

# **Key inspection report**

## **DOMICILIARY CARE AGENCY**

**Amber Support Services**

**52 Broad Street  
Bromsgrove  
Worcester  
B61 8LL**

*Lead Inspector*  
**Dianne Thompson**

*Key Unannounced Inspection*  
**26th August 2009      09:00**

This report is a review of the quality of outcomes that people who use this agency experience. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Domiciliary care agency can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop).

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money

## Reader Information

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# SERVICE INFORMATION

<b>Name of service</b>	Amber Support Services
<b>Address</b>	52 Broad Street Bromsgrove Worcester B61 8LL
<b>Telephone number</b>	01527 873 426
<b>Fax number</b>	
<b>Email address</b>	alison@amber-centre.co.uk
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Amber Support Services
<b>Name of registered manager (if applicable)</b>	Mrs Alison Victoria Mills
<b>Type of registration</b>	Domiciliary Care Agencies

# **SERVICE INFORMATION**

## **Conditions of registration:**

**Date of last inspection**      26th August 2008

## **Brief Description of the Service:**

Amber Support Services is registered to provide support to adults with a learning disability, in their own home. There are no additional conditions of registration.

Ms Jacqueline De Sousa is the Responsible Individual for Amber Support Services and Mrs Alison Victoria Mills is the Registered Manager.

The agency provides day services and supported living for people who are 18 years and over, who have learning and physical disabilities, sensory impairment and behaviours that challenge.

The aim of the service is to be innovative, to allow people to develop beyond their expectations by offering support and the opportunity to be the person they want to be.

# SUMMARY

This is an overview of what the inspector found during the inspection.

**The quality rating for this service is 3 stars. This means the people who use this service experience excellent quality outcomes.**

This was an unannounced inspection visit to see what the support is like for people who use Amber Support Services.

Time was spent talking to the manager and the responsible individual. We looked at some of the records, policies and procedures in the office. We talked to other people to get their views about the service, we visited some people who use the agency and spoke to staff.

The manager completed an Annual Quality Assurance Assessment (AQAA) and sent this to the Care Quality Commission (CQC) when we asked for it. The AQAA is where the manager tells us about the agency and the service it provides and the ways they plan to develop.

Information gathered from other sources, such as surveys, and information sent to the CQC has been included in this report.

## **What the service does well:**

People are given information about the Amber Support Services to help them decide if they want to use the agency.

The agency collects information they need to make sure they can provide the right care for each person. Staff treat people as individuals, are respectful and make people feel well supported.

Amber Support Services is working to provide a service that people can depend on. People who use the agency say they are happy with the support they are receiving.

Care plans are used to tell staff about people's care and social needs. People say that Amber Support Services help them to be independent and live their lives how they want to.

Amber Support Services use large print, or words and pictures to make information available to everyone to help people understand it.

Staff are trained to support people with their medication to keep them safe from harm.

People are supported with the medical appointments where needed.

Amber Support Services understands its responsibilities to protect people from abuse and neglect and know what steps they must take to report any concerns that may arise.

The service is run from suitable well-organised offices and the responsible individual and manager are well supported by an administrator.

Amber Support Services follow their procedures when employing new staff. This helps to make sure that staff are suitable to provide support to people in their own homes.

### **What has improved since the last inspection?**

The service has systems in place for the safe handling and recording of medicines administered. This is to ensure the health and safety of people using the service.

The agency makes sure that staff are not employed until all background and security checks have been made.

Staff support people to make sure their health action plan is completed so that people using the service are able to access health appointments and monitor their health needs.

### **What they could do better:**

People would benefit from having a rota on their wall to say what staff are working that day, and an activity timetable on their wall so that they know what to expect that day. This will assist people in maintaining their autonomy and independence.

If you want to know what action the person responsible for this agency is taking following this report, you can contact them using the details on page 4.

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# **DETAILS OF INSPECTOR FINDINGS**

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

# User Focused Services

## The intended outcomes for Standards 1 – 6 are:

1. Current and potential service users and their relatives have access to comprehensive information, so that they can make informed decisions on whether the agency is able to meet their specific care needs.
2. The care needs requirements of service users and their personal or family carers when appropriate, are individually assessed before they are offered a personal domiciliary care service.
3. Service users, their relatives and representatives know that the agency providing their care service has the skills and competence required to meet their care needs.
4. Each service user has a written individual service contract or equivalent for the provision of care, with the agency, except employment agencies solely introducing workers.
5. Service users and their relatives or representatives know that their personal information is handled appropriately and that their personal confidences are respected. In the case of standards 5.2 and 5.3, these do not apply to employment agencies solely introducing workers.
6. Service users receive a flexible, consistent and reliable personal care service. In the case of standards 6.3 and 6.4 these do not apply to employment agencies solely introducing workers.

