

Minster Care Management Limited

# Amberley House Care Home

## Inspection report

The Crescent  
Truro  
Cornwall  
TR1 3ES

Tel: 02084227365

Date of inspection visit:  
23 October 2018

Date of publication:  
14 November 2018

## 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

We carried out an unannounced inspection of Amberley House Care Home on 23 October 2018. Amberley House is a 'care home' that provides nursing care for a maximum of 26 adults. 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. At the time of the inspection there were 20 people living at the service.

The building is a detached house over three floors. Stairs in the service had stair lifts to support people, with mobility problems, to access all floors. A passenger lift had recently been installed to further support people with mobility needs. At the time of the inspection work to upgrade all areas of the premises were taking place.

This was the first inspection for the service since it re-registered as a new legal entity in November 2017.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

During the inspection we spent time in the shared living area to observe staff interaction with people and how people responded to the care and support provided. We saw that people were relaxed and comfortable with staff, and had no hesitation in asking for help from them. People and their relatives told us they were happy with the care they received and believed it was a safe environment. Comments included, "You can come and go as you please", "The staff manage everything and there have not been any problems" and "I have no complaints. I was told it was a good place and it is."

Care records were personalised to the individual and detailed how people wished to be supported. They contained accurate and up to date information to enable staff to provide the agreed care and support for people. Risks were clearly identified and included guidance for staff on the actions they should take to minimise any risk of harm. Risks in relation people's skin care and nutrition were being effectively monitored.

People were supported to access to healthcare services such as occupational therapists, GPs, chiropodists, community nurses and dentists. Staff enabled people to eat a healthy and varied diet. Comments from people about their meals included, "The food is good" , "It's very nice food" and "We have lots of choice and lots to drink."

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). 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.

Staff were supported in their roles by a system of induction, training, one-to-one supervision and appraisals. Some staff supervisions had fallen behind and there was a plan in place to rectify this within four weeks of the inspection. There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes. Staff completed a thorough recruitment process to help ensure they had the appropriate skills and knowledge.

There were safe arrangements were in place for administration of medicines. People were supported to take their medicines at the right time by staff who had been appropriately trained and Medicine Administration Records (MARS) were completed appropriately.

People were able to take part in a range of group and individual activities. These included, craft work, themed events and board games. In addition, there were visits by external entertainers and trips out. Staff supported people to keep in touch with family and friends and people told us their friends and family were able to visit at any time.

There was a management structure in the service which provided clear lines of responsibility and accountability. Staff had a positive attitude and the management team provided strong and supportive leadership.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. Where complaints had been received these had been well managed and effectively resolved. The service sought the views of people, families, staff and other professionals and used feedback received to improve the quality of the service provided. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

## 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. There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff completed a thorough recruitment process to help ensure they had the appropriate skills and knowledge to work with vulnerable people. Staff knew how to recognise and report the signs of abuse.

Risks in relation to people's care and support were identified and appropriately managed.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

### Is the service effective?

Good ●

The service was effective. Staff received appropriate training so they had the skills and knowledge to provide effective care to people.

The service had developed good working relationships with healthcare professionals to help ensure people had timely access to services to meet their health care needs.

Management understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were supported to maintain a balanced diet in line with their dietary needs and preferences.

### Is the service caring?

Good ●

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support

in line with those wishes.

### Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs. Care plans gave clear direction and guidance for staff to follow to meet people's needs and wishes.

Staff supported people to take part in a range of group and individualised social activities.

People and their families told us if they had a complaint they would be happy to speak with the management and were confident they would be listened to.

### Is the service well-led?

Good ●

The service was well-led. There was a positive culture within the staff team and they felt supported by management.

People and their families told us the management were approachable and they were included in decisions about the running of the service.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

# Amberley House Care Home

## **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 unannounced inspection took place on 23 October 2018 and was carried out by one adult social care inspector, a specialist nurse advisor and an expert by experience. The specialist advisor had a background in nursing care for older people. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people's care.

We reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with eight people living at Amberley House and three visiting relatives. We checked the premises and observed care practices on the day of our visit. We also spoke with four care staff, one nurse, the chef, the registered manager and the administrator. We looked at five records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

# Is the service safe?

## Our findings

People and their relatives told us they were happy with the care they received and believed it was a safe environment. Comments included, "I'm alright, I'm happy enough", "Very happy here, it's a happy place", "I am definitely happier and safe here" and "We can't find fault and we think [person] is happy enough here."

