is excellent. The staff they provide are all well trained and specialists. All the staff we get are experts."

- All staff received an induction when they commenced employment at the service. Each induction covered all the mandatory topics such as safeguarding, infection control, medicines administration, acquired brain injury, food safety and DoLS.
- New care staff were shadowed by agency staff for a minimum of four weeks until they were competent and could contact the agency if they needed further support.
- There were records of training completed and when refresher training was due. We saw that staff were up to date with training.
- Training was also bespoke to each individual and dependent upon people's needs. This included tracheostomy care, management of epilepsy or enteral feeding (via a tube).
- Because of the complex needs of people who used the service training may also be provided for communication aids and computer equipment.

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

- The service supported people to maintain a balanced diet through the training of care staff and monitoring of their food and fluid intake.
- The service had access to professionals for advice and guidance around their specific needs such as dieticians and speech and language therapists (SALT).
- Where required care staff assisted or prepared meals for people and had been trained in the safe handling of food.
- Where possible people were encouraged to be independent and helped shop for their groceries and plan their own meals.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with a wide range of services to ensure people received the care they required.
- Staff followed appropriate guidance provided by healthcare professionals. The service liaised with other organisations and professionals to ensure people's health and social needs were met.
- Care staff and family members told us they attended meetings every three months with all professionals and legal representatives, including staff from Amber Case Management. This kept them up to date with their care and support.

Adapting service, design, decoration to meet people's needs

- The service had access to architects, occupational therapists and physiotherapists to ensure each person's environment was adapted to their needs. This included installing tracking hoists, ensuring good access to buildings and sufficient space in rooms for care to be delivered where equipment was required.
- Environmental risk assessments were completed to ensure staff and people who used the service remained safe in their homes.

Supporting people to live healthier lives, access healthcare services and support

- We saw people had access to a wide range of healthcare professionals who provided guidance and support to ensure people lived as healthy a life as they could.
- An occupational therapist said, "I work with Amber Case management who instruct me to conduct occupational therapy assessments. I always get the information I need and can contact them if I want more information. All the staff are approachable and if you cannot get hold of the case manager you can talk to someone else and they will get the answers for you. They look at the assessment, although it is at an early stage and keep me informed of anything I need to know. They are also a friendly and approachable service who I feel I can drop into their office to have a chat. Overall, they are very professional."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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; equality and diversity

- A partner of a service user told us. "The service is brilliant. They go above and beyond what is expected. I am extremely happy with the service and they meet both our needs as a family member and person needing the support." A person who used the service said, "I use Amber Care who supply me now with professionals but helped me with a care package when I needed it. They are very supportive and sympathetic to my needs. I am happy with the service and see them as family."
- We saw that people's protected characteristics were taken into account when planning care. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.
- We saw people were able to follow the religion of their choice in the manner they wished and had their ethnicity or sexual orientation respected.

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

- People who used the service and where appropriate family members, carers, Amber Case management staff and legal representatives helped people make decisions around their care and support.
- We saw people had advocates where necessary. Advocates are independent professionals who work on behalf of someone to ensure their rights are protected and as far as possible any decisions made are what the person may have expressed if able. We saw advocates had helped people come to decisions such as changing their care provider.
- People were asked for their views through questionnaires and meetings. Questionnaires gave people the chance to have a say about their care and support. We saw the results were positive and many comments were made about the support people received.

Respecting and promoting people's privacy, dignity and independence

- A person who used the service told us, "I am very happy with my carer. I am now not as restricted in what I do and my life is improving. The last care company were not as flexible, and I could only do what they wanted to do. For instance today I am out shopping which would not have happened if I was still using the other service."
- Other people told us staff supported them to be independent and they had a choice in what they did or where they went.
- Staff had an understanding about privacy and dignity and had policies and procedures to follow to keep people's details confidential. All records were confidentially stored.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We looked at four care plans during the inspection and saw they were very detailed, kept up to date and showed people's interests and choices had been taken into account.
- We saw that at meetings plans of care were discussed and any amendments made. Other professionals may be called in to provide further advice and equipment if needed.
- We spoke with two family members (one was an allocated carer) who told us, "Our care manager touches base with us every two weeks to a month or so to see if we have any issues or needs. All the people here take good care of our relative."
- We saw people's interests were respected and how people were encouraged to take calculated risks such as going on holiday or attending community based activities such as church events.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure which told people how to complain, the timescales and response from the service and the details of other organisations they could complain to including the Care Quality Commission.
- A person who used the service told us, "I do not have any complaints but am sure they would listen and act if I did. My case manager is exceptional." A family member said, "Any problems have been dealt with quickly and my relatives have been well cared for. I feel supported as a parent and am confident of the support workers."
- The service acted for the guardians of people who used the service and we saw where they had needed to they provided advice on disciplinary procedures for care staff.

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

- We saw that where it was a part of their care package people were supported to partake in activities within the community including shopping, attending schools or colleges and hobbies such as disability skiing.

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.

- We saw that people had access to a wide range of aids to support their communication needs, including systems that track eye movements to convey their messages or operate equipment, computer tablets or pen and paper. This enabled the service to supply information to a person in the way they could understand it.

End of life care and support

- The service did not provide end of life care. However a member of the agency staff had experience of working within a hospice and would be able to provide advice and support to people at the end of their lives.
- The service liaised with many other organisations and would help people gain access to the relevant professionals.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained 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 management team and other staff we spoke with promoted a culture that was open, friendly and professional.
- All the people we spoke with made comments such as, "The registered manager is very flexible in the way she looks after us and will come later in the evening if we want"; "You can contact the service out of office hours and we have the personal phone number of our clinical coordinator"; "I can contact my case manager at any time and find them very accommodating" and "With the support I have had I am now able to attend work part time again."
- Amber case management staff told us they felt valued and contributed to the way the service operated.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager and other key staff we spoke with were aware of their legal responsibilities. The registered manager was on leave during the inspection and we found that staff we spoke answered any questions we had. We spoke to the registered manager during feedback.
- Staff we talked with were clear about their roles and responsibilities during the inspection and were able to tell us how this helped mitigate any risks.
- A variety of quality assurance checks and audits were performed to ensure the care service was safe and of a high standard.
- Whilst there had been very few incidents the staff we spoke with were aware of what to report to other organisations, including the Care Quality Commission.

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

- The service held regular meetings with staff, people who used the service, families, other professionals and legal guardians to ensure everyone was engaged in providing the care people needed. Feedback was given following any meetings and any changes implemented.
- Internal staff meetings gave staff a chance to bring forward ideas and to discuss practice topics.
- The service had developed good links with other organisations and were able to respond to people's changing needs quickly.

Continuous learning and improving care

- The service worked within the framework of the British Association of Brain Injury case managers, the Health Professional Council and UK case management services which ensured they were aware of best practice within this field of work.