

# Countrywide Care Homes (2) Limited

## Amber Court

### Inspection report

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### Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

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

This inspection took place on 18 & 23 May 2016 and was an unannounced inspection.

Amber Court Care Home is registered as a care home with nursing and provides accommodation for people who require nursing or personal care. The home can accommodate a maximum of 33 people. Amber Court is situated in its own grounds on the outskirts of Blackpool close to the motorway. The building is designed over two floors with lift access. All rooms are single occupancy and provide en-suite facilities. Communal lounges and dining areas are located on both floors. There is a passenger lift for ease of access and the home is wheelchair accessible. There are communal lounges and dining areas and a garden area at the rear of the home. Parking is available.

At the time of the inspection 31 people lived at the home.

At the last inspection in May 2014 the service was meeting the requirements of the regulations that were inspected at that time.

There was a registered manager in place. 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.

People told us they felt safe living at Amber Court and liked living there. Risks to people had been minimised because the registered provider had procedures in place to protect them from abuse and unsafe care.

We looked at how the home was staffed. We saw there were not always enough staff to provide safe care. People who lived in the home, relatives and staff told us there were times when staffing was too low and staff were rushing about. We also saw staffing was too low on part of the inspection. We raised this with the registered manager who promptly took steps to improve staff rotas to provide safer staffing levels.

We recommended the registered provider monitor staffing levels to ensure sufficient staff are on each shift.

Recruitment and selection was carried out safely with appropriate checks made before new staff started working in the home. This reduced the risk of employing unsuitable people.

Staff managed medicines safely. Medicines were given as prescribed and stored and disposed of correctly. People said they received their medicines when they needed them.

People told us they were offered a choice of healthy and nutritious meals. Drinks were available throughout the day and people's dietary and fluid intake was sufficient for good nutrition. Almost everyone we spoke with were praising of the meals.

Staff had received training in caring safely which gave them the skills and knowledge to provide support to people.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). This enabled staff to work within the law to support people who may lack capacity to make their own decisions.

We saw staff were familiar with people's care needs, likes, dislikes and wishes. People we spoke with told us staff were friendly, caring and respectful. They said staff supported them to remain as independent as they could be. They also assisted them in a timely way and made time to talk with them even when they were busy.

There was a transparent and open culture that encouraged people to express any ideas or concerns. People and their relatives felt their needs and wishes were listened to and acted on. They said staff were easy to talk to and encouraged people to raise questions at any time.

There were procedures in place to monitor the quality of the service. The registered manager sought people's views in a variety of ways and dealt with any issues of quality quickly and appropriately. Staff told us she supported them and communicated well.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

Staffing levels were not always sufficient to support people safely. Recruitment procedures were safe.

There were suitable procedures in place to protect people from the risk of abuse.

Medicines were managed appropriately. They were given as prescribed and stored and disposed of correctly.

### Is the service effective?

**Good** 

The service was effective.

Procedures were in place to assess peoples' mental capacity, where there were concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk.

People were offered a choice of healthy and nutritious meals. Staff were familiar with each person's dietary needs and knew their likes and dislikes.

People were supported by staff who were skilled and knowledgeable. This helped them to provide support in the way the person wanted.

### Is the service caring?

**Good** 

The service was caring.

Staff knew and understood people's history, likes, dislikes, needs and wishes. They took into account people's individual needs when supporting them.

People we spoke with told us staff were kind and compassionate. They told us they were happy and comfortable.

People were satisfied with the support and care they received and said staff respected their privacy and dignity. We observed

staff interacting with people in a respectful and patient way.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life. There was a variety of activities arranged to interest people and encourage interaction.

Care plans were personalised, involved people and where appropriate, their relatives and were regularly reviewed. Staff were welcoming to people's friends and relatives.

People were aware of how to complain if they needed to. They said any comments or complaints were listened to and acted on in a timely way.

### **Is the service well-led?**

**Good** ●

The service was well led.

People who lived in the home and their relatives were encouraged to give their opinions on how the home was supporting them. People told us staff were approachable and easy to talk with.

A range of quality assurance audits were in place to monitor the health, safety and welfare of people who lived at the home. Any issues found on audits were quickly acted upon.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

# Amber Court

## 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 inspection took place on 18 & 23 May 2016 and was unannounced. The inspection team consisted of an adult social care inspector.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that affected the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We spoke with a range of people about the service. They included the registered manager, nine members of staff on duty, fourteen people who lived at the home and five relatives. We also observed care throughout the home.

