

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Amber Support Services

52 Broad Street, Bromsgrove, B61 8LL

Tel: 01527873426

Date of Inspection: 13 May 2014

Date of Publication: June 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
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Care and welfare of people who use services	✓ Met this standard
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Safeguarding people who use services from abuse	✓ Met this standard
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Requirements relating to workers	✓ Met this standard
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Staffing	✓ Met this standard
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Assessing and monitoring the quality of service provision	✓ Met this standard
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Details about this location

Registered Provider	Amber Support Services
Registered Manager	Mrs Alison Mills
Overview of the service	The agency provides a personal care service to adults living in either their own home or supported living.
Type of services	Domiciliary care service Supported living service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 May 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

The focus of the inspection was to answer five key questions; is the service safe, effective, caring, responsive and well-led?

Prior to our visit we reviewed all the information we had received from the provider. We visited the organisations office base which was used as a day service and meeting centre and one supported living service. During the inspection we spoke with a total of five people who used the service and two relatives and asked them for their views. We also spoke with two care workers, one senior care worker, one office based member of staff, the registered manager. and the provider. We looked at some of the records held at the office including the care files for two people. We also observed the support people who used the service received from staff.

At the time of the inspection Amber Support services provided care and support to 11 people living in four supported living services, eight people who used outreach services either in their own home or local communities and a number of people who used their day service.

The summary below describes what people using the service, their relatives and the staff told us, what we observed and the records we looked at.

If you want to see the evidence that supports our summary please read the full report.

This is a summary of what we found:

Is the service safe?

People's needs had been assessed and individual care plans drawn up to meet people's needs. These assessments and plans included consideration of risks to the person and how these could be managed to keep the person safe. There were arrangements in place to deal with foreseeable emergencies.

People were protected from the risk of abuse because the provider had ensured that safeguarding policies and procedures were in place and available to staff. Staff had been trained in safeguarding and knew what to do in the event of abuse being suspected, witnessed or alleged.

Staff personnel records showed the provider had carried out checks before staff started work to ensure they were fit to work in health and social care. We found there were enough staff to meet people's needs. One person who used the service told us, "The staff are really good, they do their job properly and look after us". One relative told us, "The staff care and do a good job".

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. While no applications have needed to be submitted, proper policies and procedures were in place. Relevant staff had been trained to understand when an application should be made, and how to submit one.

Is the service effective?

People told us they were happy with the care they received and felt their needs had been met. It was clear from what we saw and from speaking with staff that they understood people's care and support needs and that they knew them well. We saw people being cared for and supported in accordance with their plans. We found the provider reviewed people's care plans and made changes if required.

We found the provider considered people's immediate and long term needs and wishes. For example, holiday arrangements and work aspirations were planned for along with daily care and support arrangements. One relative told us, "They plan for people to live their lives".

Staff had received training to meet the needs of the people using the service. We found the provider had provided additional training to meet people's needs as a result of this being suggested.

Is the service caring?

People were supported by kind and attentive staff. We saw staff talking with people in a kind, calm and respectful manner. Staff we spoke with were knowledgeable about the individual needs of people.

One person supported told us, "The staff are really good, they do their job properly and look after us". Family representatives told us they were happy with the way their relative was cared for and supported. One relative told us, "The staff care and do a good job". An office based member of staff told us, "The dedication and interest from staff is incredible".

Is the service responsive?

We found that each person's needs were regularly reviewed with care plans updated if needed. Records showed that people were supported in line with these plans.

People had access to activities that were important to them and had been supported to maintain relationships with their friends and relatives.

The provider had responded to representations and complaints and made changes as a

result. We saw the provider had put in place a system to ensure that people's views were sought and ensured these were brought to the attention of senior staff.

Is the service well-led?

We found that quality assurance processes were in place. People's views had been obtained by the provider along with the views of family representatives and staff. Relatives told us they were able to contact the provider and give their views. One family member told us, "They have dealt with problems and put them right" and, "They encourage you to give their views". We were told by staff that they are encouraged to raise any concerns they have with the provider.

The provider investigated accidents and accidents and carried out checks to ensure the health, safety and welfare of people supported, staff and others.

We found that staff received training and the provider was able to provide evidence that most of the staff held vocational qualifications relevant to their role. Staff told us that that training was provided to assist in their professional development. One staff member told us, "They're very good at helping us get qualifications".

You can see our judgements on the front page of this report.

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More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence were respected.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them. We looked at the care plans of people receiving care, treatment and support. We saw in care plans that people had been involved in drawing up and agreeing their plans. We saw that computer based presentations recording people's achievements were used at people's review meetings. The provider explained that this meant that people were involved with their keyworker in making the presentations and that they used them at care plan review meetings. One senior staff member told us "People are supported to take the lead at their meetings, talking about their care and their achievements". We spoke with two family representatives who told us that they and their relative had been involved in agreeing their care and support arrangements.

