Care Quality Commission

Ambercare (North West) Ltd

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Inspection report

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Oldham
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Date of inspection visit:
27 June 2017

Date of publication:
14 August 2017

Ratings

Overall rating for this service	Requires Improvement
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?	Requires Improvement

Summary of findings

Overall summary

We carried out an announced inspection of the service on 27 June 2017. The inspection was announced to ensure that the registered manager or other responsible person was available to assist with our inspection.

This was the first inspection of this service since it moved to its current location. At a previous inspection of Amber care in June 2013 the service was compliant in all the areas we looked at.

Ambercare is a domiciliary care agency which provides help and support to people with varying needs, enabling them to remain in their own homes and be as independent as possible. It offers a variety of services, including assistance with personal care, meal preparation and domestic tasks. The agency office is situated on the outskirts of Royton, Oldham.

The service had a registered manager. 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.

At this inspection we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the management of medicines. You can see what action we asked the provider to take at the back of the full version of this report.

People we spoke with were complimentary about the care and support they received from Ambercare. They told us they felt safe, and that all the staff had a caring and friendly nature and positive approach to their work. Care staff treated people who they were assisting with dignity and respect and tried to make sure that their independence was maintained where possible.

Appropriate recruitment checks had been carried out on all staff to ensure they were suitable to work with vulnerable people. All new staff had received an induction.

Staff had undertaken a variety of training which enabled them to carry out their roles effectively. They received regular supervision which provided them with opportunity to voice any concerns and plan their professional development.

Risk assessments, both environmental and personal had been completed and were reviewed regularly, to minimise risks to staff and people who used the service.

Assessments were thorough and care plans were detailed and 'person-centred'. The work rotas were arranged so that people were generally supported by a regular team of carers who were familiar with the needs of those they cared for.

The registered manager showed good leadership skills and staff told us they worked well together as a team. There were systems in place to monitor the quality of the service, such as speaking to people and their relatives about their satisfaction with the care provided, during care reviews. The registered manager also made unannounced visits following care delivery to ensure that care plans had been followed and all documentation completed correctly. Regular audits were carried of care and medication documentation. However, these had not identified the problems were found in relation to medicines management.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicines were not always managed safely.

People told us they felt safe with the care and support provided by staff.

Employee recruitment processes were in place and the required pre-employment checks had been. This helped to ensure staff were safe to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

New staff received a thorough induction. Staff received regular supervision.

Staff had received training in a variety of subjects which enabled them to carry out their roles effectively.

Is the service caring?

Good

The service was caring.

People were complimentary about the staff and said they were caring, friendly and supportive.

People's dignity and privacy were respected.

Is the service responsive?

Good

The service was responsive.

Care plans and risk assessments were detailed and person-centred. They were reviewed regularly which ensured they correctly reflected people's needs.

Complaints were recorded and investigated thoroughly.

Is the service well-led?

The service was not consistently well-led.

The service had a registered manager who showed good leadership skills and staff worked well together as a team.

Quality assurance processes such as audits ensured that standards were monitored regularly. However, they had not identified problems around medicines management.

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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.

The inspection took place on the 27 June, 2017 and was carried out by one adult social care inspector. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office to assist us with our inspection.

Before the inspection we reviewed information we held about the service. We had not received any statutory notifications, although the registered manager was aware of her obligation in relation to them. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We sought feedback from the local authority and Oldham Healthwatch and asked them if they had any concerns about the service, which they did not.

During our visit we spoke with the registered manager, three members of the care team, and two people who used the service. Subsequent to our inspection site visit we spoke with six people who used the service/relatives on the telephone to get their opinion of the care that was provided.

As part of the inspection we reviewed three people's care records, which included their care plans and risk assessments. We also reviewed other information about the service, including records of training and supervision, medicines records, three staff personnel files and the quality assurance records.

Requires Improvement

Is the service safe?

Our findings

People who used the service and relatives told us they felt safe. One person said, ''They [staff] treat them the right way'' and another person told us ''I feel safe with them [carers].'' The service had an up-to-date safeguarding vulnerable adult's policy and staff had undertaken training in this area. Staff we spoke with were able to describe what constituted abuse, what they would do and who they would speak to if they had any safeguarding concerns.

