

Amber Support Services

Amber Support Services

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Amber Support Services provides a personal care service to adults with a mental health issue, learning or physical disability, living in either their own home or supported living. At the time of the inspection there were 14 people receiving support with personal care.

People's experience of using this service: People using the service benefitted from good care, delivered in a manner which was personal to them and based on their assessed needs. Relatives we spoke with praised both the care staff and the management of the service for their dedication to deliver high quality care.

Relatives told us they felt their relations were safe when being supported with care and said all the staff worked in a way that respected their privacy and dignity. They told us they felt people looked on care staff as friends and welcomed them into their homes and their lives. The service made a formal promise around the delivery of care; to ensure it was personal and tailored to the individual. This ethos was infused throughout the service, including care staff, office staff and the provider. Staff told us they felt valued by the organisation. The service had recently been awarded gold status by the 'Investors in People' organisation. People were involved in care decisions and the running of the service. The provider had in place a client voice manager and user engagement process to support people and gain their views.

People we visited looked content and relaxed in the company of staff. Staff we spoke with had a good understanding of people as individuals and the care and support they required. Relatives told us they felt involved in the care process and that they could contact the provider or registered manager at any time. The service had a range of activities and events to help people enjoy fulfilling lives and promote and encourage independence. Staff told us the service encouraged them to look for new ways of supporting and engaging people.

Staff told us they were very happy working for the service. They confirmed they could access a range of training and development opportunities and were well supported by senior staff in the organisation. They felt there was an extremely positive culture in the organisation and felt valued. The provider and registered manager undertook care shifts to maintain contact with people who used the service and assess the quality of care first hand.

Rating at last inspection: outstanding (report published October 2015).

Why we inspected: This was a planned inspection based on previous rating. The service is rated as good.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with schedule for those services rated as good.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe
Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective
Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive
Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our Well-Led findings below.

Amber Support Services

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a planned inspection in line with the scheduled re-inspection dates for services rated as outstanding.

Inspection team: The inspection was undertaken 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 or supported living accommodation. It provides a service to adults with mental health issues and a learning or physical disability.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 5 days' notice of the inspection site visit because the service is a domiciliary service and we needed to be sure there would be someone at the office.

Inspection site visit activity started on 13 March 2019 and ended on 14 March 2019. We visited the office location on 13 March 2019 to see the manager and office staff; and to review care records and policies and procedures. During the week commencing 2 April 2019 we also spoke with staff and relatives over the telephone and contacted professionals via email.

What we did: Prior to the inspection the provider completed a PIR (provider Information return). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed safeguarding alerts and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with the registered manager, the nominated individual, three care staff, the provider's medicine champion, a HR manager and the client voice manager. We also spoke with two relatives over the telephone. We visited three people in their own homes and spoke to them and observed the care they were receiving. Following the inspection, we spoke with a further two relatives and two staff over the telephone. We emailed four professionals seeking their views of the service. We looked at a range of records, both in paper form and those stored electronically. We examined three care records of people who used the service, medicine records, staff recruitment and training records and a range of other policies and quality monitoring documents.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt the service provided a safe level of care. Policies and procedures regarding safeguarding were in place and staff had received training in this area.
- Staff demonstrated a good awareness of safeguarding issues and had a clear understanding of action they should take if they had any concerns.
- Processes were in place to ensure people's money was protected and they were not at risk of financial abuse.
- The registered manager and the client voice manager spoke with us about work undertaken to help people to stay safe. The client voice manager had produced information and support documents on dealing with strangers at the door, online safety and fire safety.
- The client voice manager had visited each of the homes and presented or spoken to people about how to keep themselves safe. They had produced easy read information about how to answer the door and how to deal with any online concerns. They had found easily accessible videos on line to help people understand. Grab bags had been provided to each location with key safety equipment in them in the event of an emergency. People had also been supported to undertake a safety quiz. The local fire and police had visited homes to speak about safety.
- The service worked within the five CQC domains and had scrutinised all aspects of the service with regard to safe outcomes.

Assessing risk, safety monitoring and management

- Risks associated with the delivery of care were assessed and monitored. The registered manager explained that all risk assessments were reviewed annually when there was a full review of care delivery and the care records updated.
- The registered manager demonstrated how all safeguarding matters and other incidents were centrally collated and recorded. She would review every item and ensure proper processes had been followed before finally closing the matter. She said she also considered if there were any lessons to be learned from such incidents.
- Risk assessments had also been undertaken for specific events such as holidays or trips away. Actions for staff to follow that mitigated risk had been detailed within plans.
- Business contingency plans were in place to deal with unforeseen circumstances and emergencies. Personal emergency plans were in place.
- Work had been undertaken with people who used the service to help them think about risk when going out.
- Accidents and incidents were collated and reviewed by the registered manager.