We looked at care and medicine records of three people. We also looked at the previous four weeks of staff rotas, recruitment and staff training records and records relating to the management of the home.

We also spoke with health care professionals, the commissioning department at the local authority and contacted Healthwatch Blackpool prior to our inspection. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced whilst living at the home.

# Is the service safe?

## Our findings

People told us they felt safe at Amber Court and were satisfied with the care. One person told us, "I always feel safe. There are always people around which puts me at ease." Relatives felt confident their family members were being looked after. One relative said, "[Family member] is absolutely safe here."

There were procedures in place to protect people from abuse and unsafe care. There had been no safeguarding alerts raised about the service in the previous twelve months. We asked staff how they would deal with unsafe care or a suspicion of abuse. They told us they would report this straight away and also make sure the person was safe. From this we could see they had the necessary knowledge to reduce the risk for people from abuse and discrimination.

Risk assessments were in place to provide guidance to staff and reduce risks to people's safety. There was a structured process in place regarding the risk management of people. The risk assessments we saw provided instructions for staff members when delivering their support. Staff spoken with told us the risk assessments were clear and informative. Accidents or incidents, complaints, concerns, whistleblowing and investigations had been discussed and evaluated for lessons learnt.

We looked at how the home was being staffed. We did this to make sure there were enough staff to support people throughout the day and night. We talked with people who lived at Amber Court, relatives and staff, checked staff rotas and observed whether there were enough staff to provide safe care.

People we spoke with felt staffing levels were not consistent and varied from day to day and shift to shift. One person said, "On some days there are plenty of staff and other days hardly any." We looked at recent rotas and found this was correct. There was a difference in staffing levels on different days without any obvious reason.

We saw fluctuations of staffing levels frequently on the rotas we checked. On one occasion there were nine nursing and care staff on shift without any obvious reason. During the first evening of the inspection there was only one nurse and four care staff on shift. This included a member of staff who was supporting a person who received one to one support. This left only four staff, including the registered nurse to support 31 people on two separate units. The nurse was busy administering medicines for part of the time and staff needed to take meal breaks. This left staff 'stretched' and rushed. A visiting senior manager assisted for part of the evening but would not usually have been at the home.

Relatives we spoke with also expressed concern over the fluctuation of staffing levels. One relative said, "Sometimes things are fine but at other times the staff are rushing round." Another relative told us, "Sometimes [family member's] care is not done properly because staff are busy." We observed low staffing during the evening, although staff were very busy they looked to be carrying out care responsibly.

When we raised the staffing issue with the registered manager she promptly made changes to the rota to improve staffing levels. She told us she would monitor the rotas to ensure an even spread of staff

throughout the week.

We recommend the provider regularly reviews staffing rotas to ensure safe and sufficient deployment of staff throughout each shift.

People were able to spend time in communal areas of the home and their bedrooms as they wanted. We saw people enjoyed relaxing in the garden during the inspection. They were also supported to access the local community. Call bells were positioned in bedrooms and communal areas so people were able to summon help when they needed to. People told us they were usually answered promptly. One person said, "The staff are there if you need some attention. If I press the call bell they come quickly." Another person commented, "I rarely press the buzzer. But one time I did need to and the staff came straight away." Though another person told us, "The staff come as quickly as they can but sometimes I have to wait when they are busy." We saw on most occasions staff responded quickly. However we saw one of the two staff assisting during the evening meal, had to answer a call leaving only one staff to provide support.

Staff spoken with were familiar with the individual needs and behaviours of people and were aware of how to support them. Where people had displayed behaviour which challenged the service, assessments, guidance to staff and risk management plans were in place. Staff spoken with were familiar with this information and aware of how to support people.

Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. Equipment had been serviced and maintained as required. Legionella checks had been carried out. We checked a sample of water temperatures. These were delivering water at a safe temperature in line with health and safety guidelines. There was a rolling programme of redecoration and any repairs needed were recorded for the maintenance person to complete. Almost everyone was satisfied with this although two people said sometimes tasks were not completed quickly enough.

A fire safety policy and procedure was in place, which clearly outlined action to be taken in the event of a fire. A fire safety risk assessment had been carried out so the risk of fire was reduced as far as possible. Staff had taken part in fire drills so they understood what to do to keep people and themselves safe. People had personal evacuation plans in place.

