PWS Care 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 accommodates seven people in one adapted building supporting people with Prader-Willi Syndrome (PWS). PSW causes low muscle tone with consequent motor developmental delays, a mild to moderate learning difficulty, incomplete sexual development, and emotional and social immaturity, leading to behaviours that can challenge. During childhood, an overwhelming and insatiable chronic appetite usually develops which, without rigorous food management and exercise regimes, leads to food seeking, stealing and life threatening obesity. Instead of the main characteristics of this syndrome is, learning disabilities ranging from severe to borderline and people experience an excessive appetite.

The home is situated in St Leonards-By-Sea and on the day of inspection there were six people living at there. Amber House is located over five floors which are accessible via stairs. The home had two large communal areas and a garden at the rear of the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

Systems supported people to stay safe and reduce the risks to them, ensuring they were cared for in a person-centred way. People and relatives told us they felt the home was a safe place to be and felt comfortable to raise concerns with staff. A relative told us, "I feel very confident that my son is safe at Amber House and the staff are very good." Staff had a good understanding of how to identify and respond to any suspicion or allegation of abuse.

Staff had a good understanding of the care and support needs of people and had developed positive relationships with them. People were supported to live as independently as possible and told us that their needs were met. Activities took place on a daily basis and people were encouraged to participate if they wanted to. One person told us, "I choose what I want to do." Relatives and visitors were welcomed and given the privacy to talk to their loved one.

People's needs were effectively met because staff had the training and skills they needed to do so. Specialist training was provided to ensure people's needs could be met and refresher courses were booked when due. This included in depth training on PWS, which is a genetic disorder where people are constantly hungry. One person told us, "Staff are trained well and have good understanding of my condition."

People and relatives told us that staff treated them with kindness and we observed friendly interactions throughout the day. People were supported to ensure their health needs were responded to and health needs were reviewed on a regular basis. People had their privacy and dignity protected.

People were happy with the food and said they were given a choice of home cooked meals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The provider had quality assurance systems in place to monitor the standard of care and drive improvement. People, relatives and staff spoke positively about the culture of the home and said it was well managed. One relative told us, "I really do I think the management is very good and they have everything just about right."

More information is in Detailed Findings below.

Rating at last inspection: This was the first inspection of Amber House since it was registered by the Care Quality Commission (CQC) on 3 May 2018. New services are assessed to check they are likely to be safe, effective, caring, responsive and well-led when registering.

Why we inspected: This was a scheduled inspection

Follow up: We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Good.

For more details, please see the full report which is on the 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 Responsive 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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 team consisted of one inspector.

Service and service type:

Amber House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us. We visited Amber House on 22 May 2019.

What we did before inspection:

We reviewed information we had received about the service since it registered with the CQC in May 2018. We sought feedback from the local authority and professionals who work with the service. We used the

information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection:

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, senior care workers and care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection:

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

Is the service safe?

Our findings

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

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. Systems were in place to ensure staff had the right guidance to keep people safe from harm. For example, people living at the home could present some behaviours that can challenge towards others and staff. The registered manager told us, how they look for any patterns or trends forming and involve other agencies where appropriate, such as the local authority and the police.
•Staff understood how to raise safeguarding concerns appropriately in line with the local authority safeguarding policy and procedures.
•One person told us, "The staff make you feel safe and I would certainly tell the staff if I didn't feel safe."
•Staff had received safeguarding training as part of their essential training and this was refreshed regularly.

•Staff were able to describe the different types of abuse and what action they would take if they suspected abuse had taken place.

Assessing risk, safety monitoring and management

•Risks to people were identified, monitored and managed to keep people safe.
•Care plans detailed people's specific risks and conditions and the number of staff required to support people. For example, some people had one to one support.
•Care plans detailed people's individual risks and gave clear guidance to staff around managing people's behaviours that can challenge and the risk of people overeating and putting on weight due to their diagnosis of PSW. For example, people could not access the kitchen without the supervision of staff as the management of people's weight was crucial to their long-term health needs.
•Risks associated with the safety of the environment and equipment were identified and managed appropriately.
•Scheduled checks of the premises were carried out to ensure that ongoing maintenance issues were identified and resolved. Such as, electrical wiring, appliances and fire safety.
•The home had a maintenance person and maintenance issues were logged into a general message book which were prioritised by the registered manager and director to action promptly.
•Staff received health and safety training and staff knew what action to take in the event of a fire.