Staffing and recruitment

- People and relatives told us there were enough staff to support care. They told us they received support from a consistent group of care staff.
- Staff told us there were enough staff to deliver good quality care. They said the service was organised around the needs of people they supported. One staff member told us, "There are enough staff although we are recruiting. It's always really just helpful to have more staff who know clients; it gives you more flexibility."
- The registered manager told us the current staffing could cover all present service care commitments.
- The provider had in place detailed and appropriate recruitment practices including the checking of references and carrying out Disclosure and Barring Service checks (DBS).
- Where appropriate people who used the service participated in the recruitment process through the use of a secondary interview system, or through spending time with potential recruits.

Using medicines safely

- Medicines were managed effectively. We observed staff dealing with medicines and found them to be carrying out safe practice. Records and documentation were clear and up to date.
- The provider had appointed a medicines champion whose core role was to ensure that all locations were fully compliant with medicines administration and processes met current guidance. The medicines champion visited each location to undertake checks and audits.
- Where there were any medicine errors the medicines champion looked into these.
- Staff had received training on the safe handling of medicines and had their competency checked.

Preventing and controlling infection

- Staff had received training regarding preventing infections and food hygiene.
- We saw staff supported individuals to help maintain their homes in a neat and tidy manner.

Learning lessons when things go wrong

- The medicines champion spoke about the process for dealing with medicines errors. They would look at why the error occurred, what could have been done differently and what could be changed in the future to prevent the error reoccurring. After all such incidents staff received refresher training.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Assessments of people's needs were detailed and comprehensive. Outcomes were identified and care delivered in line with these. People's personal preferences and choices were incorporated into care plans and care delivery.
- Staff told us they were able to apply what they had learned to the delivery of care and stated additional support, guidance or training this was readily made available.
- The registered manager demonstrated a new electronic care system that was intended to be incorporated into the care process and provide more up to date and real time care information.

Staff support: induction, training, skills and experience.

- Staff told us they had access to a range of training and could request additional training if required.
- The service maintained an overview of staff training and could identify when mandatory training was due for renewal. A new staff access portal was being introduced to ensure staff had access to a range of training and other support material.
- Staff told us they had an excellent induction and time to shadow more experienced workers prior to working individually. Staff were subject to a probationary period and review. Where appropriate staff had received specialist training.
- People told us they felt staff had the correct skills to support them.
- Records showed, and staff told us they received regular supervision and appraisals. One staff member told us, "They give you time to say what you want to say."

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

- Relatives told us staff supported people to maintain a healthy diet and clear instructions on diet and support approaches were contained within care plans.
- Where people had specialist dietary needs then explicit information was maintained within their care plans.
- Any concerns over people's eating and drinking had been noted by staff and health professionals alerted.

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

- Relatives told us staff worked alongside other health professionals. There was evidence health staff had been contacted regarding changes in care delivery.
- Instructions from specialist health care staff were incorporated into care plans.
- People were supported to access GP, hospital or other appointments and staff alerted health professionals to any concerns.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

