

Amber Home Carers Ltd

Amber Home Carers

Inspection report

51A Sheen Lane
London
SW14 8AB

Tel: 02085638209
Website: www.amberhomecarers.com

Date of inspection visit:
11 March 2022

Date of publication:
05 April 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Amber Home Carers is a domiciliary care agency providing care and support to 75 people living in their own homes. At the time of the inspection 60 people using the service were receiving personal care. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

A safe service was provided for people to use and staff to work in. People's needs were met, and they were supported by enough appropriately recruited staff. This meant people were able to enjoy their lives and live in a safe way. Risks to people using the service and staff were assessed, monitored and updated when required. The provider reported, investigated and recorded accidents, incidents and safeguarding concerns appropriately. Medicines were safely administered. The agency met shielding and social distancing rules, used Personal Protection Equipment (PPE) safely and effectively and had an up to date infection prevention and control policy.

The provider had a culture that was honest, open, and positive with transparent leadership and management. There was a statement of purpose that clearly defined the provider's vision and values. Staff understood and followed them and were aware of their responsibilities and accountability. They were prepared to take responsibility and report any concerns they may have. The provider regularly reviewed service quality and changes were made accordingly to improve the care and support people received. This was in a manner which best suited people. The provider established effective working partnerships that promoted the needs of people being met outside its remit to reduce social isolation. Registration requirements were met.

Rating at last inspection

The last rating for this service was good (published 1 February 2018) and there were no breaches of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

CQC has introduced focused/targeted inspections to follow up on previous breaches and to check specific concerns. We undertook a focused inspection approach to review the key questions of Safe, and Well-led.

As no concerns were identified in relation to the key questions is the service Effective, Caring and Responsive, we decided not to inspect them. Ratings from the previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Amber Home Carers on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Amber Home Carers

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service 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

This inspection was announced and took place on 11 March 2022. The service was given 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed all the information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke in person with the registered manager. We contacted 14 people and their relatives, 12 staff and 11 health care professionals, to get their experience and views about the care provided. We reviewed a range of

records. This included eight people's care and medicine records. We looked at eight staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included staff rotas, spot checks, observations and audits. We received the information which was used as part of our inspection.

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 the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider systems and processes safeguarded people from the risk of abuse.
- People and their relatives said they thought the service was safe. One relative told us, "Yes [person using the service] feels safe with them [staff]." Another relative commented, "Safe, absolutely."
- Staff received training enabling them to identify abuse and the action required, if encountered. They knew how to raise a safeguarding alert and when this was needed. There was one safeguarding activity taking place during the inspection. Staff had access to the provider safeguarding, prevention and protection of people from abuse policies and procedures.
- Staff explained to people how to keep safe and specific concerns about people were recorded in their care plans.
- The provider gave staff health and safety information and training that included general responsibilities, safety in people's homes and travel and transport. A staff member told us, "I feel well-supported and safe working for Amber."

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed.
- Staff supported people by following their risk assessments and care plans. This meant people could take acceptable risks and enjoy their lives safely. One person said, "They [office] contact me to make sure I'm alright."
- Important things in people's lives were covered in risk assessments and included health, activities and daily living. The risk assessments were regularly reviewed and updated as people's needs changed. Staff were aware of people's routines, preferences and identified situations in which people may be at risk and acted to minimise those risks. One relative told us, "We have an amazing carer [staff], exceptional and I'm really happy."
- The provider policies and procedures explained how to manage risk and crisis, promote service continuity and whistle blow, including reporting bad practice. Staff were made aware of the lone working policy to keep them safe.
- People who displayed behaviours that others may find challenging at times, had clear records of incidents, plans in place to reduce those incidences and staff were trained in de-escalation techniques. Records showed that action was taken, as required and the advice of specialist professionals sought when necessary.

Staffing and recruitment

- There were appropriate numbers of staff who were suitably recruited.

- There was an efficient recruitment procedure that records demonstrated was followed. The interview process contained scenario-based questions to identify why prospective staff wished to work in health and social care, their skills, experience and knowledge. Before commencing employment, prospective staff had references taken up and Disclosure and Barring service (DBS) security checks carried out. The DBS helps employers make safer recruitment decisions. There was a probationary period of one month with a review and an introduction to people using the service for new staff, before commencing work. People and their relatives confirmed that the provider met needs in a flexible way by providing trained staff in suitable numbers. This was demonstrated by staff rotas and the way they were managed. One relative said, "Generally fine but I don't always get a staff rota which would be useful."
- Staff files demonstrated that the recruitment process and training were completed. Staff were provided with information that explained their responsibilities and the provider's expectations of them.
- Staff supported people in small hubs, to promote continuity of care. During handovers the provider facilitated discussions that identified best outcomes for each person, including things that didn't work.
- Staff records showed that staff received monthly supervision and an annual appraisal. Staff confirmed that they received regular supervision.

Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of.
- People's medicine records were fully completed and up to date. Staff were trained to administer medicine and this training was regularly updated. When appropriate, people were encouraged and supported to administer their own medicine.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and regular audits took place. Staff had infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons.
- The agency provided COVID-19 updates for people, their relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.

We have also signposted the provider to resources to develop their approach good infection, prevention and control (IPC) from the NHS.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Safeguarding concerns, accidents and incidents were reviewed to ensure emerging themes had been identified and any necessary action taken.
- The healthcare professionals that responded felt the service provided was safe.
- Each person had a small dedicated group of staff that where possible supported them. The provider facilitated discussions that identified best outcomes for each person, during handovers and virtual meetings including things that didn't work.

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 the same. 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 provider had a culture that was open, positive, inclusive and positive. People and their relatives found the registered manager and staff approachable, attentive; they listened to them and did their best to meet people's needs. One person told us, "The care we get is very good." A relative commented, "I can get hold of them [office] when I need to." A member of staff told us, "We work as a team."
- People and their relatives had the services available to them explained so that they were clear about what they could and could not expect of the provider and staff. Field staff told us they were well supported by the registered manager, office staff and each other. A staff member told us, "I'm well supported by the office."
- The provider had a clear vision and values, that staff understood, and people said were demonstrated by staff working practices. The vision and values were explained at induction training and revisited during mandatory training. The statement of purpose was regularly reviewed.
- There were clear lines of communication and specific areas of responsibility regarding record keeping were explained to staff.
- The healthcare professionals that responded felt the service provided was well-led.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their responsibilities regarding duty of candour.
- The management reporting structure was clear, and the registered manager and office staff made themselves available to field staff for support.

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

- The registered manager and staff were clear about their roles and its importance. One staff member said, "I know my responsibilities."
- Our records demonstrated that appropriate notifications were made to the Care Quality Commission as required.
- The provider had an electronic care planning system that stored people's details, appointment schedules, if tasks were completed, care plans and rotas. Staff, people who use the service and their relatives had access to the system using a portal and this meant they were kept updated. Data was collated to update and improve services provided. One person said, "They let us know if there is a problem with a call." A relative told us, "They are very good and the carer [staff] always come on time."

- The registered manager and co-ordinator regularly contacted staff in the field to provide support and this enabled staff to provide people with the service that they needed. Staff welfare checks were carried out and there were regular staff meetings where issues that arose and other information was discussed. This included where staff were not able to attend calls, any tasks that were not completed and why. A staff member said, "The office let me know about any changes on my phone."
- The provider quality assurance system contained key performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets. Areas that required improvement were then addressed. Monitoring and quality assurance audits took place at appropriate intervals. Audits included people's daily care logs, care plans, risk assessments, medicine administration records, complaints and staff files. The staff files and data base contained recruitment, training, performance and development information. Any missed calls were also recorded on the system and analysed to prevent them being repeated.
- The provider identified areas for improvement to progress the quality of services people received, by working with them and health professional partners, to meet needs and priorities. The provider integrated feedback from organisations and used it to ensure the support provided was what people needed. This was with people's consent.

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

- The provider enabled people using the service, their relatives and staff to give their views about the service provided and the provider worked in partnership with them. Their views were sought by telephone, visits to people, six monthly spot checks and monthly welfare checks for each person and feedback questionnaires and surveys.
- The provider identified if feedback was required to be confidential or non-confidential and respected confidentiality accordingly. Information was relayed to people and staff including updates from NHS England and the CQC.
- The provider equality and diversity policy gave a commitment to ensure that people using the service and staff with any of the legally defined protected characteristics did not experience inequality or discrimination. Protected characteristics are specific aspects of a person's identity defined by the Equality Act 2010 which includes protection from discrimination due to factors such as age, gender, sexual orientation, religion and disability.
- Staff received annual reviews, regular supervision and there were staff meetings that covered priorities such as COVID-19 and PPE training including infection control, high-risk health and risk assessments.
- The provider policy of relevant information being shared with appropriate services within the community or elsewhere maintained community-based health services links, such as district nurses, GPs and other health care professionals.

Continuous learning and improving care

- The provider improved care through continuous learning.
- People, their relatives and staff were kept informed, by the provider, of updated practical information such as keeping safe guidance and PPE good practice and changes.
- Audits identified performance shortfalls that required attention and progress made towards addressing them was recorded.
- The complaints system was regularly monitored and enabled staff and the provider to learn from and improve the service.