Staffing and recruitment

•We observed sufficient numbers of staff to keep people safe and staffing rotas confirmed this. We saw that the home had extra staff available due to the needs of people living there. One person told us, "There are always enough staff around."

•A dependency tool was used to determine levels of support for each person.
•The registered manager did not use agency staff to cover staff shortages, such as annual leave and sickness. Promoting continuity of care for people.
•Staff recruitment files showed that staff were recruited in line with safe practice and equal opportunities protocols.
•We found that staff recruitment folders included, employment history checks, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the health and social care sector such as, disclosure and barring Service (DBS).

Using medicines safely

•People received there medicines safely and on time.
•Policies and procedures were in place for the safe, storage, administration and disposal of medicines and we observed these being followed.
•Staff received regular training and competency assessments were carried out to ensure their practice remained safe.
•There were protocols and guidance for administering medicines 'as required' (PRN).
•People felt safe and told us they received their medication on time and as prescribed.
•We observed a member of staff administering medication safely, explaining to the person what they were for and asking how they were feeling.
•The registered manager gave an example where there was a medication error caused by the pharmacy, staff contacted the pharmacy immediately who corrected the medication error straight away.

Preventing and controlling infection

•People were protected from the risk of infection.
•Staff had access to personal protective equipment (PPE) such as gloves and aprons and we observed these being used.
•Hand hygiene was promoted and appropriate hand washing facilities were available. For example, liquid soap and individual hand towels were provided in a communal toilet.
•Staff followed cleaning schedules which ensured the home was clean and odour free. People were supported to clean their bedrooms and other areas of the service and were encouraged to follow good hygiene practice.
•Staff confirmed that they had infection control and food hygiene training. The home had received a 5 stars rating from the Food Hygiene Standards Agency.

Learning lessons when things go wrong

•Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. For example, following an incident between two people involving the police, the registered manager spoke to the staff and family members and updated their care plans, to increase the monitoring they received from staff to keep them safe.
•We saw specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.
•A relative told us, "I am always copied into letters to professionals and staff will phone me to update on a situation that has happened. "
•Staff understood their responsibilities to raise concerns, record safety incidents and near misses reporting them to the registered manager where appropriate.

Good

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.

This meant 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

•A pre-assessment was carried out before people moved into the home to help gain an understanding of people's background, needs and choices. This information was used to form people's care plans and was further developed as staff got to know people better.
•Care plans confirmed that people and their relatives (where possible) were involved in this process and that people consented to care and treatment.
•Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these. This demonstrated that people's diversity was included in the assessment process. One person told us, "I was Involved in the developing my care plan and they know about my religious beliefs and sexuality."
•Staff had a good understanding of equality and diversity. This was reinforced through training and the providers policies and procedures.

Staff support: induction, training, skills and experience

•People were supported by staff with the skills and knowledge to deliver effective care and support.
•Staff received training in a range of areas through face to face and on-line, to support people and training records confirmed this. For example, some people presented behaviours that could challenge, the registered manager told us, how they sourced specific training in challenging behaviour for the whole team, when people went to stay at their family home for Christmas. Giving staff the skills and knowledge to support people effectively.
•One relative told us, "I can't speak highly enough of the team and they do seem well trained."
•Staff completed an induction when they started working at the home and 'shadowed' experienced members of staff until they were assessed as competent to work alone.
•New staff completed the Care Certificate. The Care Certificate is a nationally agreed set of learning, outcomes, competencies and standards of care, expected from care workers.
•Staff received regular supervision and appraisals. Staff told us, they received supervision and felt supported by the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet

•People were supported to eat and drink a healthy balanced diet to meet their individual needs and preferences. People with PWS require structured support and management in relation to nutrition, fluids and any consumable items. Each person had their individual needs assessed and this was reviewed and

amended taking account of people's weights.
•People were given a choice of food at mealtimes and alternatives were available.
•People told us that they enjoyed the food. One person told us, "We get enough to eat and drink, I like the food provided and my favourite is burgers. We have Italian days where we have pizza and pasta. We give our meal ideas and help set the menu."
•Staff understood people's dietary requirements and preferences and were aware of special diets such as those in need of a diabetic diet or gluten free and those who were vegetarian.
•We observed the lunchtime experience and found it to be very sociable. The food was presented nicely, and staff ate lunch with people. People and staff were relaxed and shared some laughs together, talking about what's on at the local theatre.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support

