

Amber Care (lincolnshire) Limited

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Inspection report

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Date of inspection visit:
03 May 2019

Date of publication:
05 June 2019

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

About the service: Ambercare Ltd is a domiciliary care agency providing personal care to people living in their own homes in the Lincolnshire and North Lincolnshire area. It provides a service to older people and those living with dementia, physical disability or a sensory impairment and people with a learning disability and/or autism. Not everyone using Ambercare Ltd receives a regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care', help with tasks related to personal hygiene and eating and drinking. For these people we also take into account any wider social care provided.

At the time of the inspection, they were providing a regulated activity of personal care to 76 people.

People's experience of using this service: We received very positive views from people about the support provided to them. When talking about the service people told us, "I am really happy with them," and "They do a fantastic job." Without exception people said they felt safe and staff were respectful.

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had ensured they were applied.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People received their medicines safely and on time and their health was well managed. Staff had positive links with healthcare professionals which promoted people's well-being.

People said they received care in a timely way from a regular team of care staff. People told us, "We have the same group of carer's, from my husband's point of view this is very good. It is really important to him."

The provider had systems in place to safeguard people from abuse. Staff could recognise and report any safeguarding concerns if they suspected abuse. Relevant risk assessments had been completed. Medicines were managed safely. Accidents and incidents were monitored to identify and address any patterns or trends to mitigate risks.

Staff had appropriate skills and knowledge to deliver care and support people in a person-centred way. Staff recruitment was safe and staff understood how to keep people safe.

People told us they were happy with the service they received and felt staff had a clear understanding of their needs and preferences. People were supported with good nutrition and could access appropriate

healthcare services.

Care plans had been developed and were regularly reviewed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems supported this practice. People told us, "I can please myself and this is respected."

The registered manager and staff team worked together in a positive way to support people to remain as independent as possible and to be safe. Staff told us they were well supported by the registered manager and management team.

Checks of safety and quality were made to ensure people were protected. Work to continuously improve was noted and the registered manager was keen to make changes that would impact positively on people's lives.

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

Rating at the last inspection: Good: last report was published 1 November 2016. We rated the Well-Led domain as requires improvement. At this inspection we found improvements had been made to records for the providers audit systems.

Why we inspected: This was a scheduled inspection based on the date of registration.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information 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?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

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Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: The inspection was carried out by an inspector.

The service had a manager registered with (CQC). 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.

Service and service type: The service is a domiciliary care agency and provides care and support to people living in their own homes. It provides a service to older people and those living with dementia, physical disabilities or a sensory impairment and people with learning disabilities and /or autism.

Notice of inspection: We gave the provider 48 hours' notice of the inspection visit because we needed to be sure that someone would be available in the office.

We visited the office on 3 May 2019 to see the manager, directors and office staff and to review care records and policies and procedures.

What we did: We looked at information sent to us since the last inspection such as notifications about accidents and safeguarding alerts and the Provider Information Return (PIR). The PIR 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. This information helps support our inspections.

We contacted the local authority commissioning and safeguarding teams and the local Healthwatch

England. Healthwatch England are an independent organisation who listen to people's views about local services and drive improvement by sharing those views with organisations who commission, deliver and regulate health and social care services. We also sought feedback from professionals who worked with the service. This information helps support our inspections.

We spoke with both directors, the manager, a team leader, a senior carer and carer and a relative visiting the office. Following the inspection, we spoke with four people using the service, and five relatives.

We reviewed a range of documents, this included four people's care and medicine records. We looked at three staff recruitment and supervision records and documents relating to the management of the service. This included; policies and procedures developed and implemented by the provider. We also looked at staff training records and staff rotas.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment.

