

GreenSquareAccord Limited

# Amber Wood

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Amber Wood is a residential care home providing personal care to up to 45 people. The service provides support to older people, some of whom have mental health needs or are living with dementia. At the time of our inspection there were 44 people using the service.

Amber Wood accommodates people across three separate households, each of which has separate adapted facilities. There are communal spaces within each household as well as meeting spaces between the households. People are able to move freely between the households if they wish.

### People's experience of using this service and what we found

Systems established to monitor people's nutrition and weight were not always effective at identifying gaps in recordings. Other systems used for governance and oversight were effective and audits were conducted to ensure people received good quality care that met their needs.

People, relatives and staff spoke positively about the culture of the home and the registered manager. Staff received support from the management team and felt able to share feedback and ideas. The staff team worked in partnership with other agencies to ensure people's health and care needs were met.

People felt safe living at Amber Wood. Staff had received training to identify concerns for people's safety and any concerns were reported to the local safeguarding authority. Risks were assessed and managed and staff knew how to support people safely. There were enough staff to respond to people's care and support needs. Staff had been safely recruited. People received their medicines as prescribed and systems used for the management of medicines were safe and effective. People were supported by staff who were following infection control guidance.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 5 February 2020).

### Why we inspected

We received concerns in relation to the management of medicines and poor care practices. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Amber Wood on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Amber Wood

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was conducted by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Amber Wood is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Amber Wood is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

### During the inspection

We spoke with 8 people who used the service and 2 relatives about their experience of the care provided. We also spoke with 5 staff, the deputy manager, and the registered manager. We reviewed a range of records, these included 4 people's care records, medicines administration records, as well as governance and quality assurance records. We also looked at 2 staff recruitment files.

Following the inspection, we spoke with 3 further staff members and a healthcare professional who had visited the home.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I don't worry about anything here, all the staff are nice and kind. Everything here makes me feel safe. I'd tell the lady in charge if anything worried me."
- Staff had received training in how to protect people from harm and identify possible signs of abuse. A staff member told us "If I saw anything that concerned me, I would speak to a senior, or the registered manager. I've done that before and they took it very seriously. If they didn't do something I would speak to the safeguarding team."
- The registered manager had taken action to try and improve communication and encourage staff to report concerns. Action included an anonymous feedback system, direct electronic messaging and a regular manager's surgery. Where safeguarding incidents had occurred, the management team had made appropriate referrals to local authority safeguarding teams, and had notified us, as required by law.

Assessing risk, safety monitoring and management

- People's risks were assessed and known by staff. For example, where people were at risk of falls there was clear guidance available to staff about how this should be managed to reduce the risk. The home had an allocated member of staff who monitored information about falls, with the aim of identifying any trends or patterns to try and reduce the number of falls within the home and for specific people.
- One person shared with us how staff had supported them to improve their safety. They told us, "I kept falling at home so I was a danger to myself. I've stopped falling now, so they have helped me out an awful lot. I feel much safer here."
- Where people experienced distressed behaviours the known triggers for these were documented. Care plans provided staff with information about best to support the person and what actions they should avoid. Staff recorded incidents which enabled the senior staff to review them and make any required changes to the care people received.
- Records relating to weight management needed to be more robust and action was taken on the day of inspection to address this concern. Please see the Well-Led section of this report for full details.

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 MCA 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.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff demonstrated a good understanding of mental capacity and we saw people were asked to consent to the care being provided throughout the day.
- Where people were unable to consent to certain aspects of their care the staff conducted assessments of their capacity and ensure decisions were made in their best interests. For example, where a person who lacked capacity was regularly refusing their medicines staff had sought support from the GP, pharmacy and a relative, to consider whether essential medicines could be administered covertly.