•Staff worked well with other agencies to provide people with timely care.
•People's care plans included detailed information about health needs and when staff must involve other agencies in the person's care. For example, staff worked collaboratively with the district nurse to improve one person's ulcers.
•People's everyday health needs were overseen by staff who accessed support from a range of health and social care professionals such as GP's, district nurses, social workers and a chiropodist. One person told us, "Staff support me to see a doctor, dentist and the chiropodist every 6 weeks."

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

•People's needs were met by the design and adaptation of the building. We found that the decoration and physical environment of the home had been well thought out to meet people's needs and promote their independence. For example, the home had a small library of books for people to enjoy and a quiet room to use.
•Amber House had a nice homely welcoming atmosphere with a large garden for people to enjoy. People had various spaces to spend time together, be with family and friends or enjoy time alone.
•People's bedrooms were spacious and personalised to people's individual taste with their possessions.

Ensuring consent to care and treatment in line with law and guidance

•The Mental Capacity Act (MCA) 2005 provides a legal framework for making decisions on behalf of people who may lack mental capacity to do so for themselves. This 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 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 this is usually through MCA application procedures called the depravation 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. The provider had a good understanding of the Act and were working within the principles of the MCA. • Referrals had been made for authorisations for the restrictions made on people and consideration was given to ensure these were the least restrictive possible. Any restriction was agreed in line with meeting the needs of people living with PWS. For example, the locking of fridge and kitchen doors. Best interest decisions had been completed and when a DoLS was authorised this was referred to within their care file to support how

people's care and support was provided.
•Staff received MCA training and understood the relevant consent and decision-making requirements of this legislation. One member of staff gave an example, where some people will always choose the last option offered, so staff use visual aids and pictures to ensure people know what choices are available.

Good

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

This meant 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

•People and relatives were complimentary about the staff. They told us, staff were kind, caring, friendly and respectful and this was evident in our observations throughout the day.
•We saw good interactions between staff and people, they knew each other well and had developed caring relationships. For example, we observed a member of staff looking at one person's photos on their phone, discussing where they were taken and who was with them.
•One person told us, "Staff are kind because they care about me a lot, we have a laugh in a jokey way. They ask me about my day and how I am feeling."
•Staff adapted their communication style, body language and recognised signs if someone was becoming distressed or anxious, offering reassurance.
•We observed staff giving people encouragement. For example, we observed staff making suggestions to people about how they would like to spend their day and asking if they would like to walk to the shop to buy a paper."
•Staff treated people equally and recognised people's differences. One person told us, how they are supported to go to church every Sunday morning to observe their faith.

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

•Staff supported people to make decisions about their care.
•People's views were sought though reviews and daily interactions. The registered manager gave an example, where one person wanted to invite their family dog to their review because the dog was important to them.
•Each person had a 'key worker' who worked closely with them to promote people's individual rights and to support how they wanted their care delivered.
•One person told us, "Staff do talk to me about my care here."
•Staff recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.
•We observed staff giving people choice throughout the day. People chose what time they got up, where they wanted to eat their lunch and how they wanted to spend their day.

Respecting and promoting people's privacy, dignity and independence

•People's privacy, dignity and independence was respected.
•People were encouraged to be as independent as possible. For example, once a week each person had a 'house' day where a member of staff would support the person to do their washing, cleaning and shopping.
•One person told us, "Staff respect my privacy and always knock on my door before entering."
•People were supported to maintain and develop relationships with those close to them, relatives told us they were made to feel welcome at Amber House.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