- The provider had effective safeguarding systems in place; staff protected people from harm or abuse. They received appropriate training in this topic area.
- People told us they felt safe and supported by members of staff. One said, "Oh yes, I feel safe," and "I can't fault them they are all very good."
- People told us they received care in a timely way and overall were notified if calls were running late.
- The provider operated a safe recruitment process and staff told us they covered gaps in the rota and worked well as a team. People confirmed they received care from a consistent team of staff.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans clearly documented the control measures for staff to follow to keep people safe.
- Systems were in place to identify and reduce risks to people using the service. People's care plans included individual risk assessments. These provided staff with clear information of any risks and guidance on the level of support people needed.
- Staff understood how to promote people's independence whilst reducing potential risks.
- The management team responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.

Using medicines safely.

- Medicines were safely received, stored, administered and disposed of when no longer needed. People were encouraged to manage their own medicines where they had those skills.
- Where medication errors were found they were investigated and prompt action taken as needed. Staff told us that following the introduction of the electronic system information could be changed immediately and alerted to staff. This had prevented medication errors being made.
- Staff were trained in the safe administration of medicines and had a good knowledge of current practice when supporting people with their medicines.

Preventing and controlling infection.

- Systems were in place to protect people from the risk of infection. Staff were provided with and used personal protective equipment (PPE) appropriately. 'Spot checks' were completed and monitored staff use of PPE.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, planned and regularly reviewed to ensure any changing needs were met. People told us, "Yes, they met with me, we sat and talked things over. They couldn't have done more to put my mind at ease." A relative told us, "Because of my family member's needs, the support was well planned for, staff had lots of specialist training beforehand. The company were very supportive towards staff and helping us get the right trained people in."
- The provider ensured that, where people had more specialist care needs, additional time was taken to ensure a full assessment was carried out and staff had the necessary skills and competencies to meet people's needs.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. One relative told us, "They (staff) have developed a good relationship with my family member, taken time to get to know them and support them really well."

Staff support: induction training, skills and experience.

- People were confident in staff's skills and knowledge to support them. One person told us, "There are senior staff working alongside newer staff, so they know what they are doing," and "Yes, the staff have training regularly and the bosses come in sometimes to inspect them."
- The provider's induction and training processes ensured staff had the required skills and knowledge to meet people's needs. One staff told us, "The support and training I have had in this role has been unreal, everyone in the senior team has been so supportive of me."
- The registered manager had good systems to understand which staff needed their training to be updated and who required supervision.

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

- People were offered choices around their meals and drinks.
- Care plans recorded people's meal preferences, allergies and the support they required to support people with dietary needs. One relative told us, "They manage their diabetes and coeliac disease requirements and make sure they are buying the right things."

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support.

- Staff involved healthcare professionals and followed the advice provided. Information was shared with other agencies when people needed to access other services for example, hospital. One person told us, "When I need the doctor they make sure I get one, they are most helpful."
- Care plans contained information about each person's health needs and the support they required to

remain as independent as possible.

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

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Where people are deprived of their liberty in their own homes applications must be made directly to the Court of Protection.

We checked whether the service was working within the principles of the MCA.

- The provider was working within the principles of the MCA; any restrictions on people's liberty were identified and discussions had taken place with the local authority to take action.
- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were made in people's best interests.
- People told us staff sought consent from them before providing care and they were able to make individual choices and decisions about their daily lives.

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.

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.

- People told us they were treated with kindness and were positive about the staff's caring attitude. One person told us, "They (staff) are professional, respectful and friendly. We always have a laugh and I don't feel lonely with them coming."
- People's equality, diversity and human rights were respected. People were supported to follow their faith and live their lives the way they wanted to. The manager told us how they had worked with a family to ensure their relatives faith was supported.
- Staff spent time getting to know people's preferences and used this knowledge to care for them in their preferred way. One relative told us person told us, "They (carers) are really friendly and caring. They have built up relationships with the whole family and have taken time to get to know us all."

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

- Staff enabled people to make decisions about their care; and knew when people wanted help and support from their relatives. People were directed to sources of advice and support or advocacy.
- People were supported to make their own decisions and lifestyle choices. People and their relatives told us they were included in decisions about care and were offered choices. One relative told us, "We have regular meetings with carers and professionals, so we can sit down and discuss how my family members care is going," and "We have meetings to make sure our relatives needs are being fulfilled or if there are any changes."