We saw the provider had in place a handbook for people. The handbook was written in plain language and had pictorial information. The handbook explained the service to be provided and was signed by people or their family representatives. We saw in handbooks the provider had discussed the statement of purpose, service user guide, complaints policy and out of hours on call service with each person. People we spoke with and their family representatives told us they had received this information and knew how to contact the provider in an emergency or to make a complaint. People who used the service were given appropriate information and support regarding their care and treatment.

We visited four people in their own home. One person told us they worked with other people supported by the agency helping them to express their views. They explained that they attended meetings of people supported at their request and helped people make their views known to the provider. The provider told us the person was paid when doing this work. The person told us they were paid and showed us the job description for the role. They gave examples of how this had worked to benefit people. We were told of one occasion where people living in a supported living service were having problems with plumbing. The person was able to support people to work with the provider to get the problem sorted with the housing provider. The person told us, "I enjoy helping, it's very

nice" and, "We've also talked through worries about cuts". The provider told us, "This role is very important to us as it means people who don't find it easy to make their views known have someone to help". We saw records of meetings where this process had been used.

People were supported in promoting their independence and community involvement. One person told us, "I'm going on holiday with my keyworker tomorrow". Family representatives we spoke to told us, "They support people to do activities and make friends" and, "People are supported to be as independent as possible". We saw in people's care records that activities both inside and outside the home were planned and had taken place. This included leisure activities such as swimming and educational activities such as attending college courses.

Throughout the visit we observed people being supported in the organisation's offices and in their own homes. We saw staff caring for people in a kind, calm manner. We saw people engaging in a variety of activities including craft work and cooking.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

In care plans we saw that people's needs had been assessed with plans drawn up that identified how people's needs would be met. These assessments and plans reflected people's individual needs and circumstances. We saw these assessments and plans considered people's immediate and long term needs and wishes. For example, holiday arrangements and work aspirations were planned for along with daily care and support arrangements. One family representative told us, "They plan for people to live their lives". We saw that people reviewed their care plan with their keyworker every month. People's needs were assessed and care and treatment was planned and delivered in line with their individual needs.

We saw in care plans that risk assessments were carried out. These identified how people's individual needs were to be met whilst ensuring people were safe and well cared for. We saw that these assessments and plans were regularly reviewed and adapted where required. The provider told us that senior staff worked alongside care staff to ensure staff implemented these plans. One senior member of staff told us "We work with staff to monitor they are following risk assessments". An example of this included changes to moving and handling arrangements. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

The provider explained that a copy of the care plan was kept by people in their homes and was used by staff supporting people. The provider explained that they ensured that both the care plan in the person's home and the copy held by the provider were altered when changes were made. We compared the care plans people kept in their homes with the information held at the provider's office and found that both were up to date and accurately described people's needs.

Individual activity plans were in people's care records. We saw that these plans identified activities in people's homes and in their communities. The provider told us they planned for people to participate in sports activities every Friday. They explained that they felt it was important to encourage people to take part in sports and break down the barriers to people doing so. We saw these sessions took place and were attended by people. One person we spoke to by telephone told us, "The sports on Friday is good".

We saw that people's preferred methods of communication had been assessed. Plans had been put in place to meet these needs which included the use of non-verbal communication methods and the use of the computer. We saw in people's care plans that these plans were reviewed. Staff training records showed that staff had been trained in these methods.

The provider told us that they had an on call system in place to cope with emergencies. We spoke to members of staff who confirmed that they knew how to get support in the event of emergencies. We saw the provider's policy for on call support. In people's care plans we saw that individual information for dealing with foreseeable emergencies had been identified and documented. There were arrangements in place to deal with foreseeable emergencies.

We saw in care plans that people's capacity to make decisions was assessed and incorporated into care planning. We saw records of best interest decision making for one person who underwent surgery. This process involved the person, their family representatives and professional health staff and detailed the decision made and reasons for the decision. There were no deprivation of liberty safeguards in place. The provider explained to us how they would make an application if it was considered to be in a person's best interests. We saw the provider had made an easy read summary of the Deprivation of Liberty Safeguards available to staff.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We saw that a copy of the local Council's safeguarding policy and procedure was in the provider's offices and the supported living service we visited. We looked at staff training records and saw that staff had received training on safeguarding and on the Mental Capacity Act. We spoke with three members of staff who were able to tell us what they would do in the event of abuse being witnessed, suspected or alleged. Staff told us they were confident that any concerns they raised would be listened to and acted upon by the provider. One senior staff member explained that at a recent team meeting a member of care staff had run a session for staff on how to respond to safeguarding concerns. We looked at the records of this meeting held in July 2013. People we spoke with told us they would be able to speak up if they were not happy with the way they were treated. One person said, "Yes, I would tell them". Family representatives we spoke with confirmed they would be able to raise any concerns and were confident their concerns would be treated seriously by the provider.

