

Amber Support Services

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Inspection report

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Ratings

Overall rating for this service

Outstanding



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Outstanding



Is the service responsive?

Good



Is the service well-led?

Outstanding



Overall summary

We undertook an announced inspection on 22 October 2015. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes and or the family home we needed to be sure that someone would be available at the office.

The provider registered this service with us to provide personal care and support for people with learning disabilities who live in their own homes. At the time of our inspection 11 people received care and support services.

There was a registered manager in post. On the day of our inspection they were not at work but the director was overseeing the registered manager's responsibilities until they returned to work. 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.

Summary of findings

People were supported to make safe choices in relation to taking risks in their day to day lives. Staff had been trained and understood how to support people in a way that protected them from harm and abuse. This included using technology and aids to enable people to be safe whilst remaining in their own homes.

There were sufficient staff to safely support people who used the service. The management team monitored staffing levels and made sure extra staff were available when needed. The management team had completed checks on staff prior to them starting to work to make sure they were suitable to work with people in their homes.

People were involved in saying what their preferences were for receiving their medicines and what support they wanted from staff. Where people received their medicines staff were trained to administer these and made sure people had their medicines safely and when they needed it.

Staff were very positive about working for the organisation and understood and practised its values around providing a service to people in their homes. Staff felt confident in their roles because they were well trained and told us the management team were always available for support and advice both day and night. People who used the service and staff had adopted the five key questions used by the Care Quality Commission to judge whether people were receiving safe, effective, caring, responsive care that was well led.

The management team ensured staff had many varied training opportunities and were recognised by awards relevant to providing care to people with learning disabilities in their homes. Staff were motivated and passionate about using the knowledge and skills gained from training to ensure the best possible outcomes for people. Staff had used their knowledge in practice on many occasions to support people in gaining health diagnosis's and treatment which had a significant impact on enhancing how well people felt.

People were supported to make their own choices and decisions about aspects of the services they received at home. This included staff making every effort to enable people to consent to the way they received their care to meet their needs by using pictures and symbols. When people were unable to consent to their care best interest discussions took place so that decisions were made by those who knew people well and had the authority to do this.

Where people needed support in their homes to assist them in eating and drinking to meet their needs staff did this in the most appropriate way for each person.

Staff were kind and encouraged people to remain living in their homes as independently as possible. Staff knew people well and were able to understand people's unique ways of communicating. People led their own care reviews and were supported to review their care regularly with staff, to ensure it met their individual preferences and needs. Staff recognised people's diversity and supported them as individuals and on many occasions staff went above and beyond their roles to help people to live the lifestyles they chose. There were many opportunities for people to voice their opinions about the services they received at home and participate within the community they lived in.

The management team and staff shared common values about the aims and objectives of the services people received in their homes. These were based around people being supported to live the lives they chose. Regular quality audits and checks were completed so that improvements were continually recognised and there was effective follow up action which made sure people received a high quality service. People who used the service and all staff were actively encouraged to contribute to the evaluation of the services provided and the recommendations for improvement. The management team and staff worked together as a team with a passion to learn about and aim for best practice with people very much at the heart of the services they received in their homes.

Summary of findings

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. Staff understood how to recognise and report any concerns they had about people's safety or risks to their wellbeing. There were a sufficient number of suitably recruited staff to meet people's diverse needs. Staff had received training to make sure people had their medicine when they needed it.

Good



Is the service effective?

The service was effective. People experienced achievable outcomes to manage their health needs as a result of staff knowledge and positive attitudes. Staff were actively supported and encouraged to undertake training which enabled them to meet people's individual and sometimes complex needs. People were supported to understand information about their care and support by staff recognition of people's unique methods of communication. This placed people at the heart of their care in accordance with the principles of the Mental Capacity Act 2005.

Good



Is the service caring?

The service was caring. People told us they liked the staff and the care they received was described as outstanding. People were at the heart of the services they received at home and importance focused on supporting people to share their views using creative methods of communication. Staff went above and beyond to make sure people received the care they wanted and staff knew what was important to people. People's privacy and dignity were respected and promoted by management and staff who were highly committed to providing support in a caring and compassionate way. People were encouraged and empowered to develop independence by a highly motivated staff team who valued the need for people to maintain as much independence as possible within their motto of 'Because you can.'

Outstanding



Is the service responsive?

