

Amber Valley Total Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 30 November and 6 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The service provided domiciliary care and support to people living in the Amber Valley area of Derbyshire. At the time of the inspection there were 104 people using the service.

There is a registered manager at the service. 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.

People told us they felt safe with the staff team from Amber Valley Total Care. Staff members had a good understanding of the various types of abuse and knew how to report any concerns.

People had consistent staff that supported them. People told us that staff always arrived when they were expecting them. Staff confirmed they had regular people they visited and were able to build up relationships with the people they supported.

People were supported to take their medicines safely. People were supported by staff who had received appropriate training to assist them to meet people's needs.

The registered manager understood the principles of the Mental Capacity Act 2005 (MCA) and their responsibilities around this. People using the service told us that staff always obtained their consent before they provided their care and support. Staff members confirmed this and told us that if they identified any concerns about a person's capacity to consent then they would contact the registered manager.

Care staff had a good understanding of people's dietary needs. They were aware of health requirements which meant people had to have their meals at specific times. There was information about people's dietary requirements within their care plans. The staff team ensured that people's wellbeing was supported and maintained.

People received their care from regular staff that got to know them well. Staff members were kind and caring. Staff respected people's privacy and dignity and promoted their independence.

People contributed to an assessment of their needs and received care that met their needs.

People felt able to raise concerns with the service and were satisfied with the response they received regarding their concerns. Information relating how to make a complaint was included within the service user guide that was provided to people when they first started to use the service.

People felt able to speak to the management team about the service. They felt they were open and approachable.

The staff team had a good understanding of the purpose of the service and worked together to achieve the service aims.

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.

People were supported by staff who had a good understanding of the various types of abuse and knew how to report any concerns.

There were sufficient staff to meet people's needs in a timely way.

People had regular staff and received their calls at the time they had agreed.

People were supported with their medicines in a safe way.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had sufficient skills and knowledge to meet their needs.

The registered manager understood the principles of the Mental Capacity Act 2005 (MCA). People's consent was obtained before their care and support was provided.

People were supported to have sufficient to eat and drink.

People were supported to access appropriate health care professionals when required.

Is the service caring?

Good ●

The service was caring.

People told us the staff team were kind and caring.

Staff knew the people they were supporting well and knew about their personal preferences.

Staff respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People contributed to an assessment of their needs.

People received care that met their needs.

People felt able to raise concerns with the service. People were satisfied with the response to concerns they raised.

Is the service well-led?

Good ●

The service was well led.

People told us the service was well managed and the management team were open and approachable.

People and staff were provided with opportunities to give feedback about the service.

The staff team understood their responsibilities and understood the purpose of the service.

Amber Valley Total Care

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.

This inspection took place 30 November 2016 and 6 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector and one expert by experience. An expert by experience is someone who has knowledge of, or cares for, someone who uses this type of service.

Before the inspection we reviewed the information we held about the service. This included any notifications the agency had sent us about what was happening at the home. Notifications are changes, events or incidents that providers must tell us about. We also contacted the local authority and Healthwatch to see if they had any information which might help inform the inspection.

We spoke with eleven people who used the service and four relatives of people who used the service, including people we met face to face in their homes. We spoke with the registered manager, the care co-ordinator and five care staff who worked for the service.

We looked at the care records of four people who used the service and other documentation about how the service was managed. These included policies and procedures, three staff recruitment records and records associated with quality assurance processes.

Is the service safe?

Our findings

People that used the service and their relatives told us they felt safe when staff were supporting them. People also told us they felt safe because they knew a carer from the service was going to visit them. One person said they felt safe because "They have got ID, they ring the bell and say who they are". Another person told us they felt safe as staff supervised them when they went up and down the stairs, they said "They [staff] talk me through it". Another person explained they felt safe when staff were using the hoist to assist them to move and said "They don't lift me very high when they are moving me, they know what to do".

Staff had a good understanding of the various types of abuse and knew how to report any concerns. The provider had a safeguarding policy in place with guidance about how to report any kinds of abuse. When we spoke with staff they were able to explain what they would do if they saw anything they had any concerns about. One member of staff gave us an example of a very sensitive and safe way they raised their concerns about abuse with a person and then reported it to their line manager. They told us they were supported and encouraged to raise concerns with their managers and felt well supported to do this.

We saw that risk assessments in relation to people's care had been undertaken. They were specific to people's needs and identified the hazard, the risks and any actions staff needed to take to reduce the associated risks for people. For example, one person was only able to eat a small amount of food at a time and the staff ensured there were plenty of snacks available throughout the day in case they felt hungry. This was to ensure they had enough to eat. The risk assessments were available in people's homes and staff confirmed they looked at them before they carried out the care and support for that day.

People told us they had regular staff and they received their calls at the times that had been agreed. One person said they "Stick to one time and that's how I like it". Another person told us staff had never missed a call. When we spoke with the registered manager they confirmed they had not missed a call to a person in the last two years. This showed the service had enough staff working in the right place at the right time to meet the needs of the people who used the service. The registered manager explained to us how, before they agreed to provide a new service for a person, they ensured they had enough regular staff to meet their needs.