The care agency was run from a large office, which provided suitable premises. There was an additional room which contained a bed and hoist which were used for moving and handling training. Equipment in the office had been tested to ensure it was safe. This included a Portable Appliance Test (PAT) for computers and other electrical equipment.

All staff carried a torch, personal attack alarm, first aid kit and a mobile phone, which could be used to summon assistance for them or the person they were visiting in an emergency. All staff sent a text message to the office at the end of their shift and were then contacted by the office staff by phone to check that they were safe and had not encountered any problems. This helped to ensure the safety of staff working in the community.

We looked at the system for the administration of medicines. All people receiving assistance had their medicines administered from a 'blister pack' which was provided by the person's pharmacy. At the beginning of each month a member of staff transferred information about each medicine, such as its name and dose from the blister pack to a medicines administration record (MAR). The MAR was signed by the carer each time they administered medicines from the blister pack.

During our inspection we visited a person in their home and watched the administration of medicines and reviewed their MAR. We observed a visiting carer remove the medicines from the blister pack and give them to the person, without first checking the MAR. When we viewed the MAR we found multiple documentation errors. Some of the medicines recorded on the sheet did not have a dose recorded against them. The medicine 'tramadol' was written on the MAR, but this medicine was no longer being given to the person and there was no indication to show that it had been discontinued by the person's doctor. We saw that signatures to show that a medicine had been given had been omitted on numerous occasions. One medicine had been given, but not signed for on the previous twelve days.

The prescription of paracetamol was for one or two tablets to be administered as required. We saw that where paracetamol had been given there was no indication if one or two tablets had been given. On 27/6/17 paracetamol had been given at 09.30 and again at 12.30 and on 4/6/17 paracetamol and tramadol had been given at 09.15 and 12.45. The British National Formulary, which gives information about drugs and their dosage states that the safe dosage for paracetamol and tramadol is for it to be given no more frequently than every 4-6 hours.

These concerns around the administration and recording of medicines demonstrate a breach of Regulation

12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised our concerns about medicines administration with the registered manager who took immediate action to implement improved measures to ensure the safe administration of medicines by care staff.

From reviewing three staff personnel files we saw that staff recruitment and selection processes had been undertaken correctly. The files we viewed contained all the relevant documentation, including copies of the completed application form, four references, identification documents and a Disclosure and Barring (DBS) check. A DBS check helps the service to make safer recruitment decisions and prevent unsuitable people from working with vulnerable adults and children.

Staff had undertaken training in infection prevention and control and carried a supply of disposable gloves and aprons and antibacterial hand gel with them on their visits. This helped protect people who used the service from the risk of cross infection.

The provider identified and managed risks appropriately. From the records we viewed we saw that environmental risk assessments of properties visited by staff were carried out as part of the assessment process. Risk assessments looked at a wide range of potential hazards, such as the condition of flooring, steps, kitchen equipment, space available to carry out personal care and smoking risks. Where a risk has been identified there was clear guidance on how the risk should be managed. In addition to environmental risk assessments, personal risk assessments for people receiving care had been carried out. These included, for example moving and handling risk assessments. Where a person needed help with moving through the use of a hoist, there was detailed information about equipment to use to safely move the person.

An accident and incident policy and procedure was in place. However there had been no reported incidents or accidents since the service moved to their new location. The registered manager told us that appropriate authorities, including the CQC, would be notified immediately of such events when they occurred.

Through talking to people who used the service we concluded that there were sufficient staff to provide safe and effective care. The registered manager told us that visits were grouped together into geographical areas, which helped to minimise driving time between visits. Staff were allocated to a particular rota of visits and as far as possible remained on that rota. This helped to promote continuity of care and enabled people to be supported by a team of staff who were familiar with their needs. One relative told us her family member was cared for by regular staff and that it was very unusual for her to see someone she didn't know. Another person told us ''Most of the time I see the same faces''. People told us that their carers usually arrived on time and that it was extremely rare for a visit to be missed. People told us that on the occasions when staff had been late, they had been informed prior to the visit by the office team. The service did not use agency staff. Regular care staff picked up extra shifts to cover for sickness or absence and the registered manager told us that if necessary, in an emergency, she could work as a carer. Care staff we spoke with felt they had sufficient time to carry out their work in the allotted time.