The service was responsive. People received care and support which was personal to them and was kept under continuous review by staff. People's preferences and wishes were respected and people received their care and support the way they wanted it. People were encouraged to raise any complaints or concerns and were given opportunities to do so.

Good



Is the service well-led?

The service was well led. People were very happy with the care they received which was very much led by them. The provider was an excellent role model who used innovative and creative ways to empower people to direct and choose how the services provided supported them to live their chosen lifestyles. The provider sustained a vision and values which kept people at the heart of the services provided and made sure these underpinned staff practices. Staff were proud of their achievements and used awards they were nominated for to promote and drive through continual improvements and provide consistently high quality services. The provider and staff team worked in partnership with the local community and other organisations for the benefit of people who used the service.

Outstanding



Amber Support Services

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 was an announced inspection which took place on 22 October 2015 by one inspector. The provider was given 48 hours' notice because the organisation provides a domiciliary care service and we needed to be sure that someone would be available.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information held about the service

including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us.

We asked the local authority if they had any information to share with us about the services provided at the agency. The local authority is responsible for monitoring the quality and funding for people who use the service.

We spoke with four people who used the service, eight staff, the HR manager and the director. We also spoke with four relatives by telephone and received information from a social work professional and another professional who had involvement in the services provided.

We looked at the care records for two people including one person's medicine records. We also looked at three staff recruitment files, complaints and compliments, staff meetings and other records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

People who used the service and relatives spoken with told us they felt safe with staff who came into their homes on a regular basis to support them. One person said, “They (staff) are nice to me, I like them.” A relative told us, “I just know she is happy, feels safe with staff and she is not going to be ill-treated.” We met with some people who used the service and staff. We saw people chatted, laughed and joked with staff. People’s body language and facial expressions indicated people were comfortable in the company of staff and they felt safe.

We saw staff had received training on how to keep people safe from harm. Staff we spoke with had a good understanding of the signs of potential abuse and how to report this so that people felt safe in their own homes. For example staff said they would observe changes in people’s behaviour or signs of neglect which could indicate people were at risk of harm. They understood how to report their concerns to the management team and or external agencies such as the local authority or the Care Quality Commission.

People told us staff encouraged and helped them to be safe. One person we spoke with told us staff did know how to support them in a safe way as they, “Help me in the right way” with medicines and personal care. A staff member who was providing support to this person knew how to manage the risks to them which matched what this person had told us and the details in their support plans. We saw there were plans to guide staff about the best way to reduce risks for people. Recommendations from different professionals had been included and staff told us plans provided guidance to them on how to care for people safely and that they had the training to do this. For example, a person was supported by staff to make sure they wore their aid to keep them safe. The staff member who was supporting them also knew when it would be safe for this to be removed. Staff we spoke with also told us how they supported people to stay safe in their homes, while minimising restrictions on their freedom and maintaining control of their lives. For example, a person had been provided with a pictorial version of how to keep themselves safe when strangers were at their door so that they knew how to protect themselves.

We spoke with staff about how they supported people to manage risks to their wellbeing and safety. Staff told us

about the systems they worked to for accessing someone’s home and supporting people with financial tasks such as shopping. Written policies and procedures were in place for staff to follow so that they supported people in a safe way to prevent people being vulnerable to abuse of their money, home or possessions. We saw risks related to people’s home environment and the use of equipment to assist people had been considered when assessing potential risks of harm to people in their own homes. This included the use of technology and aids to assist people and to increase their independence to live at home whilst keeping them safe. For example, one person was supported to have a bell and a two way intercom so that they could raise the alarm to staff if they needed help. Lifeline alarms were also installed where appropriate. People were also supported by staff to be referred to other professionals, such as, occupational therapists for equipment to support people with their levels of independence, safety and to remain at home.

The management team and staff had access to the documentation about any accidents, incidents and concerns which had happened. We saw that where incidents had occurred the management team and staff had learnt from these and taken action to improve the safety of people. Staff told us any learning and ways of improving were discussed and shared with them to inform their care practices. The director told us there was an inclusive approach between both the management team and staff to learning from incidents for the benefit of people who received support services at home.