We looked at the recruitment files for three staff. Staff told us the recruitment process had been thorough and we could see from records that staff had completed an application form, undergone an interview and had references taken up. Other pre-employment checks carried out included Disclosure and Barring Service (DBS) checks. These checks help to keep people who use the service safe from staff who may not be suitable to carry out the caring role.

People told us staff reminded them to take their medicines and staff confirmed they prompted people where this was appropriate. One person said "Yes, the carer in the morning gives me my medicines, [staff] has never forgotten them". Another person said "I receive them [medicines] on time from my carers". Staff told us information about people's medicines were recorded in their care plans and they received training in medication awareness. Staff also told us, where people's medicines had been dispensed by the pharmacist

into blister packs, they still checked to ensure they were giving the correct medicines to people. The provider had a medication policy in place that provided staff with guidance and support to assist them in the safe management of medicines. This enabled people to be supported to take their own medicines safely where this was appropriate. People were being supported to take their medicines in a safe way by staff who understood the importance of checking administration was accurate.

Is the service effective?

Our findings

People told us staff knew how to meet their needs. One person said "They are considerate and seem to know what they are doing". A relative told us "Yes, I think they are capable of sorting out what [relative] needs". Staff told us they felt they had completed enough training to enable them to carry out their roles. Staff told us they received training before they started work, records we saw confirmed this. Staff also told us the quality of the training was very good and it prepared them to carry out their caring responsibilities.

The registered manager told us that new staff were completing the Care Certificate at the time of our inspection. The Care Certificate was introduced in April 2015 and consists of workbooks that cover 15 standards of care. They are the new minimum standards that should be covered as part of induction and training of new care workers. Staff members confirmed they were working through the Care Certificate and when we looked at records we could see this was the case. Staff also told us they had a period time when they shadowed other members of staff when they first started work with the organisation. They told us this enabled them to learn about people's individual needs. This meant new staff were being prepared to work with people in a way that met their needs and kept them safe.

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 Mental Capacity Act 2005 (MCA). 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 making 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. The registered manager told us if anyone began to lack the mental capacity to make their own decisions they would report this to the local authority and be involved in supporting the relevant people making a best interest decision on behalf of the person.

People can only be deprived of their liberty so they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether service was working within the principles of the MCA and whether people's consent to care and treatment was sought before care was provided and it was. People told us their consent to support provided was always obtained before the staff supported them.

People told us staff supported them to eat and drink a balanced diet. One person said "Yes, they do, they make what I really want". Another person said "Yes, they take a meal out of my freezer, I can choose". A third person said "If I want anything they do it, they are always very obliging". Staff had a good understanding of people's dietary needs. They were aware of the requirement to eat at specific times with some medical conditions and we saw this information was recorded in people's care plans. Staff told us if someone didn't eat their meal when they prepared it they ensured there were plenty of snacks left for them to eat later in the day. Staff also told us they made hot drinks for people but also left cold drinks and encouraged people to keep drinking to maintain their fluid balance.

People told us staff would always telephone the doctor for them if they weren't well. One person said "Yes,

they inform the doctors if anything is wrong". When we spoke with staff they told us the signs to look out for if someone wasn't well, for example, if they were normally chatty but were very quiet they would ask them how they felt. Records showed the staff team acted upon concerns relating to people's health and welfare. This included contacting a person's GP when they became unwell. This helped to show staff ensured people's health and well-being was supported and maintained.

Is the service caring?

Our findings

People spoke positively about the staff who supported them. One person said "They can't treat me any better". Another person said "They treat me as if I am their own [family member]". A relative said "They are friendly and caring". People told us they felt comfortable with the staff and had good relationships with them.

When we spoke with staff they told us they felt it was important to really get to know the people they supported and had happy and caring relationships with them. Staff confirmed they had regular people they supported, where this was possible, and this helped them to build up relationships and get to know people. They told us they got to know people when they first visited them by looking in their care plans to see what kind of things they enjoyed and also to learn about their past history. They then spent time talking with them to get to know them better. One member of staff said when they left someone's home they wanted the person to "Feel they have been well cared for". Another member of staff said "It's important to sit and communicate with people and build a rapport with them". In this way staff were demonstrating they had an understanding of the importance of having a caring relationship with people.

People told us they were involved in deciding what care and support they needed from the agency. They said someone from Amber Valley Total Care visited them in their own homes before the care started to discuss what they wanted. This meant people were actively taking part in making their own decisions about how they wished to receive their support.

People told us staff respected their privacy and dignity. One person said "Oh yes, I feel quite comfortable in [staff] presence". Staff had a good understanding of how they were able to respect people's privacy and dignity while assisting them with personal care. For example, they explained to us how they waited just outside a person's bathroom door when they wanted to be independent. One relative said "I came when one of the care workers was here and I felt [family member] privacy and dignity was being looked after". This showed staff were aware of respecting people's privacy and dignity, while at the same time, helping to maintain their safety and independence.

