

Amber Home Care Ltd

Amber Home Care

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

About the service

Amber Home Care is a domiciliary care service providing care and support for people living in their own homes. 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.

At the time of inspection 32 people were receiving personal care.

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

People were happy and complimentary of the service they received. One person commented "There are carers and there are carers ... these are people who do their job because they want to and not because they have to ... all the girls are lovely."

Staff were safely recruited and undertook the relevant training to do their jobs properly. They were supervised in their practice and the staff team consisted of new and long-standing members of staff who knew people well.

The service had experienced some staffing issues with unplanned and planned leave. The registered manager and deputy manager were covering care visits to manage the shortfall. They were actively recruiting for more staff.

People and their relatives were involved in planning people's care. People's choices and preferences were respected. People were supported to ensure they maintained other health care appointments.

People were kept safe by staff who had a good understanding of what abuse was. People received their medicines on time.

People were protected from risks which had been assessed and recorded. Staff undertook good infection control procedures.

People were supported to eat nutritious meals where this was part of their care package.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager maintained an oversight of the service. They knew each person and their families well. People were complimentary of the service and had confidence in the registered manager to lead the service. One person said, "A good consistent service ... it's very odd if anything goes wrong ... you have a

nice personal service, very friendly."

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

Rating at last inspection

The last rating for this service was good (published 8 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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.

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 well-Led findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our well-Led findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our well-Led findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our well-Led findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Amber Home Care

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

The inspection was undertaken by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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. We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 09 September and ended on 23 September. We visited the office location on 10 and 11 September to review records, meet with the providers and provide feedback.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and the statutory notifications received. We sought feedback from professionals who work with the service and received no responses. The provider was not asked to complete a provider information return prior to this inspection.

This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and one relative by telephone about their experience of the care provided. We met and spoke with six members of staff. These included the nominated individual, registered manager, deputy manager, co-ordinator and two care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We visited three people in their own homes.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We contacted the remaining six care staff but received no responses.

We received information from the service to confirm the safeguarding policy and procedure had been updated.

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

- Staff had received training and updates on protection of vulnerable adults training which helped to protect people from the risk of harm or abuse.
- The safeguarding policy and procedure in place did not contain all the information required and was out of date. For example, it referred to the Care Quality Commission's (CQC) predecessor regulatory body which ceased to exist in 2008. However, despite the out of date policy, the registered manager had followed the right processes when allegations of abuse had been identified and had involved the appropriate people. Therefore, the impact on people was low. The registered manager updated these documents and forwarded them to CQC after the inspection.
- People we spoke with confirmed they felt safe with staff who supported them. Comments included, "I certainly do feel safe in every way", "...very safe, they are a nice group of people (staff), very helpful" and "They always check all the windows, doors and locks at night and check that I have everything I need."

Assessing risk, safety monitoring and management

- Risks to people's health, welfare and safety were assessed, managed and reviewed. Any risks were reduced as much as possible and based on a priority system. The registered manager was in the process of reviewing the risk assessment documentation to make it a further comprehensive document.

Staffing and recruitment

- People were protected because the registered manager followed safe recruitment procedures. This helped to ensure only suitable staff to look after vulnerable people were employed.
- Staff recruitment records showed the necessary pre-employment checks had been made before the person was able to start work. Two recently employed care workers confirmed they had all the relevant checks carried out. However, the interview notes in one file were not complete and it was not clear whether gaps in employment had been discussed. This was discussed with the registered manager who agreed the records could be improved and confirmed they would action this.
- The service had experienced issues with staffing levels. This was due to planned and unplanned staff absence which had caused gaps in the rota. The registered manager and deputy manager had been filling these gaps and other staff worked extra shifts; this avoided the use of agency staff. This had impacted on people in time delays to their care visits, but no missed visits had occurred. People were aware of the reasons for occasional lateness and stated it was not a problem to them. One person said, "They are occasionally late but that doesn't matter as I love them to bits" and "A relative said, "I am impressed by how they have kept their care workers, I know how difficult it is round here". The office guidance was people were

contacted if a staff member was more than 15 minutes late which people confirmed happened.