We looked at the arrangements the provider had in place to assure themselves that only staff suitable to provide care and support to people in their homes were selected and recruited. Staff told us they had completed an application form and were interviewed before they commenced their employment. We spoke with a member of the management team who was responsible for staff recruitment and training. They told us and showed us written references were obtained from staff’s previous employers and they followed these up by also speaking with former employers. We also saw Disclosure and Barring Services (DBS) checks were completed. A DBS check helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People told us staff were available to provide them with assistance and support to meet their care needs. One

Is the service safe?

person said, “They are there when I want them.” This was also confirmed by relative’s we spoke with who told us staff’s availability and reliability was excellent. One relative said, “The service is very flexible and staff help at short notice which is brilliant.” All staff spoken with told us they never felt rushed when supporting people and staff consistently confirmed this enabled them to provide high quality care and support to people. Staff also confirmed they used the mobile telephones they were supplied with to message their arrival at people’s homes which helped to ensure people who were unable to alert the management team they had received the support and care they required. The director and staff told us staffing levels were based upon the assessment of people’s individual needs. This was to make sure they had enough staff who would be available at the times people needed care and support. We heard many examples where the care and support people received was centred on their individual routines and lifestyle choices. For example, one person regularly enjoyed nights out and they wanted to come home late but needed support. This person’s needs were responded to but in doing so staff worked with this person to redesign their care rota to make sure this happened in practice for this person.

We saw evidence of flexibility to cover emergencies. For example, there was an established ‘on call’ system which enabled the management team to divert or allocate staff to visits when the need arose. The provider also made sure they had additional staff resources to support people in times of crisis without impacting on the demands of the service by other people.

One person spoken with told us staff supported them to take their medicines safely. They showed us their medicine records. These had been followed and completed by staff to reflect this person had their medicines as prescribed. Relatives told us their family members were well supported with their medicines by staff where this was needed. Staff spoken with told us they had the training and skills they needed to support people in taking their medicines safely. Staff were able to share their knowledge about how to administer certain medicines to meet people’s specific health needs, such as, epilepsy so that risks to people were reduced. A staff member said, “The training is good and we also do competency checks on staff to make sure they give medication safely.” These approaches helped reduce potential further health complications and protected people from the risk of unsafe administration of their medicines.

Is the service effective?

Our findings

People we spoke with said staff knew how to support them in their homes. One person told us, “They [the staff] do help me” and “Know my care well.” Another person said, “Great care.” One relative said, “The staff are excellent. They know what they’re doing”. Another relative said, “They (staff) keep an eye on her and definitely know what they are doing. They are brilliant.” Another relative told us how their relative had a specific health condition. They told us staff recognised when their family member needed them to take action which staff had done when required so that their family member’s health needs were met. The relative said, “I would call this outstanding practice.” A social work professional told us staff were committed to providing the best quality care to people.

The director told us all new care staff received an induction prior to working independently with people in their homes. They had now introduced the care certificate as they felt this would help to further enhance the skills and knowledge of new staff when they started their roles. The care certificate has been introduced nationally to help new care staff develop and demonstrate key skills, knowledge, values and behaviours. One staff member told us their induction and the time spent working alongside more experienced colleagues had prepared them for when they had begun working on their own and to feel competent in supporting people with learning disabilities.

Staff we spoke with told us they had opportunities to improve their skills through encouragement to do ongoing training to acquire nationally recognised qualifications in care. Staff gave us examples of when people’s needs directed additional training and or when staff had a particular interest around a subject to enhance their knowledge this was readily sought. For example, a staff member said they were supported to undertake a course about dementia. They told us how they were applying this course to their practice when they supported people in their homes. Another example was a medicine which required staff to administer in a specific way but in order to be able to do this effectively, additional medicine knowledge was needed. Staff we spoke with told us they had had this specific training. They were able to describe how this medicine should be administered and in what particular circumstances so that people’s needs were effectively met.

Staff told us when they had completed training they felt this not only helped them to provide high standards of care but also to feel proud of their achievements. A staff member said photographs were taken of staff with their certificates to celebrate their achievements. They told us, “This helps me feel a sense of pride; I use my training to benefit clients I support. It is all about the clients we support in their homes.” Another staff member said, “The training we get helps us to meet our values and promise of ‘Because you can’ to our clients as it is tailored to support and meet their individual needs.” A further staff member told us, “They (management team) go above and beyond to find us courses. Never worked for a company where this has happened before, it is absolutely amazing.”