The registered manager told us that they reviewed accidents or incidents, complaints, or concerns and evaluated how well they had been managed.

We looked how recruitment and selection was carried out. We looked at four staff files. The application forms were fully completed and any gaps and discrepancies in employment histories followed up. This meant senior staff knew the employment details for each prospective member of staff.

A Disclosure and Barring Service (DBS) Check had been received for each member of staff before they started working with the organisation. This allowed the employer to check if potential employees had criminal records or were barred from working with vulnerable people. This helped senior staff in assessing the suitability of potential staff to work in the home. References had also been received before new staff were allowed to start work.

We spoke with three recently appointed members of staff; who confirmed they were unable to commence work before appropriate checks had been made. The organisation checked when recruiting nurses that they were registered with the nursing and midwifery council (NMC). These checks were repeated annually to ensure that the nurse was still registered with the NMC and therefore able to practice as a registered nurse.



People told us they felt staff supported them with medicines well. They said they were given medicines as prescribed and at the correct time. Staff said people could manage their own medicines if they were able. One person told us they were taking their own medication with staff support.

We saw medicines were managed safely. They were ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly.

We observed medicines being given to people. They were given safely and staff signed the medicines record after each person received their medicines. Medicine audits were completed regularly to monitor if people had received their medicines as prescribed.

## Is the service effective?

### Our findings

Almost all the people we spoke with told us they enjoyed the food and had choices of meals. However one person said the portions were not big enough and they were told that was all there was when they asked for more. This was not reflected in other people's comments. One person told us, "The food is very good, always a hot meal, lunch and tea. You can have a choice and as much as you want." A second person commented, "Plenty to eat, I never go hungry and it is always good." A further comment was, "The food is really good. I look forward to Thursday as we can have curry. The chefs do a great curry."

We observed lunch and the evening meal during the inspection. We saw staff made sure people's dietary and fluid intake was sufficient for good nutrition so people were having a balanced and varied diet. We found meals were freshly cooked and presented to a good standard. We saw people were given plenty to eat. People were given different size portions and there were choices where people did not want a particular meal.

People were encouraged to treat mealtimes as a social occasion where possible, with people encouraged to eat together. If people were unable or unwilling to eat in the dining room staff assisted them with their meals in their bedrooms. We saw staff interacted with people throughout the meal but lunchtime was calmer and more relaxed than the evening meal as there were more staff available.

People had a nutritional risk assessment in their care records which identified those who were at risk of obesity or malnutrition. People's weights were monitored on a regular basis to help people maintain a healthy weight.

We spoke with the cook. The cook maintained records of people's likes and dislikes and for those with allergies or special dietary requirements, identifying those people who required specialised diets. We found good systems in place to provide for people who required special diets and textures in their food. This assisted staff to providing the correct meals to meet people's needs and preferences. We found the kitchen was clean and well organised. The stock room was well stocked with provisions.

We saw jugs of cold drinks and beakers in the lounges, so people could get a drink when they wanted. Hot drinks were also provided at regular intervals. Staff assisted people who needed help or supervision.

Specialist dietary, mobility and equipment needs had been discussed with people and recorded in care plans. People told us their healthcare needs were met promptly by staff. They told us they had regular health checks and staff monitored their health. People told us they saw health professionals where needed. Care records seen confirmed this. One person said, "I can see the GP whenever I need to. The staff organise all that." We saw people had visits from or visited chiropodists, opticians and hearing clinics. We also saw staff call the emergency services for one person who became seriously unwell. The person initially declined to go to hospital. Staff continued caring for them until later that day when the person agreed to hospital care.

We spoke with health and social care professionals who told us current concerns with the care being provided. One professional told us they were impressed with the home. Staff had a good knowledge of the needs of the residents and residents were well cared for."

People told us their needs were being met by the staff team. They said they were able to say how they wanted staff to care for them. One person said, They are all very good, They look after me in the way I want." Relatives said staff kept them informed and up to date with any changes in the health or care of their family member.

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. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The management team had policies in place in relation to the MCA and DoLS. We spoke with the staff to check their understanding of these. Staff determined people's capacity to make particular decisions. They knew what they needed to do to make sure decisions were in people's best interests. Procedures were in place to assess people's mental capacity and to support those who lacked capacity to manage risk.