Respecting and promoting people's privacy, dignity and independence.

- Staff developed trusting relationships with people and their relatives. Staff treated people with respect and maintained their privacy and dignity. When we asked people if staff treated them respectfully they told us "I can't fault them at all, they are all really good," and "They deliver my care as I want it, they cover me up, ensure my curtains are closed and respect my privacy."
- People's rights to privacy and confidentiality were respected.
- People provided examples of how they were supported to maintain their independence. One relative told us, "They promote his independence all the time and encourage him to try new things."

Is the service responsive?

Our findings

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

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.

- Care plans were in place which identified people's support needs and preferences for their care. Care plans contained relevant information and were up to date.
- Staff were knowledgeable about the people who used the service and displayed a good understanding of their preferences and interests, as well as their health and support needs. This enabled them to provide personalised care. One person told us, "They do a fantastic job, my son has a speech problem and they are really good at communicating with him so his wishes are respected." People and their representatives were involved in reviews of care.
- Where the provider was responsible for supporting people to access community based activities and pursue their hobbies and interests, this was provided in line with people's preferences. One relative told us, "They have a full range of activities and they are trying new things all of the time."
- People's needs were identified, including those related to the protected quality characteristics. The provider worked to the accessible information standard to ensure reasonable adjustments were made where appropriate..

Improving care quality in response to complaints or concerns.

- People and their relatives knew how to make complaints should they need to and were confident they would be addressed. One told us, "I have had a previous problem, it was acknowledged straight away and vastly improved now," and "Yes I think they would take any concerns seriously. I have complete faith in them."
- The provider had a complaints policy and procedure and the registered manager acted on complaints in an open and transparent way. They used any complaints received as an opportunity to improve the service.

End of life care and support.

- Staff were aware of good practice and guidance in end of life care and respected people's religious beliefs and preferences. One relative told us, "The staff were really good with my mum, they were there for me too. It was a really positive experience. Mum wanted to die at home and she was supported to do that."
- The registered manager explained people were supported to make decisions about their preferences for end of life care including professional involvement.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person centred care. At the last inspection we identified improvements were required to record the audits and checks made by the service. At this inspection we found improvements had been made and effective recording and analysis of audits and other quality checks were completed.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The service benefitted from having a senior management team who were committed to providing good quality care to people who used the service. They led by example with their open and honest approach. One person told us, "I ring the office when there is something I want to talk about, it is well managed."
- Staff told us, "[Registered managers name] shares with us any positive feedback they are given. It is really appreciated and I was pleasantly surprised as I was only doing my job. I treat people as I would want people to treat me. Another told us, "The approach from management make me feel valued. Being involved in decision making makes me feel a valued member of the team."
- The registered manager understood and acted on their duty of candour. Processes were in place to investigate incidents, apologise and inform people why things happened.
- The provider invested in staff and recognised their contributions where possible. Incentives and benefits were in place for staff, for example additional payments for bank holidays worked.

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

- The registered manager was knowledgeable about events within the service and worked alongside the senior staff team and monitored the service continually. They addressed any issues quickly and encouraged people to raise their niggles or concerns, so they could be resolved. All feedback received was used to continuously improve the service.
- Effective systems were in place to monitor the quality of the service people received. These included, observations of staff practice, audits, regular reviews off care, and an electronic system which identified the time staff arrived and left calls.
- The registered manager ensured they communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- The registered manager worked to develop the staff team so that staff at all levels understood their roles and responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service, their relatives and staff were included in the development of the service. Questionnaires were completed and responses analysed and used to plan and improve the service.

Feedback from surveys was very positive.

- Meetings were held for staff at all levels for people to share ideas and make suggestions.

Continuous learning and improving care.

- The registered manager followed current evidence - based practice and attended networking groups to share best practice.

Working in partnership with others.

- The registered manager and staff team had developed good working relationships with health and social care professionals involved in people's care.
- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and well being. For example, the provider worked with the local age concern agency and shared information about events being held locally for people to attend.