Staff gave us examples of how they used their knowledge from their training to improve people’s quality of life. For example, one person’s physical abilities had increased since they had changed their service provider to Amber Support Services which resulted in them not relying on their wheelchair as much. We met this person and they felt that the staff had actively promoted and supported this progress. Another person was not sleeping in the summer months at their home. A staff member told us this impacted upon how much energy they had to do things in the day. Staff used their knowledge to make a suggestion to this person’s family. This helped to find an effective solution so that this person slept well at night which supported them in enhancing their wellbeing as they had more energy to do things they liked to in the day.

Staff we spoke with told us they felt supported in their roles and we saw staff made compliments about the support they received. For example one staff member’s compliment stated, ‘The amazing support from management is phenomenal throughout.’ Another staff member told us, “They (management team) have let me grow, built up my confidence, they are brilliant.” Direct observations of staff’s practices were completed and we heard how these checks together with the support they received helped them to develop and achieve best practice.

Staff who supported people with their decisions had a really good understanding of their responsibilities in relation to the Mental Capacity Act 2005 (MCA). 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

Is the service effective?

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 we spoke with showed us they were supported in making their own choices and decisions about the care and support they received. When we spent time with people at the office we saw examples where this happened. For example, a staff member reminded one person of the time as they were going to a place where they spent recreational time. However, this person said they wanted to stay longer and speak with us. The staff member respected this person's decision. When this person was ready to leave they indicated this to the staff member. Staff spoken with told us they embraced the ethos of 'Because you can' in empowering people with learning disabilities to make their own decisions. One staff member said, "Just because we support people with learning disabilities does not mean we take away their capacity to make their own decisions we just use different methods to help them." Some of the methods staff had adopted to empower people to be part of the care they received and to make decisions included the use of technology. This enabled people to lead their own annual care reviews so that they were not only consenting to their care but clearly directing it. A staff member said we, "Support client's choices to make decisions in a simple way for them to understand by using symbols and pictures."

People told us staff sought their consent and acted in accordance with their wishes. One person told us, "You're allowed to make your own decisions." Another person said, "Staff listen to me and what I want to do." People's consent to their care had been recorded in their support plans and these were signed by people who were able to do so. Consent had been sought with regard to the management of finances and administration of medicines. One person told us how staff helped them with their money but this was at their request and on their terms.

Staff spoken with were aware if they suspected a person did not have the capacity to make specific decisions about an aspect of their care this would need to be assessed and a best interest decision made. We saw some aspects of people's mental capacity had been discussed and had involved family members and or professionals. Whilst these

did not impact on how the provider supported people, they still made staff aware so that they could consider whether there were any implications which might affect how they provided personal care to people.

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. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this

Service must be made through the Court of Protection. The director and staff spoken with confirmed they had not needed to deprive anyone who used the service of their liberty but were aware of the procedures to follow. Staff told us they had received training in equality as part of their induction. They recognised people's individuality and worked with people to provide care with the minimum of restrictions. A member of staff said, "We want people to live their lives as they want to." Another staff member told us how they had discussed with the management team any restrictions on people's liberty and freedom and knew the action they needed to take if people had restrictions in place.

People we spoke had help with shopping, cooking and meal preparation if they needed support as part of their care needs. One person said, "Very happy, they (staff) know what I like." Another person told us staff helped them to cook their meals and eat healthy food. A relative told us, "They (staff) understand how [person's name] likes their food." Staff were able to describe how they knew about people's specific eating and drinking likes and dislikes, such as, one person liked the crusts cut off their bread and another person liked a specific number of pieces of kitchen towel at mealtimes. All staff we spoke with said it was important to know about people's eating likes and dislikes as people with autism would show signs of distress if their particular eating routines were not followed. Staff told us this could impact on how much they ate.

Staff we spoke with confirmed they were aware of people's needs in relation to eating and drinking enough and knew how to report concerns back to the management team. One staff member said a person was not always eating their teatime meal and they found effective solutions which were right for this person to support them in meeting their

Is the service effective?

nutritional needs. These solutions included, sitting with this person when they were eating their meal. They found this was particularly effective as this person enjoyed company whilst they ate their meal.