#### Staffing and recruitment

- People were supported by enough staff who were able to respond to their care needs. Staff were usually allocated to a household, so people were supported by a consistent staff team. Senior staff provided additional support to the households if people required additional support.
- People told us they felt there were enough staff. One person said, "There's enough staff to go around, I get all the support I need. The staff are always nice and always have time for you."
- Staff had been safely recruited. The provider had carried out pre-employment checks, including DBS checks, to ensure staff were safe to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People received their medicines as prescribed. We observed people being supported to take their medicines and saw staff took time to explain their purpose of the medicines and offered prompting and reassurance where required.
- People told us they were happy with the support they received in relation to their medicines. One person said, "Every morning and every night they give me my medicines like clockwork, they never forget to give them to me."
- Procedures for the safe management of medicines were effective and systems to ensure the administration, storage and disposal of medicines were in place. Where people were prescribed controlled drugs, which have special regulations on ordering, storage, administration and recording; we found records we checked relating to the administration and storage of these medicines were accurate.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People told us they were happy with the cleanliness of the home environment. One person said, "My room is very clean and tidy. I can't fault the place, it's so clean."

#### Visiting in care homes

- The registered manager was aware of their responsibilities in relation to supporting people's rights to have visitors at the home. There were no restrictions placed on visiting, visitors could access the home freely.

#### Learning lessons when things go wrong

- The registered manager had taken action to ensure learning took place following incidents and events. For example, where one person had managed to leave the grounds of the home during a fire drill, the person's risk assessments had been reviewed and plans implemented to ensure staff monitored unlocked gates when future drills took place.
- Staff told us learning from events was shared with them during handover. Where changes were required to people's care and support this was added to the electronic recording system used by staff, which alerted them to any new actions.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems established to monitor the support provided to people who were at risk of weight loss and malnutrition were not always effective. Where people had been referred to healthcare professionals due to their weight loss, guidance provided by those professionals had not always been followed and some people's weight was not monitored as required.
- The senior staff and management team had systems in place to monitor people's care in relation to nutrition, hydration and weight loss. However, these systems had not always identified where staff had not weighed people in accordance with healthcare professional's advice.
- A visiting healthcare professional told us referrals made by staff to their service were of good quality and were appropriate. However, they observed that follow up monitoring information had not always been recorded, which could place people at risk of malnutrition and unnecessary weight loss.

The registered manager responded during and after the inspection to our concerns. They completed a review of people's care who may be at risk of malnutrition and weight loss. They implemented further monitoring systems to ensure appropriate action was taken and people's weight was regularly monitored where required. They told us the newly implemented systems would improve governance and oversight of these risks. We will check this at our next inspection.

- We found other systems used for monitoring the quality of people's care were effective. The registered and deputy managers used the outcomes of audits to identify areas of concern and drive improvements across the home.
- The rating from the previous inspection was displayed in the main entrance of the home as required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture at the home and people spoke highly about the support they received. One person said, "There is nothing I can say about here that is bad about how they look after you and treat you. I've laughed more in here than ever. It's always brilliant in here."
- Relatives expressed confidence in the way the home was managed. One relative commented, "We've had to see [name of registered manager] a few times when things are wrong. They change then. I would say it's well managed."

- Staff told us they felt the home was a good place to work. One staff member said, "It's positive here. You feel like you are making a difference, just putting a smile on a person's face. We can improve people's lives."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- Where incidents or events had taken place, the registered manager had met with people and their family members to explain the actions they had taken to improve the quality of care people received.

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

- People told us they felt listened to by staff and could share any feedback with them. Family and friends meetings were held to give relatives an opportunity to share any questions or concerns they had. The registered manager had responded to feedback and shared information with families about actions they had taken in a 'you said, we did' format.
- Staff told us they felt supported by the senior staff and management team and were able to give feedback about the home or share ideas for improvements. One staff member said, "I suggested an idea and the [registered] manager just went with it, they said 'go for it'. They arranged additional staffing to make sure it could go ahead."
- Staff were supported through supervisions and team meetings. Staff we spoke with shared examples with us of how they had been supported both personally and professionally by the management team.

Working in partnership with others

- The staff and management team worked in partnership with external agencies to ensure people's needs were met. These included GP's, social workers and a range of healthcare professionals.