- Whilst the reduction in staffing levels continued, the registered manager was not accepting any new packages of care and the service care hours had been reduced.
- The service was actively recruiting for new staff and had received several recent applications for employment.
- People received a rota of planned care visits which they kept in their care records. These rotas contained a photograph of the staff member, so people could recognise them.

Using medicines safely

- People were supported to receive their medicines safely by trained and competent staff. Comments included, "I can manage my medicines myself but the always check that I've had it" and "They (staff) do it between them."

Where there was unnecessary risk, the registered manager took the appropriate action. For example, an issue with medicines for one specific person had been identified as unsafe. The registered manager was in the process of resolving this with the relevant people involved.

- Systems were in place to ensure people had received their medicines and staff had signed them appropriately. Medication administration records were regularly audited to ensure this had been done. Any follow up action was taken to address any issues identified with the staff involved.

Preventing and controlling infection

- People were kept safe from infection because staff had received training on infection control and wore the appropriate personal protective equipment, such as gloves and aprons. People told us staff wore these when carrying out personal care.

Learning lessons when things go wrong

- The provider had a system in place to learn from adverse incidents or accidents to prevent them happening again.
- All incidents had been recorded and appropriate action taken. No incidents or accidents had occurred in the last 12 months.

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 the same.

This meant 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 and care delivered in line with their individual choices and preferences. People and their relatives confirmed their care needs were discussed with them prior to the service starting. One person said, "They (family) were involved with the initial assessment with me."
- Each person had a care plan in place which reflected their initial needs and any further needs identified. They were reviewed regularly.

Staff support: induction, training, skills and experience

- People and relatives were complimentary of the staff. Comments included, "I've found them (staff) all very helpful, friendly and efficient people".
- Staff received the training they required to do their jobs and received supervision in their roles. When new staff joined, they worked alongside experienced staff for as long as they needed until they felt confident to work on their own.
- The staff team had a mixture of both long standing and new members of staff who complemented each other. Some staff spoke of recent clashes within the staff team which had caused some slight unrest. Whilst this had a slight impact on people's care visit times, staff had also reported "an awkward atmosphere". However, the registered manager had resolved this situation and staff reported being "happy" in their work.

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

- People were supported to maintain good nutrition and hydration.
- Staff knew people's food likes and dislikes well. Most people received a frozen meal service from various suppliers which staff warmed up for them.
- People told us staff always left snacks and drinks within reach before they left.

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

- People told us staff supported people to make appointments with their GP.
- Where necessary, the providers involved specialist professionals.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- No person using the service was subject to a deprivation of liberty requiring legal authority.
- People had signed forms to consent to care and support when they began to receive a service.
- People told us staff always ask for consent before carrying out any support.

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 the same.

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; respecting equality and diversity

- Staff had a good understanding of the people they supported.
- Staff took time to get to know people's individual likes and dislikes, their past lives and interests.
- People were complimentary about the staff team and how they were supported. Comments included, "They are marvellous, very pleasant and do whatever they need to do". I receive great care from them (staff). I have every admiration for everything they do" and "They (staff) are lovely ... I'm quite happy."

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to support people whilst encouraging them to do as much for themselves as possible.
- Staff respected people's privacy and dignity and gave examples of how staff managed this. When one person was asked this question, they said, "They are quite thoughtful that way."
- Staff had built up effective relationships with the people they supported. They had regular care workers and knew them well.
- People were very happy with the staff team and how they supported them as individuals. One person said, "There are carers and there are carers ... these are people who do their job because they want to and not because they have to ... all the girls are lovely." Another person said, "They (staff) are good in every way."

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

- People's individual care records showed they were involved in their care and any changes required. Reviews of people's support involved the relevant people, families, friends and professionals if necessary.

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 the same

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care to meet their individual needs, likes, choices and preferences.
- Each person had a care plan in place. These were variable in the amount of relevant information held within them. For example, some contained good personalised information whilst others contained a list of more 'task orientated' information. Information was sometimes difficult to find and care records were scruffy in appearance. However, staff were able to see what support each person required. This was discussed with the registered manager who was aware of the need to improve the care records. They were in the process of adopting a new recording template which would include more detailed information and had already begun work to improve the records before the inspection. This had no impact on people as staff knew people's care and support needs well.
- People had choices about their care, such as the times of visits. However, this was not always available due to several people all wanting the same time. For example, one person who had started to use the service had been made aware staff could not visit at the time they had requested before their package of care was taken on. However, the registered manager made changes to accommodate people as soon as they had free care visit slots.