## The Commission considers Standard 2 the key standard to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

2, 4, 6

People using the service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People can be confident that they will be looked after by Amber Support Services. This is because detailed assessments are completed to make sure people's support needs can be met before a service is offered.

### EVIDENCE:

The manager said in the services Annual Quality Assurance Assessment (AQAA) that 'we have comprehensive Client Guide, Initial Assessment and Support Plan systems which compliment each other and is available in a number of forms including pictorial. All documents are completed with involvement from Clients, carers, family and their advocates and incorporate

many areas including hopes and dreams, likes and dislikes, mobility, medication, personal safety and risk. These documents are signed by all parties upon completion'.

We visited people in their home who are supported by Amber Support Services. We talked with three people and looked at their care records. Each person has three files they keep in their rooms. They have a personal file, a finance file and a health file called a 'health action plan'. We saw copies of the agency's statement of purpose, service user guide and each person's tenancy agreement. The agency makes sure information is accessible to everyone who uses their service. The statement of purpose and service users guide has been produced in 'easy read' format with words and pictures. This emphasis on access to information was also evident in the tenancy agreement also written in words and picture format.

We saw that very detailed assessments had been completed before people were offered a service. The agency's assessment procedure makes sure that people are fully involved in their assessment, and that visits to other interested parties take place to help with gathering information. We saw local authority Community Care assessments had been received and information from this used in the agency's assessment.

People using the service told us that the staff are 'very good' and 'help me do what I want to do'. One person said they were 'able to do more now' and be 'more independent'. Staff confirmed that they have been involved with assessments and information provided so they can give people the support they need.

## Personal Care

### The intended outcomes for Standard 7 – 10 are:

7. The care needs, wishes, preferences and personal goals for each individual service user are recorded in their personal service user plan, except for employment agencies solely introducing workers.
8. Service users feel that they are treated with respect and valued as a person, and their right to privacy is upheld.
9. Service users are assisted to make their own decisions and control their own lives and are supported in maintaining their independence.
10. The agency's policy and procedures on medication and health related activities protect service users and assists them to maintain responsibility for their own medication and to remain in their own home, even if they are unable to administer their medication themselves. In the case of standards 10.8 and 10.9, these do not apply to employment agencies solely introducing workers.

**The Commission considers Standards 8 and 10 the key standards to be inspected.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

8,9,10

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The agency keeps care plans up to date to make sure that people can be confident they will receive the support needed for their specific care needs. The management of people's health and medicines makes sure that people are kept well and safe.

### **EVIDENCE:**

Information obtained from the care needs assessment is used to develop a care plan. A care plan tells staff about the person's care and social needs and the level of support required for maintaining their health and independence. People spoken to said they keep their care records in their own room.

All seven surveys received from people who use the service told us they have a copy of their care plan. All surveys confirmed that people receive the service

as shown in their care plan. The manager said in the agency's Annual Quality Assurance Assessment (AQAA) that 'we ensure that Clients are consulted about how they want their support to be provided which is fully documented so that all staff are fully informed and provide personal care in a way which preserves a Client's dignity with their right to privacy being always observed'.

From the care plans we could see that regular reviews of individual care needs are being carried out. The manager confirmed that 'changes are made as and when required on a flexible, personal basis'. Surveys from relatives confirm that people are given personal care with dignity and respect. One person who uses the service said 'they always knock, and ask me what I want to do'.

We saw that information is made available in communal areas for people to know which staff are providing support and when. People would benefit from having a rota on their wall to say what staff are working that day, and an activity timetable on their wall so that they know what to expect that day. This will help people to develop their independence.

The agency has suitable medication policies and procedures in place. People have a separate health file which gives details of prescribed medication, medication record sheets, and monitoring forms. Ordering, disposal and audit records for medication were seen. Arrangements are in place for the safe handling and recording of medicines administered. This ensures the health and safety of people using the service.

The manager tells us in the service's AQAA that 'all staff are trained in the administration of medication as part of their induction and they can then give medication should individual Clients require'. One staff member told us they had done this assessment and two staff surveys confirmed both training and assessment. We saw staff training records to show ongoing medication training and support for all staff.

One person is supported to manage their own medication and this was confirmed by the individual who said 'I am ok with that, but if I need any help the staff will help me'. We saw a risk assessment in place for this person to promote independence and make sure they are kept safe whilst doing so. Signed consent for medicines was also contained within care records seen ensuring people's rights to refuse or receive their medicines.

Health action plans are in place to help and support people to access and monitor their health appointments. We saw information recorded where people have recently had a health and medication review. One person spoke about the support received from staff for their doctor's appointments.