Good

Is the service effective?

Our findings

People who used the service and their relatives expressed positive views about the care and support provided by Ambercare. One person said ''I can't praise them enough'' and another person commented, "I've absolutely no negatives.''

New employees were given written information about their role and responsibilities, an overview of the company and its structure, and policies during their initial induction period to the service. We viewed the induction booklet new care staff completed and saw that it covered all the necessary mandatory training, such as food hygiene, medication awareness, safeguarding, whistle blowing and moving and handling. The induction also included a period of 'shadowing' existing care staff until the new care worker was competent in care tasks, such as delivering personal care and medicines administration. New care workers were registered to undertake the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life. It is the new minimum standards that should be covered as part of the training of new care workers.

We saw evidence that staff had undergone a variety of training, which provided them with the skills necessary to carry out their roles effectively. This included infection prevention and control, safeguarding vulnerable adults, medicines management, mental capacity act and moving and handling. The office had a small training room, equipped with a bed and hoist which enabled staff to be easily taught and assessed on moving and handling techniques. In addition to core training, we saw evidence that training on specific topics was provided when needed. For example training had been provided on the use of a feeding pump, as one person receiving care needed assistance in this area. A feeding pump is an electronic device which delivers feed through a tube to the person, over a recommended period of time and at a recommended rate.

Staff were supported to improve the quality of care they delivered through face-to-face supervision sessions every three months. The registered manager told us that staff could request more frequent supervision if they felt they had a need. For example, one new member of staff had requested monthly supervision until they felt more confident in their role. We saw that there was documentation to record each supervision session, which clearly stated what had been discussed and any actions required. The registered manager also made unannounced visits following care delivery to ensure that care plans had been followed and all documentation completed correctly. The registered manager told us they were in the process of introducing 'spot checks' where they would make an unannounced visit during service delivery and observe care being given to a person. This would help to ensure staff were carrying out care to the required standard.

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. Staff received training in the

MCA in order to help them gain an understanding around issues of capacity, choice and consent. People we spoke with told us staff always sought their consent before carrying out any care tasks, and we saw from the care files we viewed that people were actively involved in making decisions about their care and support. All care plans were signed to indicate the person had agreed to accept the care offered.

As part of their care package some people received support with meals. Staff were allowed to prepare simple snacks, heat up prepared meals in a microwave, or make sandwiches. Sufficient cold drinks were provided to ensure people were adequately hydrated. Staff had received training in the principles of basic food hygiene to minimise the risk of food contamination.

Good

Is the service caring?

Our findings

Everyone we spoke with was complimentary and positive about the service they received from Ambercare. Relatives said ''They are absolutely wonderful'', ''The care is very good'' and ''I can't praise them enough.'' People we spoke with commented that staff had become friends. One person said, '' (name) looks forward to their visits. They have become good friends.'' Another person told us ''They are like your family. There's not one carer I haven't liked.''

Staff we spoke with told us they enjoyed working for Ambercare and found their job rewarding. One person said, "I love my job. I mainly do the same rota and I've built up a relationship with people.'' Staff talked about the people they cared for in a positive and respectful manner.

The people we spoke with told us they were treated with dignity and respect and that carers spoke kindly to them. We saw that in a quality assurance survey from May 2017 all 39 people who had returned their questionnaire had responded positively to the question ''does your care worker treat you with respect. Is your privacy and dignity maintained?'' We asked staff how they maintained the dignity and privacy of the person they were supporting. One person said ''I always close the curtains when I'm helping them have a wash and cover them up with a towel''. We saw from minutes of staff meetings that dignity and respect for service users was taken seriously. For example, at one meeting we read that staff had been reminded to wipe their feet when entering people's home, ask people if they would like their curtains closed and lights put on when it was dark and to check if people were warm enough or needed their heating turned up. This showed the provider cared for people's well-being and comfort.

Staff we spoke with understood the importance of encouraging people to remain as independent as possible and could describe to us ways in which they promoted people's independence. One carer said ''I get them to do as much as they can for themselves.''

Although the majority of staff working for the service were female there was one male carer. The registered manager told us that during the initial assessment process people were asked if they were happy for a male carer to support them and where they declined, this was always respected.

