

Amber Adult Social Care Limited

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 well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Amber House is a residential care home providing personal care for up to 13 people with a learning disability and autistic people in 1 adapted building. At the time of our inspection there were 11 people using the service.

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

Right Support: People were supported by a staff team that were committed to providing them with a good quality of life and to lead fulfilling lives. Personalised support plans gave clear information for staff to follow in keeping people safe, whilst enabling people to be as independent as possible. People were fully involved in managing personal risks and in taking decisions about how to keep safe. Staff were skilled in recognising signs when people experienced emotional distress and knew how to support people to keep them safe.

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.

Right Care: People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff were safely recruited and were knowledgeable about people's needs and wishes. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensured people using the service led confident, inclusive and empowered lives. People were empowered to achieve their personal aspirations and positive outcomes from their care with staff support and guidance. Staff knew and understood people well and were responsive, supporting their wishes to live a quality life of their choosing. Staff respected people's rights, including the right to make unwise, informed choices and positive risk taking. People and, where appropriate, their relatives, were at the centre of their care and their voice was used to guide and inform how care and support should be provided.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 21 June 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service and when the service was last inspected.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This was a focused inspection and the report only covers our findings in relation to the Key Questions safe, effective and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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. 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.

Inspection team

This inspection was carried out by 1 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 House 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 House 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

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.

Inspection activity started on 1 November 2023 and ended on 2 November 2023. We visited the location's service on 1 November 2023.

What we did before the inspection

We reviewed information we had received about the service. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 1 relative about their experience of the care provided. We spoke with 9 members of staff including the registered manager, duty manager, senior care staff and care staff. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 2 people's care records and numerous medication administration records. We inspected 3 staff files in relation to their recruitment. A variety of other records relating to the management of the service, including audits and policies and procedures, were also reviewed.

We inspected the environment and spent time observing interactions between people and staff, and infection prevention and control practices.

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 were protected from the risk of abuse and staff had a good understanding of how to raise safeguarding concerns and who this information should be shared with. Staff had received safeguarding training and the provider had developed good relationships with safeguarding partners.
- People told us they felt safe at the service. One person said, "I feel very safe and supported." A relative said, "I know [relative] is safe here. It is comforting, re-assuring, as a parent."
- Staff had a good understanding of the providers expectations relating to safeguarding. One staff member said, "We would report anything, we have pocket guides which are great for us to refer back to."
- The provider had worked proactively with safeguarding professionals to ensure they were meeting the expected thresholds for raising safeguarding alerts and referrals. This ensured they were working in accordance with local safeguarding policy.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. Staff said, "I can actually say I have no worries about people."
- People continued to receive support from staff that had sound knowledge of risks posed to people, and how to keep them safe from harm.
- The premises were well maintained. Regular checks of the environment were completed to make sure it was safe. For example, checking the fire panel, fire exits, security and water temperatures to minimise risks to people. There was an ongoing programme of servicing, repairs and maintenance.

Staffing and recruitment

- Staff were recruited safely. Recruitment files showed all pre-employment checks had been made to ensure only staff who were suitable to work with vulnerable people were employed.
- Staffing levels were sufficient to meet the needs of people living at the service. We reviewed staff rotas and people's assessed dependency for when they required support. We found staffing levels reconciled with people's assessed needs. Additionally, the registered manager advised if more staff were needed for any reason, this could be added with provider approval.

Using medicines safely

- Systems were in place to safely manage people's medicines. Staff received medicines training and had their competency to administer medicines observed and assessed. Staff followed the medicines policy and procedures for receiving, storing, administering, and returning medicines.
- Protocols were in place and followed to ensure the administration of medicines prescribed to be given as

required (PRN) were closely monitored.

- Staff completed daily checks on the quantities of medicines in daily use and held in stock. Weekly audits also took place to check that medicines were safely managed following the medicines policy.
- The provider followed the medication principles of STOMP, (STOMP stands for stopping over medication of people with a learning disability, autism, or both with psychotropic medicines). The registered manager worked closely with other healthcare professionals to ensure people were protected from the use of excessive or the inappropriate use of medicines.

Preventing and controlling infection

- Staff had received training in infection prevention control (IPC) and supported people to minimise the risk of infection.
- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.
- Staff had cleaning rotas in place and supported people to keep their rooms clean and tidy.
- The provider had policies and guidance in place to support staff to maintain good IPC practices.

Visiting in care homes

There were no restrictions on visitors and people were able to receive visits from friends and families.