Staff were able to give us many examples of how they supported people to remain healthy and well. The director told us and we saw information about one example where due to staff support a person's current health needs were effectively met. This person had visited their doctor's surgery on several occasions but continued to be in some discomfort. However, through staff's commitment and perseverance to enhance this person's health and wellbeing further medical advice was sought. This supported the person to obtain the correct diagnosis and treatment which we saw and we heard how, as a result of this, it had a direct impact on improving this person's wellbeing. Staff confirmed the management team had clear expectations about what they should raise with priority to

them so that steps could be taken to support people in their homes. For example calling the doctor if people's health deteriorated. One person told us if they needed to see a doctor staff would help them to make contact with their doctor if they wanted them to. We heard from people who used the service and relatives how through staff working closely with health professionals, it supported people in maintaining good health. Another person who started to receive a care service at home was identified as experiencing ongoing health issues. Staff encouraged and supported this person to undergo a specific medical test at hospital. We saw the impact for this person in staff doing this was that they received the treatment they needed to respond to their needs which enhanced their wellbeing. A lead nurse at the hospital was complimentary about how well supported this person had been by staff which resulted in them having the medical test and coping well with this.



Is the service caring?

Our findings

People told us they liked staff who supported them. One person told us, “I like them” and followed this by smiling and saying, “They (pointing to staff member) are really nice.” People said staff were friendly and helped them. When we spent time with some people who used the service and staff we saw people liked staff and staff were considerate towards people. For example, staff spoke with people in a caring and respectful manner. They addressed people by their chosen names and we saw they had developed good relationships with people they supported. Relatives told us both the management team and staff were caring in their approach. One relative told us, “They (staff) go above and beyond to show they care about [person’s name], it is more than just a job to them.” This was also echoed by a social work professional who told us staff were compassionate in providing care.

Staff we spoke with showed us they were passionate about their work and in trying to do the best they could for people who they supported. This included getting to know people who they provided care and support to. We saw staff used this knowledge they had about people when they supported people to meet with us. For example, a staff member supported a person to talk about their role with us as they supported other people to share their experiences of the services they received in their homes. Staff were also aware of this person’s likes and laughter was shared as this person showed us their photographs of one of their favourite things to do and how staff supported them in doing this. There were also examples where staff took time outside of their working hours to visit people they supported whilst in hospital with one staff member explaining how it was important for them as it strengthened the relationship between them.

A staff member told us how they supported people to be more independent and gain new life skills. They told us this is something they felt staff did really well and “Empowered clients to try new things and develop life skills.” One example was how staff had enabled a person to become more independent with certain life skills. They had spent time with the person so that they were then able to be more independent in getting dressed and drying their hair after swimming. For this person, it was seen as a great achievement and they were proud of this and the development of these skills. We saw a compliment from

another person who used the service which confirmed how staff had helped them. They stated, ‘They help me to shower feel better about myself, help me to lose weight and feel confident about myself.’

We also heard from relatives about how staff helped their family members in a caring and compassionate manner. For example, a relative told us it was not unusual for staff to appropriately hug and kiss their family member. This relative told us they felt touch was an important human need. They described staff as patient and said they took time to chat to people, so that people felt comfortable and secure with staff in their homes and when going out. We saw some examples of this when we met with people at the office. For example, people were warmly welcomed by staff which included the director who asked people if they would like a drink. They had no hesitation in making drinks and brought them to people. People we spoke with told us they regularly visited the office and showed they were familiar with both the staff they met and the office environment.

Staff we spoke with told us how they kept people at the heart of the services they provided. One example was the ‘life books’ which were presented to people who used the service by the director. They included photographs of the experiences each person had had in their lives. One person specifically came into the office during the inspection because they wanted to show us this creation. They indicated that they were clearly pleased and proud of this piece of work as they recalled the moments some of their photographs were from. These books were implemented as a result of feedback from relatives that they would like more photographs of their family members to capture their experiences. Another example was when a staff member explained to us how they spent time supporting a person to find some work. We saw the photographs which celebrated this person’s achievement in doing this. The staff member who supported this person showed they were passionate about ensuring this person continued to be supported in their work. Another person wanted to send something to a member of the royal family and staff went the ‘extra mile’ as they made time to support them in doing this. We spoke with this person and as they recalled the item they had made their facial expressions showed they were really happy to have been able to do this with staff support.

Staff we spoke with told us they worked in small teams which ensured continuity of care for people they



Is the service caring?

supported. Staff also told us their schedules allowed for staff to spend the full allocation of time with each person they supported so that staff did not feel they had to rush people with their care routines. The management team matched staff with the personalities and likes of people who used the service. In doing so, this provided continuity of care whilst also enabling staff and people to talk about, share and pursue similar interests which they both then got a sense of achievement from. Staff told us how they had developed close relationships with people they provided care to over time. We saw staff showed they were sensitive to people's communication needs and provided explanations to help people understand. For example, a person showed us how staff had developed pictures to support them to understand their behaviour which could impact on other people so that they could help themselves.