The registered manager and staff demonstrated a strong commitment to providing compassionate care. We saw staff spoke with people in a quiet and sensitive way while they were assisted and supporting them with personal care. They gave them time and space to express themselves and people told us they did not feel rushed while they were being supported. In this way staff were supporting people in a dignified and caring way.

People told us they were able to be as independent as they wanted to be and staff supported them to do this. When we visited a person at home with staff we could see how they promoted independence through their work by supporting and encouraging people to do as much for themselves as possible.

Is the service responsive?

Our findings

People told us that, before the support started from Amber Valley Total Care, someone went to see them to talk with them about what help they needed. They also told us they were asked how they would like to receive their help. One person told us they were involved in making decisions about their support, they said "Yes, I can make decisions". People also told us that they were involved in the review of their care on a regular basis. One person said "Yes, about six to eight weeks ago I had a review". Another person said "Yes, my review was about five weeks ago". People told us they sat down and talked about their care with the managers and carers who were part of the review.

We saw that people's care plans included some information about people's likes, dislikes and preferences. However, it was lacking some information which would have helped staff to get to know people better. For example, what their hobbies and interests were. This meant staff meeting new people for the first time did not have as much detailed information about people or the way they liked to receive their care as would have been best practise. Care plans contained information about the tasks the staff were required to carry out at each visit and this provided them with the information they needed in order to provide the care and support people had been assessed as requiring.

People told us they received the care they needed, one person said "If I want anything they do it and they are very obliging". Another person said "They cook and wash for me which is what I need". Relatives we spoke with confirmed this was the case. People received regular care workers who got to know the people they supported and provided flexible support. One person told us "They know what mug I like, they know I dislike using a knife and fork" and "Yes, [staff] always asks how I like things". People also told us the staff generally arrived on time but if they were running late they always received a telephone call to let them know about the delay. When we spoke with a professional involved with the service they told us they had no issues of people receiving late or missed calls. Another professional told us the agency were "Accommodating" and flexible. They gave us the example of one person who was frequently out when the agency called as they would forget the agency carers were visiting. The agency would go back at a later time in the hopes of catching the person in so they did not miss their support call.

One person told us they had raised a concern with the service and it was dealt with immediately. They told us they had been visited at home and someone spoke with them about their concerns and ensured they felt comfortable in the future. They told us they were happy with the way it was handled and the registered manager and care co-ordinator had spoken with them and explained about the actions they had taken in response to their concern.

People told us they felt able to talk to staff members or contact the office if they had any problems. The service had a complaints policy. Information relating to how to make a complaint was included within the service user guide that was provided to people when they first started to use the service.

Is the service well-led?

Our findings

People told us they felt able to approach the management team with any queries or concerns. One person said "You get a response any time of the day, a relative said "There's always someone in the office if you need them". They went on to say they felt the management team would listen to them and make changes if they were necessary.

People told us they were happy with the care they received and they were given the opportunity to share their views about the service. The registered manager and care co-ordinator were involved in the day to day running of the service which meant they had regular contact with people they were supporting. They told us they used this as an opportunity to get feedback about the care people received was satisfactory to ensure they remained satisfied with the support they received. The registered manager showed us the 'log' of information they kept regarding contact with people so they could reflect on what had happened that day or that week.

Staff told us they felt valued and their views were listened to. One member of staff told us they believed the organisation was well led and they said "I've got a lot of respect for these two [registered manager and care co-ordinator]". They said the communication between the management team and staff was "Absolutely outstanding" and they could go to them with any concerns they had.

One member of staff told us there was a very positive culture in the organisation, they said "Yes, really positive, everyone's friendly, from higher up to all staff". The registered manager told us they felt proud of the agency and the work it undertook in the community and told us "I love my job". The registered manager believed it was very important to be approachable and operate an 'open door' policy so staff could go to them for assurance and advice when this was required. The registered manager also told us they undertook all the training the staff team did so they were knowledgeable about, and understood, what training staff had received.

We looked at the daily records that were completed by staff. These showed the times staff arrived and the duration of the visit. They also included tasks that had been completed and other information about how they had found the person that day. These records showed us that people using the service had received the care and support that was consistent to their care plans and in line with what they had agreed to do.

The registered manager was aware of the requirements and responsibilities of their role. Policies and procedures to guide staff were in place. When we spoke with staff they were able to tell us where they could look for such information if they required it. Staff had a good understanding of policies which underpinned their job role such as safeguarding people and medicines.

There was a questionnaire sent out to people who used the service and we could see the last one had been sent out in October 2016. Information received back from this was used to inform the future direction of the service. Staff meetings were held regularly and staff told us these were very useful in receiving and giving information from and to management. The policy stated the staff meetings should be undertaken every six

months, however, there had been a delay recently as the organisation was waiting to move to larger premises which were more suited to having large staff meetings.

We saw audits of quality had taken place, for example, all MAR charts were audited and any missed medicines were logged and the registered manager kept an overview of these. This was so they could identify any continuous themes in the errors and put in any action to ensure they did not happen again. For example, if a member of staff failed to write on the MAR chart that a person had received their medicine they were asked to go back and complete the chart and come into the office to talk to the registered manager about how the error had occurred.