## Protection

### The intended outcomes for Standards 11 - 16 are:

11. The health, safety and welfare of service users and care and support staff is promoted and protected, except for employment agencies solely introducing workers.
12. The risk of accidents and harm happening to Service Users and staff in the provision of the personal care, is minimised, except for employment agencies solely introducing workers.
13. The money and property of service users is protected at all times whilst providing the care service, except for employment agencies solely introducing workers.
14. Service users are protected from abuse, neglect and self-harm, except for employment agencies solely introducing workers.
15. Service users are protected and are safe in their home, except for employment agencies solely introducing workers.
16. The health, rights and best interests of service users are safeguarded by maintaining a record of key events and activities undertaken in the home in relation to the provision of personal care, except for employment agencies solely introducing workers.

**The Commission considers Standards 11, 12 and 14 the key standards to be inspected at least once.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

11, 12, 14

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are protected by the agency's safe working practices and people can be confident the agency will give them the support they need to keep them safe. People are encouraged and supported to take risks in order to be as independent as possible.

### **EVIDENCE:**

Amber Support Services has a detailed policy and procedure manual that tells staff about safe working practices. This includes information about medication management, people's finances, and infection control.

Care records contained a number of risk assessments, showing potential hazards and control measures to reduce or eliminate an identified risk. For example a risk assessment has been completed to consider ways of keeping a person safe but maintaining their independence, when they are out in the community on their own. Environmental risk assessments are also in place to ensure staff's safety whilst assisting people in their homes. We saw from the records that these risk assessments are reviewed regularly or as needs change.

A financial risk assessment is in place to support people in the safe management of their financial affairs. People who use the service have their own finance file which they keep in their rooms. This includes a signature key, a statement of finances, direct debit and budget sheets and relevant transaction records. One person said that staff help them to manage their money 'they help me when I need it'.

Staff are able to access the agency's safeguarding policy. This policy tells staff how to recognise different forms of abuse and how to protect people. The service makes sure people are protected through their safeguarding policy, and by maintaining accurate records and daily notes. Staff said they had received safeguarding training and if they had any concerns about people's welfare they would report it to the person in charge. Training records show that training is completed, and two staff surveys confirmed that staff know what to do if someone has concerns about the agency.

## Managers and Staff

### The intended outcomes for Standards 17 - 21 are:

17. The well-being, health and security of services users is protected by the agency's policies and procedures on recruitment and selection of staff.
18. Service users benefit from clarity of staff roles and responsibilities, except for employment agencies solely introducing workers.
19. Service users know that staff are appropriately trained to meet their personal care needs, except for employment agencies solely introducing workers.
20. The personal care of service users is provided by qualified and competent staff, except for employment agencies solely introducing workers.
21. Service users know and benefit from having staff who are supervised and whose performance is appraised regularly, except for employment agencies solely introducing workers.

**The Commission considers Standards 17, 19 and 21 the key standards to be inspected.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

17, 19, 21

People using the service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People can be confident that the support they receive will be delivered by well supervised and skilled staff to help maintain their health and independence.

### **EVIDENCE:**

Amber Support Services is registered to provide support to adults with a learning disability in their own home. Ms Jacqueline De Sousa is the Responsible Individual and Mrs Alison Victoria Mills is the Registered Manager.

The agency provides day services and supported living for people who are 18 years and over, who have learning and physical disabilities, sensory impairment and behaviours that challenge.

The aim of the service is to be innovative, to allow people to develop beyond their expectations by offering support and the opportunity to be the person they want to be.

The service's Annual Quality Assurance Assessment (AQAA) showed the agency has robust staff recruitment and selection procedures. We looked at three staff personnel files which show that appropriate safety checks have been made to make sure staff are suitable to work with vulnerable people. These checks include a Criminal Record Bureau clearance (CRB) and two written references. We spoke to a new member of staff who said they had completed relevant safety checks before being employed by the agency. At the last inspection an Immediate Requirement was made for a POVA first check for one member of staff currently employed to undertake personal care. These checks are now completed as routine within the revised recruitment procedures and these procedures are further supported by individual checklists.

A new member of staff said they had completed induction training when they started working with the agency. During the inspection we spoke with a member of staff who was shadowing experienced staff, working to develop knowledge and skills. Staff surveys told us that staff have enough support, experience and knowledge to meet the different needs of people who use the agency.

Staff are issued with an Employee Handbook which includes information about the agency's policies and procedures. All staff are given a copy of the Code of Practice published by the General Social Care Council

The AQAA told us that staff undertake regular training. We saw from staff training records that the following training had been completed: First Aid, Manual handling, Travel Training, Epilepsy, Benefits and Welfare Training and REACH Training. This was confirmed by staff we spoke to. The agency is committed to NVQ 2 and 3 training with support given to staff in achieving NVQ 4. Six staff registered in July 2009 to complete their NVQ training.