- The service had produced an easy read document on the subject of consent to help people understand and make appropriate decisions.
- Where appropriate people had signed consent forms to indicate they were happy for care to be provided or delivered. We found two consent forms signed by relatives. In one instance the person had capacity and could give consent themselves. In the other instance the relative did not have legal authority. Staff and the registered manager took immediate action to rectify these issues.
- Where relatives held Lasting Power of Attorney (LPA) a copy of this was maintained with in the care file for reference.
- The service had undertaken best interests reviews and decisions to ensure people received appropriate care. In one person's records we found medicines were being given in food. Whilst there was information to say that professionals had been consulted about the process it was not clear that the full best interest process, as set out in the Mental Capacity Act 2005, had been followed by the service. In the same care file, we found a decision which impacted on the person's privacy and dignity. Whilst appropriate action had been taken, a full best interest process had not been followed or documented. We could also find no indication the decisions had been periodically reviewed to ensure they still remained appropriate.
- We spoke with the registered manager, who said the issue would be looked into. The provider subsequently wrote to use stating all best interest processes and documentation had been reviewed and to ensure it complied fully with the requirements of the MCA.
- People were encouraged to make decisions and we observed staff to assist people to make day to day decisions about their lives.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- Relatives told us the care their relations received was of a high quality and was consistently caring, kind, compassionate and delivered in a manner that made them feel valued as people. Comments from relatives included, "They are really on the ball and pushing to get what (person's name) needs. They are proactive and try and move things along. They definitely feel more settled. They are a brilliant team" and "They are really good. They have helped to bring them out more. They will never be fully independent but they are gaining confidence. They bring that side out."
- One professional wrote to us about how the service had supported someone to move house urgently. The service supported the move and arranged for furniture to be supplied. The professional stated, "(Registered manager) and her team went above and beyond their duty to support my person."
- People appeared well looked after and cared for. There were very good relationships between care staff and the people they supported. Care staff were patient, gentle and sensitive to people's needs. One person told us, "Everything is okay. I get to do what I want. I enjoy being here. All the staff are nice and look after me well."
- Professionals emailed us to say they had no concerns about the quality of care provided by the service. One professional wrote, "The services Amber provides are in my view excellent and outstanding, without (registered manager) and her team's help I would have struggled to find help at a short notice for which I am very grateful."
- Staff spoke about how they tailored the day's event to support, encourage and stretch people. One person wanted to try and learn a foreign language and staff were looking for classes they could attend. Another person enjoyed walking but also had restrictions in their sight. Staff had arranged membership of the National Trust for the individual where there were a number of safe spaces for them to walk. One staff member told us, "I love promoting people and looking after them and helping them to lead as normal life as possible. If I can put a smile on their faces, even a small smile, just makes me feel I've done a good job today."
- The client voice manager spoke about work on how people wanted to be looked after and ensuring care met their needs. They had also provided people with information on bullying and harassment.
- Staff told us they were determined to deliver high quality care. One care worker told us, "We try and do so much with the clients. Everything is built around the clients. I enjoy it, knowing they are going to get something good out of it."
- Staff were aware of issues related to equality and diversity and the nine protected characteristics and how this may affect their work.

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

- People and relatives were involved decision making around care. Staff were aware of people's preferences

and wishes. One relative told us, "They are aware of what they like. He is smiling and laughing and I've not seen him do that for a while. He has come out of himself. He is back to the old (person's name)."

- We observed people to be actively involved in day to day decisions and choices. One relative said, "They help them make decisions - sit with them and give options."
- Staff had a good knowledge of people's preferences, including supporting the use of alternative communication methods. Relatives told us, "Staff give choices all the time. They can respond to 'yes' and 'no' or other simple or alternate choices" and "They definitely listen to (person's name) regarding choices." A professional wrote to us saying, "Staff from Amber assist my person to make daily choices about tasks."
- Care records showed clear evidence people and relatives had been involved in reviews and had inputted into any changes made. One relative commented, "I get involved. I have been involved in the one-year review. We constantly work as one, so we are doing the best for them."
- People's care plans indicated any religious or cultural preferences.
- The registered manager and client voice manager spoke about ensuring people were able to express their views. People Had completed questionnaires to gauge how effective support and intervention had been. There was also a bimonthly newsletter to let people know what was happening and support them to contribute to the wider community. The client voice manager told us they had developed their own interpretation of the CQC term 'key lines of enquiry' (KLOE) – supporting that the service should, 'Keep Looking Out (for) Everyone'.
- Some people using the service were supported by advocates. People had been involved in a planned move to a new home, had visited the building prior to the move to look at the surroundings and express their views on changes. Advocates had accompanied people to view the building to ensure they were appropriately supported.

Respecting and promoting people's privacy, dignity and independence.

- Staff ensured people's utmost privacy and dignity were respected during all aspects of care. They went out of their way to minimise any embarrassment when delivering personal care.
- Staff understood and valued people as individuals and supported them to be as independent as possible. One staff member told us, "You get to know them and their personalities; you get to know what they want. It is the eyes or the facial expression that you understand."
- Care plans ensured care was delivered with dignity and detailed how people should be supported to carry out care tasks for themselves.
- Staff understood about the need for confidentiality and ensuring information was kept safe.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were detailed and contained evidence of an assessment prior to care commencing with the service. Relatives confirmed staff had visited prior to people starting with the service.
- Care plans contained information regarding a range of areas that people required support and about them as a person. As care changed through the year additional notes or changes were added to the care plans. We found these additions were not added in a logical order and often transcribed in the margins. Changes and crossing outs were not always dated or signed by staff who had updated the document. We spoke with the registered manager about the need for such updates to be completed properly.

We recommend the provider reviews care plans and updating systems to ensure changes to care delivery are appropriately recorded to ensure safe care and all legal requirements are met.

