

Carmand Ltd

Amber House

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 House is a care home providing personal care and accommodation for up to five people, some of who may be living with learning disabilities and mental health needs. At the time of the inspection 2 people were living at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service: The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent

The provider had systems in place to safeguard people from abuse. Staff could recognise and report any safeguarding concerns if they suspected abuse. Relevant risk assessments had been completed. Medicines were managed safely. Accidents and incidents were monitored to identify and address any patterns or trends to mitigate risks.

Staff had appropriate skills and knowledge to deliver care and support people in a person-centred way. Staff recruitment was safe and staff understood how to keep people safe.

People told us they were happy with the service they received and felt staff had a clear understanding of their needs and preferences. People were supported with good nutrition and could access appropriate healthcare services.

People were able to see their families as they wanted. There were no restrictions on when people could visit the service. People were supplied with the information they needed at the right time, were involved in all aspects of their care and were always asked for their consent before staff undertook support tasks.

Staff cared about the well-being of people they supported and we received positive feedback about the kindness of staff. People were treated with respect and dignity and their independence was encouraged and supported. Where people required support at the end of their lives, this was carried out with compassion and dignity.

People described a range of activities and events both within the service and the local community, based on their interests and preferences. People and their relatives were supported to receive information in an accessible way either through easy read, large print and pictorial formats to enable them to be involved in their care and support.

Care plans had been developed and were regularly reviewed. These contained relevant information about how to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems supported this practice.

All areas were clean, tidy and there was effective cleaning taking place to keep people safe from the risk of infection. The rooms we looked at were personalised and decorated in colours of people's choosing. The environment supported people to have time on their own and time with other people if they chose this. Cleanliness and health and safety were well managed.

The registered manager and staff team worked together in a positive way to support people to remain as independent as possible and to be safe. Staff told us they were well supported by the registered manager and management team.

Checks of safety and quality were made to ensure people were protected. Work to continuously improve was noted and the registered manager was keen to make changes that would impact positively on people's lives.

Rating at the last inspection: At the last inspection the service was rated good (published 21 April 2017).

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the Care Quality Commission (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?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Amber House

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: The inspection was carried out by one inspector.

The service had a manager registered with (CQC). 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.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

Notice of inspection: The inspection was unannounced.

What we did: We looked at information sent to us since the last inspection such as notifications about accidents and safeguarding alerts. Providers are required to send us key information about their service, what the service does well and improvements they plan to make. This information helps support our inspections.

We contacted the local authority commissioning and safeguarding teams and the local Healthwatch England. Healthwatch England are an independent organisation who listen to people's views about local services and drive improvement by sharing those views with organisations who commission, deliver and regulate health and care services. We also sought feedback from professionals who worked with the service. This information helps support our inspections.

We spoke with one person who used the service, four members of staff including; the registered manager the care leader and two team leaders. Following the inspection, we spoke with a health and social care professional and a relative.

We reviewed a range of documents. This included two people's care and medicine records. We looked at four staff recruitment and supervision records. Documents relating to the management of the service and policies and procedures developed and implemented by the provider.

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; Staffing and recruitment.

- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They received appropriate training in this topic area.
- People told us they felt safe and supported by members of staff. People told us, "I am safe here." and, "If I have any problems or anything is worrying me I can go to staff and they will help me." One relative told us, "Yes, I am confident (Name) is safe."
- There were sufficient staff on duty to meet people's needs and to enable people to take part in social activities and to attend medical appointments. A tool was used to monitor the number of staff needed, based on people's needs. People told us they received care in a timely way and this was observed during inspection.
- The provider operated a safe recruitment process.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- People were supported to take positive risks to aid their independence.
- The management team responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.
- The environment and equipment used had been assessed for safety.

Using medicines safely.

- Medicines were safely received, stored, administered and disposed of when no longer needed. People were encouraged to manage their own medicines where they had those skills.
- Where medication errors were found during audits they were investigated and action taken as needed.
- The registered manager and staff were aware of the health campaign to stop the over-use of psychotropic medication to manage people's behaviour.
- People told us they were happy with the support they received to take their medicines. One person told us, "When I am unwell the staff remind me to take my tablets and they ask me if I am in any pain and get me painkillers when I need them."

Preventing and controlling infection.

- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

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; Adapting service, design, decoration to meet people's needs.

- People's needs were assessed, planned and regularly reviewed to ensure they received support that met their changing needs. One relative told us, "Yes, we are invited to meetings every six months and everything is discussed."
- Staff worked closely with health and social care professionals, people and their families to ensure people's abilities, hopes and preferences were recognised, recorded and shared amongst staff.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. The environment had been adapted to support people with physical needs to maintain their independence skills, for example lowered worktops so people could be involved in meal preparation.
- People were free to access all areas of the service, including the garden which was secure and private.
- People enjoyed the environment which had communal spaces where people could spend their time. One person told us, "I like it here and I have been choosing new bedding and things for my room as it is getting redecorated soon."