Records show that staff have bi monthly supervisions, and an annual appraisal is carried out by senior staff. Staff confirmed this. Regular staff team meetings are held and minutes are available.

Staff surveys told us staff were provided with enough support and received regular supervision. Staff supervision is a process where individual staff members are supported to undertake their roles effectively and to ensure they have the necessary training to meet people's assessed needs.

The agency encourages staff to take responsibility for their own professional development and identify any specific training courses they need. For example, two members of staff are currently working towards a Health and Social Care degree specialising in Autism.

## Organisation and Running of the Business

### The intended outcomes for Standards 22 – 27 are:

22. Service users receive a consistent, well managed and planned service.
23. The continuity of the service provided to service users is safeguarded by the accounting and financial procedures of the agency.
24. The rights and best interests of service users are safeguarded by the agency keeping accurate and up-to-date records.
25. The service user's rights, health, and best interests are safeguarded by robust policies and procedures which are consistently implemented and constantly monitored by the agency.
26. Service users and their relatives or representatives are confident that their complaints will be listened to, taken seriously and acted upon.
27. The service is run in the best interests of its service users.

### The Commission considers Standards 22 and 26 the key standards to be inspected at least once.

### JUDGEMENT – we looked at outcomes for the following standard(s):

22, 26

People using the service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are supported by staff that have access to regular training and supervision, and are supported to do their jobs well.

### EVIDENCE:

Amber Support Agency office is run from a building that is also used for day activities provided by the agency. The building is located in a residential area of Bromsgrove. There is easy access to the day activities area of the building but access to the offices is more difficult, reached via steep stairs.

Adult protection (safeguarding) policies and procedures are in place and staff have attended safeguarding training provided by Worcestershire County Council. The manager confirmed in the services Annual Quality Assurance Assessment (AQAA) that 'we have had no adult protection issues. Our policy and procedures relating to the protection of vulnerable adults and whistleblowing is reviewed and promoted at supervision and staff meetings.

Policies and procedures are in place to make sure that people are left safe and secure in their own home and staff are required to carry identity badges when on duty which makes sure that only authorised personnel are on duty'.

We looked at the complaints log and records show that the agency's procedure has been followed in response to complaints received. The complaints log show that both verbal and written complaints are responded to with detailed records kept, and within specified timescales. The agency acts promptly to revise procedures should a complaint be upheld.

The complaints procedure is made available in large print where needed. We saw a copy of the complaints procedure displayed on the notice board. This is in word and picture format to make sure everyone can access the information.

Everyone who uses the agency is given a copy of the complaints procedure and staff say they would support people to make a complaint should they wish to do so. Surveys told us that they would know how to make a complaint and that staff do listen to them. People we spoke to said they would know how to make a complaint. One person commented 'I have no complaints'.

Survey comments on what they think the agency does well includes 'they give us choice', the agency has 'happy staff' and 'the agency is very good'.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Domiciliary Care have been met and uses the following scale.

**4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion  
"N/A" in the standard met box denotes standard not applicable

<b>User Focused Services</b>	
<b>Standard No</b>	<b>Score</b>
<b>1</b>	X
<b>2</b>	4
<b>3</b>	X
<b>4</b>	4
<b>5</b>	X
<b>6</b>	3

<b>Managers and Staff</b>	
<b>Standard No</b>	<b>Score</b>
<b>17</b>	3
<b>18</b>	X
<b>19</b>	4
<b>20</b>	X
<b>21</b>	4

<b>Personal Care</b>	
<b>Standard No</b>	<b>Score</b>
<b>7</b>	X
<b>8</b>	3
<b>9</b>	3
<b>10</b>	3

<b>Organisation And Running Of The Business</b>	
<b>Standard No</b>	<b>Score</b>
<b>22</b>	4
<b>23</b>	X
<b>24</b>	X
<b>25</b>	X
<b>26</b>	4
<b>27</b>	X

<b>Protection</b>	
<b>Standard No</b>	<b>Score</b>
<b>11</b>	3
<b>12</b>	3
<b>13</b>	X
<b>14</b>	4
<b>15</b>	X
<b>16</b>	X

Are there any outstanding requirements from the last inspection? No

**STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Domiciliary Care Agencies Regulations 2002 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

**RECOMMENDATIONS**

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	D09	People would benefit from having a rota on their wall to say what staff are working that day, and an activity timetable on their wall so that they know what to expect that day. This will assist people in maintaining their autonomy and independence.



## **Care Quality Commission**

Care Quality Commission

West Midlands Region

Citygate

Gallowgate

Newcastle Upon Tyne

NE1 4PA

National Enquiry Line:

Telephone: 03000 616161

Email: [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

Web: [www.cqc.org.uk](http://www.cqc.org.uk)

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