

CQC is the independent regulator of all health and social care in England. We are given powers by the government to register, monitor and inspect all health and care services.

Amber Home Care Ltd

Amber Home Care

Inspection summary

CQC carried out an inspection of this care service on 04 October 2016 and 07 October 2016. This is a summary of what we found.

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

This inspection took place on 04 and 07 October 2016. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure the deputy manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

Amber Home Care provides personal care to people living in a wide area including Somerset, Bath and North East Somerset. At the time of this inspection they were providing personal care for 31 people. They also provided a domestic service to people living in their own homes.

The last inspection of the service was carried out in July 2014. At the 2014 inspection we found the provider failed to assess and monitor the service provided. At this inspection we found improvements had been made, We felt confident the new systems in place would form part of the quality auditing process, to identify any areas in need of improvement.

There is a registered manager in post. 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. The registered manager was unable to be present during the inspection; however the deputy manager acted on their behalf.



Although people and staff told us care staff were well trained we found records maintained by the agency did not evidence the training had been carried out. The deputy manager had identified this shortfall and at the time of the inspection was developing a spreadsheet record of all staff training. The deputy manager had also recently introduced regular staff one to one supervision and spot checks. All staff spoken with said they had experienced a spot check and had been given the opportunity to speak with the deputy manager in a one to one meeting. Staff also had the opportunity to meet as a team when they could discuss working practices and share best practice tips and ideas.

There were systems in place to monitor the care provided and people's views and opinions were sought through care reviews and an annual survey. Suggestions for change were listened to and actions taken where possible to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

People who received personal care and support from Amber Home Care told us they were happy with the service provided. They said the registered manager and staff were open and approachable, cared about their personal preferences and kept them involved in decision making around their care. One person said, "I do feel involved and listened to."

People were supported by sufficient numbers of staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. We observed staff took time to talk with people during our home visits. However people had mixed opinions about the consistency of the staff team visiting them. Some people said they had a regular team of staff who they knew and had built relationships with, whilst others said they had met a number of different staff members. The deputy manager confirmed a successful staff recruitment programme meant they were now able to provide people with a more consistent team of staff.

People's care needs were recorded and reviewed regularly, with, senior care workers and the person receiving the care or a relevant representative. All care plans included written consent to the care provided. Care workers had comprehensive information and guidance in care plans to enable them to deliver consistent care the way people preferred. One person's care plan clearly showed how they liked their care provided and the exact routine they liked to follow.

People were protected from abuse because the provider had systems in place to ensure checks of new staffs characters and suitability to work with vulnerable adults were carried out. Staff had also received training in protecting vulnerable people from abuse. People said they felt safe when being cared for; we observed people were happy and relaxed with care workers during our home visits.

Staff monitored people's health with their consent and could refer and direct to healthcare professionals as appropriate. Support was provided for people to attend hospital and doctor appointments.

The registered manager had a clear vision for the service. Their statement of purpose said, they aimed to maintain people's independence in their own homes, whilst being committed to a person centred approach, "...taking into account the physical, emotional and social needs of each individual service user." Staff could be seen supporting this philosophy and approach whilst providing care and support to people living in their own homes.

The service had a complaints policy and procedure that was included in people's care plans in large print. People said they were aware of the procedure and had numbers they could ring. People and staff spoken with said they felt confident they could raise concerns with the registered



manager and senior staff. Records showed the service responded to concerns and complaints and learnt from the issues raised.

You can ask your care service for the full report, or find it on our website at www.cqc.org.uk or by telephoning 03000 616161