This meant 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

•People received personalised care that was responsive to their needs.
•People their relatives and health and social care professionals, where appropriate, were involved in developing and reviewing care plans.
•People's care plans were person-centred and covered key areas such as people's physical, mental, emotional and social needs to support staff in knowing the person. One person told us, "I was involved in developing my care plan, they asked me lots of questions such as my faith and sexuality. I think staff know me quite well."
•One member of staff told us, "Key worker meetings are a really good opportunity to ensure we understand people's likes and dislikes and ensure people are being supported in a person-centred way."
•People had access to activities throughout the week. These ranged from horse-riding, going to the pub and gym. One person told us, "Lots going on, I like the pottery and getting my hands dirty. I also enjoy computer club and swimming. Swimming has made a difference to me feeling happy and relaxed."
•On the day of inspection, we observed people popping to the shops and attending a pottery session in the community.
•People were supported to keep in touch with friends and loved ones. The home had WIFI and people had access to mobile phones and tablets.
•The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). All providers of NHS care and publicly-funded adult social care must follow the AIS in full. Services must identify, record, flag, share and meet people's information and communication needs. The AIS aims to ensure information for people and their relatives is created in a way to meet their needs in accessible formats, to help them understand the care available to them.
•People's communication needs were identified, recorded and highlighted in people's care plans. For example, some people used picture cards to support their communication and express clearly their wishes and preferences.
•Safeguarding and complaints information was displayed for people in easy read formats, to support people in their understanding.

Improving care quality in response to complaints or concerns

•People and their relatives knew who to contact if they needed to raise a concern or make a complaint and told us they would be comfortable to do so if necessary.
•There was an easy read complaints policy in place which people were given a copy of and we found complaints information on noticeboards.
•The registered manager responded to complaints promptly and told us they had received one complaint

since the home registered.

End of life care and support

•At the time of inspection no one who was at the end of their life.
•The registered manager told us that if a person's situation changed, conversations with people and relatives (where appropriate) would take place to understand their wishes for end of life care, including their preferences and funeral arrangements.

Good

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.

This meant 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

•The registered manager had created an open and positive culture that delivered high quality person centred care. One member of staff told us, "It feels like a family and everyone just gets on with each other."
•There was a clear person-centred approach to people's care. Staff knew people well and understood their individual needs. A relative told us, "As Prader-Willi Syndrome homes go, this is one of the best."
•The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

•The registered manager promoted an open and honest service and led by example. People and staff told us they were accessible and supportive. One member of staff told us, "I have a lot of confidence in the management team and feel they have a lot of experience behind them."
•Staff understood their roles and responsibilities and what is expected of them. Staff understood the providers vision and values of the home and could tell us what they were.
•The provider carried out quality assurance audits to ensure good quality care was maintained. For example, people's care plans were audited monthly to ensure they reflected people's current need and any changes in their care.
•We saw evidence of competency checks being carried out and audits being used to help the registered manager identify areas for improvement and any patterns or trends forming.
•Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the home experienced any kind of discrimination. One member of staff told us, "I make people feel welcome and comfortable if they want to talk in private. Peoples choices should be respected."
•The provider understood the regulatory responsibilities of their role and notified CQC appropriately, if there were any incidents or events that took place at the home.

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

•People, relatives and visiting professionals were engaged and given opportunities to be involved, through daily feedback with staff and regular care reviews.
•The registered manager had recently sent out their first annual survey to people, relatives and staff, to gather feedback about their experiences of the home to date. The registered manager told us how the information will be used to identify areas for improvement

Continuous learning and improving care

•The registered manager understood the importance of continuous learning to improve the care people received. They kept themselves up to date with changes in legislation and had joined the local registered managers forum, to learn from others and share good practice.
•Systems were in place to continuously learn, improve, innovate and ensure sustainability. There was a strong emphasis on team work and communication. Handover between shifts were thorough and staff had time to discuss matters relating to the previous shift and share any concerns. Staff told us they felt listened to and valued.

Working in partnership with others

•Staff worked in partnership with other organisations to ensure people's needs were met. Staff worked closely with a range of professionals and community organisations.
•The registered manager gave an example where one person was presenting behaviours that could challenge, they contacted the person's family and social worker to discuss, this resulted in the registered manager making a referral to the speech and language team to assess the person's communication.
•There was a strong emphasis on fundraising and involving the local community to raise awareness. We saw that staff and people were actively engaged in charity walks, washing cars and pub quizzes, to raise money for the PWS Association. People spoke with such achievement when taking about the activities they have taken part in.
•The provider had good links with the PWS Association and told us, how they, people and staff attended the national conference together.
•The registered manager kept abreast of local and national changes in health and social care, through Skills for Care, the Care Quality Commission (CQC), National Institute for Health and Care Excellence (NICE) and government initiatives.