Staff support: induction training, skills and experience.

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. One person told us, "The staff are kind and caring and they look after me really well."
- Staff had completed a comprehensive induction and training programme. They had the opportunity for supervision and appraisal. One staff member told us, "I have recently been promoted, there are opportunities to access further training and we are encouraged to develop further in our roles."
- The registered manager had good systems to understand which staff needed their training to be refreshed and who required supervision.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support.

- People had a choice and access to sufficient food and drink throughout the day. Menus were planned in consultation with people based on their preferences.
- Where people required support from healthcare professionals this was arranged and staff followed guidance provided. Information was shared with other agencies if people needed to access other services such as hospitals.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the provider had submitted applications under the MCA and DoLS to the supervisory body for authorisation. When authorised these were monitored and reviewed by the registered manager.
- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were made in people's best interests.

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.

- We observed people were treated with kindness and people were positive about the staff's caring attitude. One person told us, "The staff know me really well and when I am not feeling well they will sit and talk to me and help me, to try to make me feel better." One relative told us, "It is by far the best place they have been in."
- Staff spent time to get to know people's preferences and used this knowledge to care for them in the way they liked. This included understanding people's life history which is a known way of promoting positive relationships between people and staff. A member of staff told us, " We want people to be happy and to receive person centred care in a way that we would be happy for our family member to receive."
- People's equality, diversity and human rights were respected. People were supported to follow their faith and live their lives the way they wanted to.
- Staff communicated with people in a caring and compassionate way. Staff gave people time to respond, listened to them and provided sensitive support to ensure people's needs were promoted.
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.

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

- Staff enabled people to make decisions about their care; and knew when people wanted help and support from their relatives. People were directed to sources of advice and support or advocacy.

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

- People were enabled to maintain and develop relationships with those close to them and to develop social networks and links within the local community. Relatives could visit at any time and were made to feel welcome.
- People's independence was promoted. They were encouraged to maintain their independent living skills. For example, going to the local shops, visiting local cafés and restaurants and access community based groups.
- We observed how staff supported people with dignity and respect and provided compassionate support in an individualised way.
- People's rights to privacy and confidentiality were respected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services 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.

- Care records were personalised to a good standard and reflected each person's individual needs. The information was kept under regular review and updated in line with any changes needed. A member of staff told us what person-centred care meant to them, they said, "It means giving people what they want. For some people who have been in and out of care it may be difficult for them to build up trusting relationships. We have a keyworker system in place and work closely with people to develop positive, professional relationships with them."
- People were empowered to make choices and have as much control and independence as possible, including developing care, support and treatment plans. Relatives were also involved where they chose to be and when people wanted that.
- The service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- People's feeling of wellbeing benefitted from the staff promoting social events, access to the community, and activities based on their preferences.
- People were engaged in a programme of activities if they chose this. This included on site activities and activities within the local community. Activities enabled people to maintain friendships with their local community.
- People were supported to prevent ill health and promote good health. Staff worked with people to support their rehabilitation following hospital admissions and worked with health and social care professionals to maintain their well-being.

End of life care and support.

- Staff explained that when required, people would be supported to make decisions about their preferences for end of life care. Professionals would be involved as appropriate to ensure people were comfortable and pain free.
- Staff were aware of good practice and guidance in end of life care, and knew to respect people's religious beliefs and preferences.

Improving care quality in response to complaints or concerns

- People knew how to feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this.
- People knew how to make complaints should they need to. They told us they would not hesitate to raise any concerns with staff or directly to the registered manager and were confident they would be listened to.

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

- People and staff spoke positively about the registered manager and the quality of care provided. Comments included, "We are supported in our roles and we are listened to" and "They are approachable."
- Leaders and managers demonstrated a commitment to provide person-centred, high quality care by engaging with everyone using the service and stakeholders.
- The service involved people and their relatives in day to day discussions about their care.
- People had completed a survey of their views and they met frequently to discuss the service they received. The feedback had been used to continually improve the service. For example, to plan menu's, outings and activities.
- People told us the registered manager was approachable and they received good support when they needed it. Staff told us, "[Registered manager] is very aware of the residents and their needs and changes are made as needed."
- Staff understood the provider's vision for the service and they told us they worked as a team to deliver these. One member of staff told us, "I really enjoy my job, no two days are the same and it is really rewarding when people achieve their goals." Staff told us they felt valued and appreciated.
- Where internal audits identified any concerns or trends, detailed action plans were put in place and communicated to the staff team.

Working in partnership with others.

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Also, to aid service development.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements: Continuous learning and improving care.

- Regular checks were completed by the staff and registered manager to make sure people were safe and they were happy with the service provided.
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- All feedback received was used to continuously improve the service.
- The registered manager worked to develop their team so that staff at all levels understood their roles and responsibilities. Managers were accountable for their staff and understood the importance of their roles.

Staff were held to account for their performance where required.