

# AmberGreen Health & Social Care Ltd

# AmberGreen Health & Social Care

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

AmberGreen Health and Social Care is a domiciliary care service providing personal care to people in their own homes. Not everyone who used the service received personal care. 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 our inspection there were 28 people using the service.

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

Relatives told us that when they needed support with their medicines staff were there to support them. However, medicine administration records (MARs) which were written by the service did not have sufficient information on them to ensure the possible risks of administration were mitigated. MARs were not always being completed by staff following the administration of medicines, and the provider was not auditing these records for any discrepancies within an effective timeframe.

People were at risk of poor care and support because the provider did not have effective auditing and governance systems in place to monitor the quality of the service. Although audits were taking place, actions from these checks were not completed. This did not support service improvement.

Risk management of people's care required improvement. Risks relating to people's care was being assessed. However, the provider needed to ensure risks regarding specific health conditions for example were assessed fully, and staff had the correct information to care for people in a safe way.

The provider had not ensured safe recruitment practices were being followed fully.

People's privacy was respected, and their dignity maintained.

People felt safe with staff. All staff had completed safeguarding training and had an awareness and understanding of abuse and knew what to do to make sure that people were protected from this.

Feedback was sought from people about the quality of the service, but there was no record that confirmed the provider acted upon the shortfalls identified.

Relatives told us they felt listened to by the provider.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 12 February 2019).

### Why we inspected

We undertook a targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about management of medicines. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with the management of medicines, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for AmberGreen Health and Social Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

At our last inspection we rated this key question good.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

At our last inspection we rated this key question good.

**Requires Improvement** ●

# AmberGreen Health & Social 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 Health and Social Care Act 2008.

#### Inspection team

The 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, flats and specialist housing.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 16 March 2022 and ended on 19 April 2022. We visited the location's office on 16 March 2022.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We visited the office and spoke with the provider.

We spoke with 10 relatives by phone about their experience of the care provided. We spoke with 12 care workers or senior care workers by phone to understand their views about the service.

We reviewed a range of records including six people's care plans and medication records, daily notes and risk assessments. We looked at two staff files in relation to recruitment, as well as staff supervision records. We also reviewed a selection of other records relating to the quality, safety and management of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medication administration records (MARs) were written by the service. However, the information recorded was not sufficient to ensure the possible risks with administration were mitigated. For example, the dosage for administration and any special directions such as 'take with or after food', 'dissolve in water' or 'swallow whole do not chew' were not being recorded. The provider was unable to show up to date prescribing information from each person's GP and therefore they were unable to demonstrate that what was being administered was in accordance with the prescriber's instructions. One MAR did not have information relating to medication allergies even though these had been captured during an initial needs' assessment.
- MARs were not always being completed by staff following the administration of medicines. This meant the provider was unable to evidence that medicines were being administered by their staff in accordance with the prescriber's instructions.
- We found that people who needed to have their medicines administered directly through a Percutaneous Endoscopic Gastronomy (PEG), there were no robust clinical protocols in place to inform staff on how to prepare and administer these medicines safely. PEG is where a feeding tube has been placed through the person's abdominal wall directly into the stomach.
- People who had been prescribed medicines on a when required basis had written plans in place, however, the information included was not sufficient to inform staff of how to administer these medicines. For example, we saw written information for a pain medicine which did not describe the signs the staff should be looking for to support that person to take these medicines appropriately. Staff we spoke with had very little understanding of PRN (as and when required medicines) protocols. One staff member said, "Maybe PRN medicines are in the dossette box, I haven't come across that." Another staff member said, "PRN medication is given temporarily, I don't think there are PRN protocols."

We found no evidence that people had been harmed as a consequence of our findings and relatives told us when they needed help with medicines staff were there to support them. However, the failure to manage people's medicines safely was a breach of regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

### Assessing risk, safety monitoring and management

- The provider completed risk assessments to identify the risks people faced whilst receiving care and support. However, the information contained within most of these assessments was very limited. For example, documentation for somebody diagnosed with type 2 diabetes had a risk assessment in place. However, it did not provide any information relating to signs staff should look out for or actions to take if the person had a hypoglycaemia (when blood glucose levels fall too low). We spoke with staff, one staff member

said, "We would contact the community nurses if there were any problems with [people's] blood sugar levels and would refer to the care plan." The individuals care plan did not describe the person's medical diagnosis and had even less detail regarding what measures to take in the event of a medical emergency.