There were systems in place to ensure that information about people who used the service was kept confidential. Copies of people's records and documents were kept securely in the office and staff were not allowed to use their personal mobile phone while working, unless in an emergency. In addition, staff were not allowed to message or share information about service users through social media. These procedures helped to ensure personal and private information about people who used the service was respected and remained confidential to staff.

Good

Is the service responsive?

Our findings

The registered manager told us that they carried out an assessment of a person's needs within 24 hours of receiving a referral. At this stage they recorded as much information as they could about the person and carried out environmental and moving and handling risk assessments. This ensured they had sufficient information to plan a package of care which would meet the person's needs and support them in their own home. Once the care package had commenced, care plans were reviewed and any adjustments made. They were then read and signed by the person to indicate they were in agreement and had been involved in the care planning process.

We reviewed three care files which contained comprehensive information about each person. Care plans were person-centred and thorough, giving precise details of what actions carers needed to take to support the person. For example, one care plan gave details of where the person's medication was stored. Another care plan stated ''Carers towel is on the radiator''. A third care plan we saw, which described how a person should be positioned said ''Feet must be well away from the foot board''. Care plans demonstrated a good understanding of each person and gave care workers clear instructions about how to assist the person in a way that was individual to them. Carers recorded the care and support they had provided in a daily record which was kept in the care file in the person's home. Care plans were reviewed every three months or more frequently if required. This ensured all the information was relevant and reflected the person's current needs.

We asked staff what happened if they found the time that had been allocated for a particular visit was not sufficient to carry out all the care and support detailed in the care plans. They told us that if this happened they reported it to the registered manager and a review of the person's care package was carried out.

People we spoke with were happy with the way the service communicated with them. One person said ''Communication is very good.'' Another person told us ''I can get in touch with them anytime.'' People told us the office staff were helpful and generally informed them if a carer was running late and their visit would therefore be delayed. One person told us that if carers identified any problems during their visits, for example with the person's health, they were informed immediately. Although people who used the service had set times for their visits, these could be rearranged to accommodate unexpected events, such as hospital appointments or trips out with family or friends.

People were given information about how to make a complaint when their service first started and there was a complaints policy to guide staff on the correct action to take following a complaint. All complaints were logged and details of who had made the complaint, what it was about, action taken and a response time were all recorded. We saw from the complaints log that there had been one major complaint and that this had been fully investigated and resolved.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection a registered manager was in place as required under the conditions of their registration with the Care Quality Commission (CQC). The manager was registered with the CQC in March 2011.

The registered manager demonstrated a good understanding of their role and of the responsibilities that were required of a registered manager in terms of monitoring the quality of the service. They were aware of their legal obligation to notify the CQC about important events that affect people using the service. From our discussions during the course of the inspection we saw that the registered manager was committed to developing and improving the service.

During the course of our inspection we identified some problems with the management of medicines, which constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These have been described in the 'safe' section of this report. We raised our concerns around medicines with the registered manager. Two days after our inspection we returned to the service to provide our inspection feedback. We found that the registered manager had started to implement new procedures for the management of medicines to ensure that in future this was done correctly. This showed that the registered manager took her responsibilities seriously. However, this breach of regulations should have been picked up by the governance systems within the service, and the rating of 'Requires Improvement' reflects the need to embed and improve on the governance and quality assurance systems.

Staff we spoke with told us everyone worked well together as a team. People found the registered manager approachable and supportive and one person told us if they found there were some shifts they could not work the registered manager was very accommodating about changing their rota.

Staff meetings were held approximately twice a year. We looked at the minutes from the previous two meetings, where topics discussed included rotas, supervision, access to properties, infection control and dignity. Staff meetings are an important method for communicating information, gaining staff opinions and promoting team work.

The views and opinions of people using the service were gathered each a year through a quality assurance questionnaire. In addition, people were asked their opinion about the care they received and the service in general at their regular care plan review meeting. This ensured people were given the opportunity to comment on the service provided by Ambercare.

We saw that there were quality assurance processes in place which helped the service review and monitor its standards. Monthly audits of the MARs and care plan documentation were carried out. However, these had not identified the problems we found with medicines management.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment We identified concerns around the safe management of medicines.