We talked with people and looked at care records to see if people had consented to their care where they had mental capacity. People told us they were able to make decisions and choices in their own time. They said staff did not restrict the things they were able, and wanted, to do. One person told us, "It is up to me what I do. I just let the staff know." We also looked at the care and support provided to people who may not have had the mental capacity to make decisions.

Relevant staff had been trained to understand when a DoLS application should be made. Staff demonstrated a good awareness of the MCA code of practice and confirmed they had received training in these areas. The management team showed us DoLS applications in place. We saw staff were working within the law to support people who may lack mental capacity to make their own decisions.

People told us they felt staff were well trained and knew what they were doing. Staff told us they completed induction training when they started in their post and shadowed experienced staff for a period of time to enable them to develop basic skills and knowledge of the home. The staff we spoke with told us they had good and frequent training. Most care staff had completed or were working towards national qualifications in care. Staff had also completed other training including; moving and handling, Mental Capacity Act and Deprivation of Liberty training, first aid, food safety safeguarding vulnerable adults, infection control and health and safety.

Staff received regular supervision. This is where individual staff and those concerned with their performance, typically line managers, discuss their performance and development and the support they need in their role. It is used to assess recent performance and focus on future development, opportunities and any resources needed. Staff told us they felt well supported through these and regular staff meetings and felt able to air their views.

## Is the service caring?

### Our findings

People who lived at Amber Court and their relatives told us staff were caring and compassionate and provided high standards of care. They said staff were supportive and helpful and they were comfortable and well cared for. One person said, "The staff are fantastic, wonderful. They are caring, patient and respectful." They added smiling, "They have to be with me." Another person said, "They are so caring and look after me very well." A relative told us, "I cannot say anything wrong with the way the staff care for everyone." However, one person told us they felt the care was not meeting the standards they wanted for their family member. The registered manager said she understood their need for the care to be right for them and met with them regularly to discuss any aspects of care they were unhappy with. Where there were any issues found, these were rectified promptly.

We observed staff to be caring and supportive. Where people asked for help, this was given promptly in a cheerful manner. Staff chatted with people as they supported them and discussed any personal care needed in a discrete and sensitive way.

We observed staff transferring people to and from armchairs and wheelchairs. Staff informed people what they were going to do and what they wanted the person to do to assist. They checked each person was ready for the transfer and talked them through this. The staff made sure footrests were in place on the wheelchairs before moving off. They used safe moving and handling techniques and good communication during the transfers.

We saw staff talk with people when they entered lounges and as they carried out their duties. They were alert to people who needed help and checked they were comfortable. One person told us, "The staff are really kind. They always check if we need anything and are warm enough." Another person said, "The staff are lovely. They will have a laugh and a joke with you and cheer you up if you are feeling a bit down." A relative said, "We are very pleased with the staff here and how they look after our [family member]."

Staff were familiar with people's history, likes, dislikes, needs and wishes. They were aware of people's individual needs around privacy and dignity. They respected each person's diverse cultural, gender and spiritual needs and treated people with respect and patience. One person told us, "They are so lovely, the staff here. They always knock and check I am OK. They make it easy to have someone helping you, less embarrassing somehow." We saw staff talking to people in a friendly, polite manner. They were discrete when people needed support with their personal care and made sure they shut bedroom and bathroom doors to ensure people's privacy.

People looked cared for, dressed appropriately and well groomed. People told us the hairdresser visited regularly and we saw several people having their hair styled during the inspection. People felt they could trust staff and they were friendly and respectful.

We saw Independent Mental Capacity Advocates (IMCA's) had been involved where people had been assessed in relation to DoLS applications. Information was available to people about how to get support

from independent advocates so people had a 'voice' where there was no family involved.

## Is the service responsive?

### Our findings

The atmosphere in the home was relaxed and comfortable during the inspection. People told us staff helped and encouraged them to enjoy a good quality of life. One person said, "The staff are just so lovely. They are there whenever you need them."

Almost all relatives told us care was personalised to their family member's individual needs. We observed staff had a good understanding of people's needs. We saw they were familiar with people's individual needs and were able to tell us specific aspects of care they provided for people. We saw staff offered people choices of food, activities and times for personal care and encouraged people to retain their independence wherever possible. People were assisted to follow the routines they chose. People told us they got up and went to bed when they liked. We saw one person entering the lounge mid-morning, who told us, "I have just come down and will have my breakfast soon. I like a lie in." Another person commented, "The night staff are brilliant. You can have anything you want, no matter what time it is."