Learning lessons when things go wrong

- The provider had systems to support staff to learn from mistakes. Monitoring was in place to ensure that where possible lessons were learned to prevent incidents reoccurring. Records were kept of all incidents along with information about what had been happening before that might have triggered the incident. This helped to plan activities going forward.
- If a more serious incident occurred, a meeting was held with staff. These looked in detail at what led to the incident and how it was dealt with to determine if there were other ways that could have been used should a similar incident occur.
- Staff reviewed all incidences of restraint and used the examples as learning within their restrictive intervention's reduction programme.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Assessment of people's capacity to make decisions where restrictions had been applied were not always completed. For example, physical intervention and administration of medicines. Records showed that the decision for the restrictions had not always been individually discussed and recorded as in their best interest and as the least restrictive option for people. The provider had identified improvements and modification were needed and was in the process of implementing new capacity assessments.
- DoLS were in place for people, authorisations were correctly obtained, and any conditions complied with.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual needs were holistically assessed and associated care plans developed. The care records showed up-to-date assessments with individual care plans for each need identified, for example, community access, daily living skills, activities, medicines and food and drink.
- Assessment of people's care needs included any protected characteristics under the Equality Act 2010 and these were considered in people's support plans. People's individual diverse needs were known and understood by staff. Staff had completed training in equality and diversity.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- All staff told us they had received an induction when they joined the service. We saw the induction was in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge,

skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

- All staff we spoke with told us they received regular supervisions, during which they discussed their training needs. Staff said, "We can go to [Registered Manager] or [Nominated Individual] without hesitation, our supervisions are informative."
- People were supported by staff who had received relevant and good quality training in evidence-based practice.
- Relatives we spoke with were complimentary about the staff and felt they had the skills and training to support people safely.

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

- People were supported to maintain a healthy diet. People were positive about the meals they ate at the home.
- Care records detailed whether people needed any support with eating and drinking. We also saw that people were consulted in menu planning for the week. Records detailed people's food likes and dislikes.

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

- Procedures were in place to share information with external healthcare professionals to support people with their ongoing care. Each person had a passport document, this shared useful information to support staff to meet the person's ongoing care and support needs.
- People's care records confirmed referrals to other external agencies were made in a timely manner.
- Care files contained information about each person's health needs and the support they required to remain as independent as possible. People benefited from staff monitoring their wellbeing and health.
- Relatives were confident staff had a positive approach to information sharing and working with external agencies. A relative said, "We are a success story, our family was almost broken, they [staff] have turned all our lives around, [staff] really know [relative]."

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

- The service was adapted to meet people's needs. It provided a homely environment for people to relax and spend time with each other. People's rooms were individually furnished and provided space for personal possessions.
- Private space was available for people to meet with friends and family and staff respected when people wanted to have time alone.
- The provider had invested in adapting people's living space to meet their individual needs.

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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People experienced a positive and inclusive culture at the service. The provider promoted a positive culture focused on person-centred care. Staff described an open and honest culture where people and relationships mattered.
- Staff understood the values of the service to keep people safe, promote independence and support them to live meaningful lives. We observed good rapport between people and staff.
- The values of the provider promoted personalised support, dignity, privacy and anti-discriminatory practice.
- The home was welcoming, and the atmosphere was warm and supportive. People were treated with respect and in a professional manner. A professional told us, "The home is very responsive and quickly adapt to any recommendations."

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 understood the duty of candour and was open and honest about where the service needed to improve.
- The provider promoted an ethos of openness and transparency which had been adopted by all staff.

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

- Audits and monitoring arrangements were in place for a range of areas including, care plans, medicines and infection control.
- Governance processes were effective and helped to hold staff to account, keep people safe and provide good quality care and support.
- The registered manager had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed.
- The provider supported the registered manager through regular visits and meetings. The provider invested sufficiently in the service, embracing change and delivering improvements.

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

- Staff were consulted and involved in decision making and were encouraged to contribute ideas and raise

issues at regular staff meetings. One staff member said, "Staff meetings are useful, I feel safe at work, I know if I have any problems, I have support."

- Systems were in place to capture people's views and feedback. One person said, "Amber House give an excellent standard of care, far and above the best of any that I have experienced."

Continuous learning and improving care

- The provider invested sufficiently in the service, embracing change and delivering improvements. The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

- The registered manager showed a commitment to learning and making sure people received a continual improving service. Themes and trends were identified through systems currently in place.

Working in partnership with others

- The provider worked well with external organisations to support people's care needs.

- The staff team told us they had good partnership working with health and social care professionals, including GPs, Local Authorities, speech and language therapists and specialist nurses. Care records confirmed people had regular health checks that they required to support their well-being.

- The provider had outsourced additional support mechanisms to support people living meaningful and enriched lives. This included, a clinical psychologist and their team. One professional said, "Amber House made a real tangible difference to the quality of their life for [person]. It was a pleasure to see a successful transition and how they blossomed with the right care and support."