We also saw how staff supported another two people with their different communication needs so that they were able to share their own experiences of the support they received with us. In doing so people chose to show us some of their support plans. We saw these plans reflected a personalised approach to supporting people to meet their individual care needs as they confirmed what people told us about the way they preferred their care. Support plans were detailed and contained lots of information about people's routines, choices and the level of control they chose to maintain over their care. They were written to take into account people's different communication needs. For

example, pictures and symbols were used alongside the written word. People told us they were involved in contributing to their support plans so that they were personal to them. Both people who showed us their records showed pride in telling us these were their records.

We heard from people who used the service and relatives how staff protected their privacy, dignity and independence when assisting people in their homes. One person told us, "They help me when I want them to." Relatives told us they felt staff always respected people and made sure their dignity was maintained. One relative told us, "Staff treat [person's name] as equally as you and I." Staff we spoke with described a consistent approach to understanding people's privacy and independence. For example, staff were helping one person when they used the telephone but this person wanted to have more independence and privacy when making their telephone calls. Staff along with this person did some research and found a telephone to suit this person's individual needs so that they were able to use this independently and in private within their home.

We saw staff had access to advocacy support should people require this and people were provided with this information when they commenced with the agency. People had family or people they had identified to act on their behalf and we saw this was agreed with people where required.

Is the service responsive?

Our findings

People spoken with indicated they received care and support in a way that was individual to them. For example, people showed us they were involved in planning and agreeing their care by the use of pictures and staff helping them to express their care needs. A relative told us, “The staff are great; they always explain things in a way she understands.”

There was a detailed assessment of people’s needs which informed their support plans. This included people’s preferences and routines and had been completed alongside each person and their relatives where this was appropriate. One person we spoke with showed us their support plans and happily agreed that these described their needs. They felt the information was correct in what support they needed and when they liked to receive this and showed staff had access to plans to enable them to respond to people’s individual needs. The information in this person’s plans helped us to have a conversation with this person about their needs as the plans provided a good insight into this person’s care needs and into their daily routines. People led their own reviews of their care and staff were guided by the person’s wishes and preferences in terms of setting goals and reviewing their achievements.

Staff were able to provide examples of how they provided personalised care and support to people which responded to people’s needs. For example, one person’s needs increased and staff worked with the family, doctor and the local authority so that this person could remain in their home with the care they needed. The doctor had confirmed this person’s skin texture, hydration and wellbeing was evidence of the quality of the support they received. Another person who started to receive a care service at home was identified as experiencing on-going health issues. Staff encouraged and supported this person to undergo a specific medical test at hospital. We saw the impact for this person in staff doing this was that they received the treatment they needed to respond to their needs which enhanced their wellbeing. A lead nurse at the hospital was complimentary about how well supported this person had been by staff which resulted in them having the medical test and coping well with this.

Staff told us the care and support people received in their homes was flexible in meeting each person’s diversity. They had discussed with people who used the service the

individual issues which were important and mattered to them which included people’s religious or cultural preferences. For example, one person preferred female staff to assist them in meeting their personal care needs and this was respected. People who used the service told us they independently managed their own hobbies and interests. However, we saw consideration of these because people were supported by the care service they received from staff to go out and about in the community. For example, due to staff meeting a person’s care needs they were enabled to live their lives and travel as they chose to. This person showed us in photographs what the care service they received at home meant to them. We could see by their body language and facial expressions their sense of wellbeing had been enhanced by staff helping them to meet their daily routines.

Staff told us and we saw care was actively planned with people. Care reviews were completed in partnership with people and dependent on their individual needs, which we saw for some people was the use of pictures to illustrate their care. We also saw people’s annual reviews were celebrated and people invited who they wanted to be present and the use of technology enabled each person to be able to take the lead in their own care review. For example, drinks were served and people were supported to present their individual support needs on a large screen in an easy read format to review their support plans and any changes required. We saw the Care Quality Commissions five key questions, safe, effective, caring, responsive and well led had been incorporated. Staff who we spoke with told us this gave them a good indication of how they were achieving the best outcomes for people. People who used the service knew the questions as we saw some people had used their own artwork to illustrate what the Care Quality Commissions five key questions meant to them.