Staff recognised the importance of social contact, companionship and activities. Where they were able they spent time chatting with people. There was an activities coordinator employed who organised activities in and out of the home. They tried a variety of activities to interest and involve people with varying degrees of success. They told us, "Sometimes people are enthusiastic and really enjoy activities, at other times they are unwilling to get involved. However they are almost always willing to chat on a one to one basis and maybe a hand massage." One person said, "We have quizzes in an afternoon and I really enjoy them. "

People told us the activities provided included a range of group activities. These included board games, bingo, reminiscence and singalongs. There were plans for activities coordinator to meet with others in the organisation to share ideas and assist them to provide a wider range of activities. One person said, "We have a lady who does activities and tries to get people involved. I sometimes join in." Another person told us, "The singers come in from time to time. They are generally very good." A relative said, "I know they provide activities but [my family member] won't join in."

We spoke with the registered manager about how they developed care plans when people were admitted to the home. She told us care plans and risk assessments were completed with the person and their relative, if appropriate. We looked at the care records of three people we chose following our discussions and observations. Each person had an assessment of people`s needs undertaken, a care plan and risk assessments in place that gave details of their care needs, likes and dislikes.

Care plans were personalised and staff were knowledgeable about people's needs and preferences. Risk assessments including nutrition, falls and pressure area management had been completed. Care records were informative. They were regularly reviewed and amended as people's needs changed. A professional involved with the home told us there were good recording systems with the care notes always up to date. We saw from the care records and talking with people who lived at Amber Court, they and their relatives were involved in care planning.

People told us their relatives were made welcome and there were no restrictions to visiting. One person said; "My family can come anytime. The staff are friendly with them." A relative said, "I come to see [family member] when I like and the staff are so nice."

We looked at the complaints policy and saw this provided information on how people could expect their concerns to be addressed. We saw people had been given information about how to make a complaint. People told us they knew how to raise a concern or to make a complaint if they were unhappy with something. They said if they had any concerns staff listened to them and took action to improve things. One person said, "I know how to complain and would do it if I ever had problems but I have never had to." Another person told us, "I have complained several times. To be fair they sorted out issues for me." A relative said, "They deal with any little issues I mention. So no problems." Another relative told us, "No complaints – perfectly happy." However one relative told us there were often issues they needed to discuss. They added that these were usually dealt with.

The registered manager showed us there had been one formal complaint over the previous twelve months. This had been dealt with promptly and appropriate action taken to the satisfaction of the complainant. There had been frequent written compliments from relatives in the same period.

## Is the service well-led?

### Our findings

People told us the registered manager and staff team were, approachable, supportive and willing to listen to people. They said staff encouraged people to ask questions or raise any concerns. One person told us, "The management team are approachable and make themselves known to you." Another person said, "Good staff and a fantastic manager." People told us the registered manager ran the home well and had high standards. One person said, "The home is organised well and run by good management and staff."

People and their relatives felt their needs and wishes were listened to and acted on. The registered manager sought people's views in a variety of ways. She told us she had an 'open door' policy and relatives could talk with her whenever they wanted. People who lived at Amber Court and their relatives confirmed this. She had informal chats with people about their views of the home. There were also formal 'residents and relatives' meetings held regularly. People who lived at Amber Court and their relatives completed surveys about their experience of the home and any improvements they would like. These were mainly positive. Where there was dissatisfaction with particular areas, for example the laundry service, system improvements were promptly made.

There were procedures in place to monitor the quality of the service. Audits were being completed by the registered manager and senior managers in the organisation. They also carried out unannounced visits during the day and night to monitor the care provided. Audits included monitoring the home's environment and equipment, care plan records, medication procedures and maintenance of the building. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward.

The home had a clear management structure in place. Staff said the registered manager was a good leader and communicator, supported and worked with them and them and was caring towards people who lived at Amber Court. They demonstrated they understood their roles and responsibilities. They told us felt capable and motivated. Lines of accountability were clear. They knew their abilities as well as the limits of their skills and when to seek advice. There were regular staff meetings held to inform, involve and consult staff. Staff told us they were able to suggest ideas or give their opinions on any issues.

There was a business continuity plan in place which identified how the service would respond to different types of emergencies. We saw any accidents and incidents were thoroughly investigated. Where appropriate, detailed action plans had been put in place to prevent recurrence which reduced risks to people. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met.