The provider had not raised any safeguarding alerts in the previous twelve months. We discussed this with the provider and they explained to us how they would respond if an allegation was made.

We saw the provider had in place policies and procedures for whistleblowing and complaints. The provider told us staff were given question and answer sheets to complete before their supervision with their manager. We saw examples of these and saw that the completed questions were discussed at staff supervision meetings. This meant the provider ensured staff understood how to raise concerns.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at two staff personnel files, which included a recently appointed member of staff and a longer serving staff member. We saw the provider had obtained references from previous employers and confirmation from the disclosure and barring service that people were fit to work with vulnerable people. These checks had been carried out before staff started work. A completed application form that detailed the employment history, experience and qualifications of applicants was in the staff files. We spoke with the provider who told us, "We check staff's suitability to work with people and if needed carry out risk assessments to help us make decisions". This meant that appropriate checks were undertaken before staff started work.

In staff personnel files we saw records of the recruitment process used. This included notes from the interviews carried out with staff prior to their appointment. We saw the provider had asked a range of questions to test the applicant's suitability. The provider told us that people supported had been involved in recruitment processes. People we spoke with told us, "I choose my keyworker and staff". One relative we spoke to told us, "We knew some of the staff from the past and were pleased they were working for Amber". We saw the provider had in place policies and procedures for recruitment and selection and induction and probation. This meant the provider had effective recruitment and selection procedures in place.

We discussed with the provider the action they would take if a member of staff was found to be unfit to work in health and social care. They explained to us the action they would take. This showed the provider had in place a policy to ensure that staff who were unfit to work with vulnerable people were referred to the appropriate authorities.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

In addition to the registered manager and office based staff, the provider employed four team leaders and 29 care staff. Team Leaders were responsible for different services with staff teams allocated to them. One was responsible for three supported living services, one for a larger supported living service, one for outreach support to people living in their own homes and one for day service activities. We spoke with the provider regarding the level of staffing in each area and looked at staff rotas for one supported living service and the staff schedules for outreach work. We saw the provider had carried out an assessment of the staffing levels needed to provide care and support in the supported living and outreach services.

We saw in people's care plans that the amount of staff time and how many staff were required was documented. We saw on staff rotas that this level of support was provided. The provider told us that agency staff were not used, with staff cover provided by existing staff. We saw on rotas that this was the case.

Staff training records showed that staff received training needed to support people. Care qualifications were held or worked towards by 22 of the 29 care and support staff. We were told by staff that training was provided to assist in their professional development. One staff member told us, "They're very good at helping us get qualifications".

One person told us, "The staff are really good, they do their job properly and look after us". Family representatives said, "The staff care and do a good job". We saw staff from the organisation had been nominated by the provider for national awards. An office based member of staff told us, "The dedication and interest from staff is incredible, I've seen them give presentations to their teams which gives them confidence and a sense of ownership".

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We saw the provider had carried out surveys to obtain the views of people supported. Two different surveys had been used one for people who used supported living services and another for people who used outreach services. These surveys were easy to read and used pictures to aid people's understanding. We saw that the findings of these surveys had been summarised and had resulted in some changes. The provider had carried out surveys with staff and family representatives. We saw that changes had been made as a result. One example was the provider now provided some additional training for staff, which had been raised in the staff survey. We saw the provider carried out exit interviews with staff leaving the organisation to gather their views.

Family members told us they were able to contact the provider and give their views. Relatives told us, "They have dealt with problems and put them right" and, "They encourage you to give their views". We were told by staff that they are encouraged to raise any concerns they have with the provider. We saw records of house meetings held in supported living services and saw that people's views were recorded in the minutes. We were told by one person supported that they had talked with the provider on behalf of other people and that changes were made as a result. This meant the provider ensured that people who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

The provider kept records of comments and complaints. We looked at the records of two complaints received in the last 12 months. One of these complaints was made by a member of the public, the other by a person supported. We saw the provider had carried out investigations into both complaints and provided feedback to the people who raised the complaints. The provider had made changes as a result of these investigations. These included providing further training and supervision to staff. This showed the provider took account of complaints and comments to improve the service.

The provider had in place up to date policies and procedures on accidents and incident investigations. We looked at records kept by the provider that logged accidents and incidents. We saw the provider investigated incidents and had made some changes as a

result.

We saw the provider had in place health and safety policies that considered the risks involved in staff working alone in people's home. The provider told us how individual risk assessment and lone working policies and procedures operated. We saw plans that detailed how personal safety and security was protected for people using the service and staff

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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