We saw staff listened and responded when people’s needs and views had changed. For example, one person was being supported by staff so that they could explore their housing needs. We saw a staff member spoke with this person to provide them with reassurance when they asked them some questions about what it would be like to live alone. This was done in a patient way and this person’s body language and facial expressions became more relaxed as the staff member chatted to them to confirm they could just try it at first if they wanted to. Staff also told us they shared daily information between the staff team so that any changes in people’s needs were responded to and

Is the service responsive?

concerns about people were monitored at each visit made. We heard about an example where staff had adapted the way they supported one person with their evening routine around their personal care. Staff told us this had a positive impact upon this person as it made sure their needs were effectively responded to in the right way for them. Another example was where staff noticed a person's finger had become infected and they made sure this person received hospital treatment. Staff took this person to hospital in their own time and also visited them whilst they were in hospital recovering from an operation.

Information from the PIR stated that the provider wanted to use and develop themes around the five key questions used by the Care Quality Commission. By doing this it would enable people who used the service and staff to measure people's experiences of their care to see if it was safe, effective, caring, responsive and well led. At the time of our inspection this had been implemented. This was one example of how the provider was seeking to develop the services people received so that they were responsive to people's changing needs.

People we spoke with told us they would speak to the staff if they were worried about anything. One person said, "I'd tell the staff". Relatives told us they were aware of arrangements should they wish to make a complaint or raise a concern. One relative told us, "We've never had any cause for concern. I have no doubt any complaint would be sorted out straight away".

People who used the service were encouraged to have a voice and share any concerns with staff or if they preferred, external organisations. There was a complaints policy in place and people were provided with information in their own preferred communication styles which included using pictures instead of just the written word. The director was able to show us when a complaint and or any concerns had been received they followed their own complaints procedures to make sure investigations took place and identified actions were communicated to all parties involved. They also showed us the lessons learned from those complaints. For instance we saw how a relative wanted to know what type of day their family member had had. This relative is now being provided with regular updates from staff and their family member.



Is the service well-led?

Our findings

Overwhelmingly people we spoke with said they were happy with the care and support they received. We heard the same positive responses from relatives and other people who were involved in supporting people to maintain their independence. For example, one relative told us, “It’s a brilliant service, it is just the best, so caring to [person’s name] and reliable, and the manager and staff are all great.” A social work professional, who worked closely with the agency staff, explained to us how important it was to have such clear direction and leadership from the provider. They went on to explain how this was centred on people who used the service. Another professional who had involvement with the services provided told us, “Amber support services is excellent, a first class, caring and competent organisation.”

The management team strived to promote an inclusive culture where people who received services were at the ‘heart’ of everything they did. The director referred to this as that ‘extra sparkle’ as they firmly believed that by doing this, it had a positive impact on staff which then ultimately enhanced how they delivered care to people. Staff spoke openly with us about how they used these values in their everyday practice such as ensuring they tailored care and support to meet people’s own life choices and wishes. We saw and heard examples where staff went the extra mile to gain people’s confidence and trust, one of which resulted in them receiving the medical treatment they needed.

One of the provider’s key values they promoted was ‘Because you can.’ They explained how this underpinned the celebration of achieving goals rather than focussing on what people could not do. They also used this with their staff team to encourage them to be creative and ensure that the person was at the centre of everything they did. We saw and heard many examples such as supporting people’s independent living skills, taking into account people’s preferences and aspirations so that they could live their lives as they wanted to. This also included encouraging people to share their views about the services they received which could be done in a number of ways, For example, at review meetings where people led these themselves.

There was a clear management structure and out of hours on call system to support people and staff on a daily basis. Relatives we spoke explained how nothing was ever too much trouble and they could always pick up the phone and

know that a member of the team would always be at the end of the phone to help them out. People knew who the registered manager and director were and we heard people speak fondly of them whilst in the office. There were on call arrangements in place for staff to get management support and advice should they need it out of hours. A staff member said they had contacted a member of the management team in the early hours of the morning and was comfortable in doing this as they knew they would always listen and help no matter what time of day or night.

People’s successes and achievements were positively celebrated. We heard how staff and people were aware of the five questions used by the Care Quality Commission (CQC) and used these to promote people’s needs. A couple of the people who received care from this agency (and who used social media) contacted CQC to showcase the art they had created to depict some of our key questions. Staff gave examples of how, when a person’s needs had changed they had considered the ‘mum’s test’ to help them support the person with their changing needs. By doing this, they felt that the outcome for the person was better and they were supported to continue living at home which was extremely important for them.