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.

- Staff ensured people wore their spectacles and hearing aids if they needed them. They ensured these were either in place, or in reach, when they left people's homes.

- The office contact telephone numbers were available in the correct format for people to use.

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

- Amber Home Care cared for people who predominantly lived in rural areas, some difficult to reach. As a result, they were aware people could be socially isolated and unable to access social activities. The service ensured each visit was also a social visit as well as a support visit and encouraged people to chat and enjoy laughter. This had a positive effect on people's wellbeing. A relative said, "Staff do crosswords with my (family member) at lunchtime"

Improving care quality in response to complaints or concerns

- The registered manager ensured all complaints were listened to and people received a written outcome of their concerns.
- Records were kept of complaints investigations and the feedback given.

People told us they rarely had to raise complaints but told us they knew they would be listened to. A relative said, "We (relative and registered manager) talk regularly ... I just have to ring and it will be sorted out." One person said, "I just have to ask (registered manager) and they sort it out."

End of life care and support

- The staff team supported people at the end of their life according to their wishes and preferences. A relative commented on a thank you card, "Bless you (registered manager), I really don't know what (family member) or I would've done without you and your ladies towards the end. You really were fantastic and I am very grateful to you all."
- People were supported to stay in their home if they chose to do so and any extra support was needed. Staff liaised with specialist professionals as needed.
- Nobody was deemed in need of end of life at the time of the inspection.

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; 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

- There was a registered manager in post who was also one of the two directors of the service. They shared their time between visiting people in the community and in the office. They offered guidance, advice and support to care staff. They were supported by the nominated individual (NI) who was also the second director.
- The registered manager worked hard to ensure the service delivered a quality service to each person. They had the philosophy; "to deliver a care service which is the best we could possibly do, dedicated to maintaining independence." This statement was shared by staff who worked for them. The registered manager and NI kept the service small and local as they wanted to continue to deliver a quality-based service.
- Staff spoken with said they felt part of the caring culture of the service. They had a sense of pride, respect and motivation in their work. They felt included in the running of the service and were valued and listened to. Two staff members said, "I love my job, I wished I had done it sooner ... very rewarding ... office staff are wonderful" and "I am happy in my work ... management are so helpful ... I am so grateful for the chance to do this work."

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

- The service had systems in place for the monitoring and improving of the service, such as audits and record keeping. The registered manager was aware they were behind in their auditing processes due to their recent low staffing levels. In order to maintain service continuity, they had spent an increased amount of time caring for people in the community. This had impacted on their record keeping which was not always up to date. However, because they were delivering hands-on care and seeing people more frequently, they had the opportunity to continually monitor the quality of the service at these care visits.
- The registered manager was actively recruiting to fill vacant care worker posts.
- People and relatives were positive about how the service was run and of the registered manager. One person said, "A good consistent service ... it's very odd if anything goes wrong ... you have a nice personal service, very friendly." A relative said, "I've been quite impressed really."

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

- Staff used a variety of communication tools to keep in contact with people, relatives and staff. This included face to face meetings, informal get togethers, surveys, one to one supervision, telephone calls, emails and texting. Any negative information was acted upon which was demonstrated in the most recently returned quality survey.
- Regular staff meetings were held and the minutes of the meetings displayed in the office. Issues discussed included anything that management or staff wanted to raise. This included positive points as well as any negative points. For example, when staff had received compliments from people, these were celebrated.
- The registered manager also had small incentives, such as wine or chocolates to award to staff for going 'above and beyond' their duties, such as if they worked beyond their usual hours.
- The latest quality survey carried out in December 2018 had been analysed and the results posted on the service website.

Continuous learning and improving care; Working in partnership with others

- The service worked with other professional health and social care professionals to achieve the best outcomes for people. The registered manager ensured they had continuous learning to keep up to date with their practice.