- The registered manager explained that future the care records would be stored on a new electronic system. This would allow staff to have access to up to date records and ensure any changes could be made in a timely and effective manner.
- Relatives told us people's interests and social needs were supported. They told us, "They are always out and about doing stuff" and "They are flexible. Quite willing to take them to new places. This Thursday they went swimming."
- The registered manager and nominated individual spoke about a range of activity based events the service had instigated. These included a music and drama group, gardening projects, sports and activity events and art workshops.
- One person told us they were very interested in reading and so had started their own book club, with support from staff.
- Staff confirmed they were supported by the organisation to encourage people to gain new experiences and try new things. One staff member told us, "We always try to find the extra things to do. If you ask the office about events it is never 'No'. They always say, "Let's see what we can do."
- As part of the handover process staff had to record what people had done or achieved that day. Staff had worked with one person to improve their travel skills so they could attend a Christmas tea event in another town and so they could join a scrabble club.

Improving care quality in response to complaints or concerns.

- Relatives told us they had not made any recent complaints or raised any concerns. Comments included, "If I have concerns I can speak to the home manager or (nominated individual) or (registered manager). I have no complaints; they are outstanding." One relative told us, "Sometimes they are just a bit short on specific information. Communication could be better at times. It sometimes feels like I'm not just getting the full information."

- The provider had in place a complaints policy and information on how to raise a concern was available to people and relatives. There had been no recent formal complaints.
- The service's 'My Voice' project ensured people had a voice in the organisation and could raise any issues if they had concerns.

End of life care and support.

- No one currently being supported by the service was receiving end of life care.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The provider's philosophy was to provide individualised and person-centred care, through dedicated teams of staff. The service had made a 'formal' promise to all the people it supported to; displayed on their website.
- Service managers across all departments were passionate about care and ensuring people were supported to live fulfilling lives.
- The service had been nominated in several care awards since 2014, including most recently the 2018 'best adult behavioural support award' in the west midlands and the 'best of learning and physical disability support' award 2018 in the west midlands.
- The provider and the registered manager were aware of their responsibilities under the duty of candour, although there had been no incidents which required a formal response.
- Staff had access to support and training and a number of key staff within the organisation were designated as champions. Champions provided up to date information and support to staff.
- Staff evaluated all training to ensure it met needs, provided value and promoted good quality care for people.

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

- The provider and the registered manager demonstrated systems for monitoring the effectiveness and the quality of the service. These included a range of spots checks and mock inspection processes. Team leaders carried out regular checks and audits within their own service.
- The service monitored its development in line with the CQC's five domains and used these as a template to help manage quality. In the previous six months the service had been looking at safe and working with both staff and people on matters connected with being safe and delivering safe care.
- The registered manager made regular checks on services asking questions under each of the five domains. These responses were collated and reviewed regularly.
- Both the registered manager and the nominated individual still undertook care delivery. Both told us this was because they were still passionate about the care and the people they supported.
- Staff said they were well supported by managers. One staff member told us, "They are always there. If I text in the middle of the night will get an answer. If I do raise anything it is taken on board. You get a lot of positive feedback from supervision. We all work hard and they say thank you very much, which is nice."
- People and relatives said they were extremely pleased with the quality of the service.

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

- People and relatives were involved in care decisions. Two people who used the service were also employed by the service to support their 'My Voice' project and acted as a link between the management of the service and people using it. The service communicated with service users and relatives through a regular newsletter.
- Staff felt involved in the service. The HR manager told us about two schemes aimed at rewarding staff, including a 'bright ideas' project where staff could offer suggestions about improving care and received a £25 bonus if the idea proved positive.
- The service also had a presence on social media with a Facebook page and a Twitter account, to provide up to date information about the service.
- In November 2018 the service had been awarded gold level accreditation by the 'Investors in People' scheme. The assessment looked at nine indicators for the service, its management and leadership, including inspiring people, empowering staff and delivering continuous improvement. In all nine categories the service achieved scores above the normal benchmark score.

Continuous learning and improving care; Working in partnership with others.

- Two staff had recently completed an aspiring manager programme run by the 'Skills for Care' organisation. One of the staff told us the course had given them increased confidence and they had been able to use the skills they had learned in their day to day work managing their team.
- These two staff were now being tasked with looking at key areas of the service and developing new ideas to improve the service, utilising what they had learned on the course.
- Staff told us they were encouraged to improve and develop.
- The registered manager and nominated individual told us they were continually looking to improve and develop. The nominated individual attended a number of local and national conferences, often speaking at them and sharing their services own knowledge and experience.
- The registered manager told us working through the CQC domains was a constant reminder of what the service needed to achieve and challenged the organisation to think about a whole range of aspects of care.
- The service was meeting legal requirements in that appropriate notifications had been submitted to CQC in a timely manner and the current quality rating was displayed in the services website.
- The service worked in partnership with a range of other agencies and professionals. Care plans and care delivery were closely linked with advice from health professionals.