- The service was supporting people with both prompting and administration of medication. However, this was not always clear from the care records. For one person the initial needs assessment confirmed medicines were to be administered by staff, but the care plan stated the person required supervision and prompting. Daily notes were contradictory, for example; medication was prompted and given, and we gave [person] medication. This related to someone who we were advised required staff to prompt their medication only. This meant the information provided did not clearly indicate what medication support staff were required to undertake. This could also result in somebody missing their medication.
- Environmental risk assessments were carried out at people's homes. However, some of the risk indicators had been completed incorrectly. For example, risks relating to ramps and steps leading up to the entrance of people's homes.
- Staff we spoke with had a good understanding of known risks and felt that there was enough information contained within people's risk assessment documentation. All staff confirmed that they would call the office if they had any concerns.

We found no evidence that people had been harmed as a consequence of our findings. The provider responded to some of our concerns immediately following the inspection and advised that they are in the process of updating their risk assessment documentation. An example of the format they would like to use has been sent to the company that provide their electronic care system; and they are waiting to hear from them.

#### Preventing and controlling infection

- The provider shared their infection prevention and control (IPC) policy with us; however, we were not assured all staff were following this policy regarding COVID-19 testing for staff. Staff are required to self-test twice weekly; the provider was unable to provide evidence of this.
- People had individual COVID-19 risk assessments which provided information on how staff should support people and what personal protective equipment (PPE) staff should be wearing to ensure safe care was provided. However, these assessments did not provide any information about symptoms staff should look out for and what additional measures may be required in the event of suspected or confirmed COVID-19.
- Relatives we spoke with said staff always wore their PPE. One relative said, "[Family member] says they staff are always masked and gowned up."
- Staff had received training in IPC and told us they received regular competency checks specifically relating to IPC. One staff member said, "The management will check if we are wearing the correct PPE."

#### Staffing and recruitment

- The provider had not ensured safe recruitment practices were being followed. We looked at two recruitment records. For one of the applicants, references had not been certified, and the applicant had not provided a full employment history together with a satisfactory written explanation of any gaps in employment. Health screening questions for both applicants were missing and when the provider sent these to us upon request, the declaration section for one of the applicants had not been completed in full.
- There were enough suitably trained staff to meet people's care and support needs.
- Staff told us there were adequate staffing levels. One staff member said, "We get travel time in between care calls and we have enough time to provide the care and support we are supposed to."
- Relatives we spoke with said there was a regular team of carers. One relative said, "They have enough staff, they never seem to be short staffed, always a full team." Another relative said, "Yes there is a team of carers, it has been a regular team for the last few months."



### Learning lessons when things go wrong

- The provider confirmed they had a system in place to record incidents and accidents, however, there hadn't been any since their last inspection. Medicine errors would be reported to local safeguarding and discussed with staff during team meetings and at staff supervisions.
- Staff confirmed incidents such as falls would be discussed during team meetings or via the services WhatsApp group. If staff cannot attend meetings, they will ask their peers to update them.
- Minutes of meetings we looked at did not describe any lessons learned.

### Systems and processes to safeguard people from the risk of abuse

- Relatives we spoke with said their family member felt safe with the care staff who were supporting them. There had been a couple of occasions when people didn't feel safe. One relative said, "There was one particular carer that [family member] didn't get on with, I highlighted this to the provider, and they stopped sending that carer."
- All staff had completed safeguarding training and had a good understanding of how to keep people safe and protect people from potential harm. Care staff knew who to contact in the event of a safeguarding concern.
- Staff knew how to whistle-blow (report) on any concerns they may have had about the conduct of a colleague.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Management systems in place reviewed the quality of the service being provided, however, these were not effective. Medication audits were being completed by the provider, but these were not being carried out in an effective timeframe for any discrepancies to be investigated and actioned to protect people using the service. Care staff made us aware of two incidents relating to no medicines in the home for a period of up to three and five days respectively. This was queried with the provider and they were not aware of these concerns. This meant that reporting systems were ineffective, and people were at risk of harm due to not being administered or prompted with medication.
- The provider's other quality audits included dignity, recruitment, IPC and care planning. Care record audits completed by the provider did not identify there was no information in one person's care plan about how to prepare and administer medicines via a PEG. Other actions identified from the care record audit suggested carers observe people's mental capacity. The IPC audit for January and March highlighted the exact same concerns, there was no indication of who would be responsible to follow up findings and whether the issues were in fact resolved. There was no evidence that either of these audits had been discussed during team meetings. This meant that actions captured during quality assurance processes to drive service improvement were not taking place.
- An electronic care system was used which recorded care visits. However, information that we received highlighted several missed and unassigned visits. The provider confirmed that these visits had been accounted for. Daily notes shared for one person confirmed the reason why staff hadn't provided care. However, there was no recorded analysis of this information. This meant there was a possibility people weren't receiving planned care calls.
- The business contingency plan did not contain up to date information relating to the local authorities the service currently works with.
- The provider told us they kept informed of current guidance and legislation through the various forums they attended, to ensure their legal responsibilities were understood and met. For example, they understood their responsibility as a registered person to submit relevant statutory notifications to us (CQC) in relation to certain types of events and incidents. However, they had not always contacted other partner agencies about people they were supporting when there had been safety concerns. This meant opportunities to review people's care may have been missed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a

breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded to some of our concerns immediately following the inspection and said that they would take onboard the feedback we had provided following our inspection activity. The provider confirmed medication audits will be carried out monthly. In relation to care visits completed; the provider confirmed they will improve their electronic care system to consider people being in hospital or staying with family.

- Staff performance was monitored through regular one to one supervision, spot checks and competency checks by senior staff. Staff were motivated by the provider. One staff member said, "I really like the support I am getting from management."
- Relatives told us they felt listened to by the provider. One relative said, "I've been very impressed by the response of the [registered manager]." Another relative said, "I definitely think the service is well managed, I would always speak with the [registered manager] and have always felt listened to."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted a person-centred culture within the service. They led by example and supported staff to understand the services' visions and values. Senior staff visited people in their homes to assess whether care staff were respectful and treated them as an individual during their care visits.
- The provider confirmed that some people's care packages had been reduced due to improvements in their health and wellbeing.
- The majority of staff had completed person-centred care and dignity in care training.
- Staff enjoyed working at the service and said the provider was supportive. A staff member said, "The [provider] is very passionate about care. They used to work in care before and now have their own company that says a lot about the type of person they are." Another staff member said, "The management are transparent, they have described their expectations in relation to the quality of care we should provide to people. The [provider] has an open-door policy and the support is good."

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; Continuous learning and improving care;

- The provider understood their responsibility under the duty of candour. However, we discovered incidents and accidents had not been formally recorded or notified to the appropriate organisation even though the provider had confirmed a system was in place. During our phone conversation with one relative we were advised of two incidents involving their loved one, one relating to the environment and the other relating to an unwitnessed fall which took place prior to the scheduled call. By not reporting these incidents to other stakeholders this could have a negative impact on the care people received. This meant any shortfalls in care would not be identified and opportunities to prevent reoccurrence and learn lessons could have also been missed.
- The service improvement plan described how management will provide information to all care staff on how they can support the service to meet the health and social care regulations. However, there was no evidence in the recent meeting minutes we looked at confirming this conversation had in fact taken place.
- The provider was a member of various care related forums and groups specifically designed for registered managers working in domiciliary care. Attendance at these sessions provided peer support, sharing good practice and an opportunity to discuss lessons learnt.

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

- People and their relatives had the opportunity to provide feedback on the quality of the service when a senior member of staff visited them at home. An analysis of the information gathered was produced and highlighted some concerns with staff accents and communication. This concern was due to be followed up at the next team meeting, however this did not take place.
- Daily communication with staff took place via telephone and through mobile messaging as well as through regular supervisions. Minutes of meetings confirmed both office staff and care staff meetings were taking place. Agenda items included caseloads, staffing matters, training and development, IPC and audit and spot checks. However, the minutes lacked detail of the discussions that took place. This meant staff unable to attend the meeting wouldn't receive important updates relating to all aspects of the service.
- Care staff were also given the opportunity to anonymously feedback on their employment as well as their thoughts on the quality of the service being provided. However, there was no evidence to confirm the information captured was followed up and whether any actions were required to support staff with their work. This could potentially have a negative impact on staff performance and motivation.

#### Working in partnership with others

- The provider was a member of both care and nursing related organisations which provided them with up to date knowledge and insight into best practice.
- Care records and email communication shared by the provider confirmed the service engaged with both health and social care professionals to discuss people's support and care. One relative complimented the service, "The carers rang me up to advise [family member] had fallen over prior to their care call; and they had called the paramedics for support." Another relative, shared the same feedback, advising that the service had arranged for the ambulance crew to attend to their loved one.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to set up robust medicines management systems. This put people at risk of potential harm. Regulation 12 (1) (2)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to establish systems and processes to assess and improve the quality and safety of the service provided. Reg 17 (1)