Staff successes were also celebrated and promoted which in turn created an environment to encourage staff to be the best they could be. One staff member told us, “I love my work.” They told us the director had arranged for them to have a weekend break to say thank you to them for their hard work. Another staff member said, “We get a lot of support from the management. We feel like one big family”. One staff member told us how because of the support from the management team, they had persevered to gain the correct medical diagnosis so that they were no longer in discomfort, resulting in a better quality of life for this person. Another told us that when not at work their thoughts often turned to the people they were supported and how they were progressing with their plans.

A further staff member told us there was an outstanding contribution award which staff were nominated for by their colleagues when it was felt they had made a significant difference in their work. They said this made staff, “Feel valued and proud to be part of Amber Support. Additionally, the records we checked showed that staff performance was also a priority. Staff told us they frequently had observed practices from a member of the management team which they welcomed. A staff member



Is the service well-led?

told us, “The manager has high standards and we respect that, she will challenge inappropriate attitudes or behaviour.” Another staff member said, “This is a great company to work for, staff and managers are all lovely.” Overwhelmingly everyone we spoke with told us how this culture did create a better outcome for the people who received care and support from the agency.

Staff told us they were kept up to date with any changes planned and felt part of the development of the services people received in their homes. A staff member told us, “We have regular meetings and we all regularly come into the office either by ourselves and or with clients.” Another staff member said everyone received a regular staff newsletter which also shared good news stories about the support people received as well as training events.

We saw the management team took an inclusive approach when checking the quality of the services people received in their homes. We heard that one person who used the service was also employed by the agency to gather the views of people. These were then used by the provider and to improve and enhance how they delivered service. We met this person who was enthusiastic about their role. They explained how they attended meetings with the management and staff team to share the views of people who used the service and because of this; they really made a difference to the quality of care. People told us how they felt at ease when conversing with this person who had first-hand knowledge of using the service. The director showed us how other regular audits captured the standards of care people received, such as, medicine audits, home environment risks and incidents. Where improvements were needed action plans had been developed and the actions taken were monitored for their effectiveness.

Staff we spoke with told us they felt they were able to approach the management team about any concerns or issues they had. Staff were aware of the provider’s whistle blowing procedures and told us that they would not hesitate to use these if they witnessed bad practice from a colleague. They were also aware they could report any such concerns directly to the CQC.

People were actively encouraged to provide feedback on the service. The provider told us about areas they were developing further to make continued improvements, such as, using visual surveys for people to complete on their website. They were passionate about supporting people

with learning disabilities and they strived to include people who used the service and staff in continually the effectiveness of the services to support people in their homes. This included using social media where people who used the service and staff’s achievements were celebrated. They had also started local initiatives where people who used the service benefited from being part of the community, such as, the social enterprises around a market garden. We heard from staff how these types of initiatives enabled people with learning disabilities to feel part of their community and supported people to live independently in their homes.

The provider used initiatives such as investors in people and the ‘dementia pledge’ to encourage and promote high standards of care. Staff told us they received training around this subject to support them in enhancing the care people with dementia received in their homes. A staff member told us, “They (management team) go above and beyond to find us courses. Never worked for a company where this has happened before, it is absolutely amazing.” Direct observations of staff’s practices were completed and we saw these were utilised to identify staff’s performance. Staff told us these checks together with the support they received at their one to one meetings with senior staff helped them to develop and achieve best practice. Staff gave us examples of how they used their knowledge to improve people’s quality of life. For example, one person’s physical abilities had increased since they had changed their service provider to Amber Support Services which resulted in them not relying on their wheelchair as much.

We heard how some staff had been finalists The National Learning and Disability and Autism Awards, where some staff were finalists. This is an award which recognises to deliver innovative support combined with striving for high levels of care and this had been achieved by staff for the last two years. They were proud of this achievement as it celebrated how they made a difference to people’s life experience.

Information contained within the provider information return echoed many examples we saw and heard about. These included, ‘Dedicated staff team. Fantastic opportunity, staff are stars. Inspiration at its best.’ and ‘Inclusion of staff and clients in as many decisions as possible. Forward thinking and inclusive. Supported to live fulfilling lives. Restored faith that humanity can be combined with business sense in care.’