The service had policies and procedures in place to minimise the potential risk of abuse or unsafe care. Staff were confident of the action to take if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Staff had received training in safeguarding adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the area. They told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

There was an equality and diversity policy in place and staff received training in this area as part of the induction process. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

The service held some personal money for most people who lived at the service and this was managed by the administrator. People were able to access this money to purchase personal items and to pay for hairdressing and chiropody appointments. We made a sample check of records and monies held and found these to be correct.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other people. Care plans contained information for staff about signs that might indicate people were beginning to become anxious. Where some people's behaviour was being monitored, to check for triggers and trends, staff completed charts when incidents occurred. Some charts lacked detail about the action staff had taken to respond to incidents. We discussed this with the registered manager who assured us that action would be taken to improve the record keeping of these events.

Some people had been assessed as being at risk from developing skin damage due to pressure, airflow mattresses were in place for these people. People were weighed regularly and if their weight changed mattress settings were adjusted accordingly. There was a system in place to check if mattresses were set at the correct level for the person using them, when first put in place and on an on-going basis.

There were safe arrangements in place for the administration, storage and disposal of medicines. People were supported to take their medicines at the right time by staff who had been appropriately trained. Medicine administration records (MARs) were completed appropriately. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. The stock of these medicines was checked weekly.

Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use. The service held some

medicines that required cold storage and there was a medicine refrigerator at the service. Records showed the medicine refrigerator temperatures were monitored. There were auditing systems to carry out weekly and monthly checks of medicines.

There were enough skilled and experienced staff on duty to keep people safe and meet their needs. On the day of the inspection there were six care staff and one nurse on duty in the morning and five care staff and one nurse in the afternoon. In addition the registered manager, the cook, a kitchen assistant, a laundry assistant and two housekeepers were working at the service. People and visitors told us they thought there were enough staff on duty and staff always responded promptly to people's needs. People had access to a call bell to alert staff if they required any assistance. People said staff responded quickly whenever they used their call bell. We saw people received care and support in a timely manner.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

The environment was clean and there were no unpleasant odours. Housekeeping staff were employed to work every day. Staff received suitable training about infection control, and records showed all staff had received this. Hand gel dispensers and personal protective equipment (PPE) such as aprons and gloves were available for staff.

Equipment owned or used by the service, such as specialist chairs, beds, adapted wheelchairs, hoists and stand aids, were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All necessary safety checks and tests had been completed by appropriately skilled contractors. There was a system of health and safety risk assessment for the building. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. People had Personal Emergency Evacuation Plans (PEEPs) in place outlining the support they would need if they had to leave the building in an emergency.

# Is the service effective?

## Our findings

People's needs and choices were assessed before moving in to the service. This helped ensure people's needs and expectations could be met by the service. Staff were knowledgeable about the people living at the service and had the skills to meet their needs. In our conversations with them it was clear they knew people well. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination in the way they provided care for people.

People's health conditions were well managed and staff supported people to access healthcare services. These services included occupational therapists, GPs, chiropodists, community nurses and dentists. Care records contained details of multi professionals visits and care plans were updated when advice and guidance was given.

People were supported to eat a healthy and varied diet. The chef and kitchen staff were aware of any specific needs or likes and dislikes people had. Drinks were provided throughout the day of the inspection and during lunch. People who stayed in their bedrooms all had access to drinks. We observed the support people received during the lunchtime period. Comments from people about their meals included, "The food is good. The stew I had today was the best meal I've had since I've been here. The roasts are really good too", "I had sausages and vegetables for lunch and I enjoyed every bit of it", "It's very nice food. We get a choice from a menu each morning and again in the afternoon for the next day; there are two or three things to choose from" and "We have lots of choice and lots to drink."

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA). The 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. The service knew who had appointed lasting powers of attorney, and these people were asked to consent on behalf of the person if they lacked the capacity to do this for themselves. Where people lacked capacity, and no one was appointed to legally act on their behalf, the service ensured appropriate best interest processes were carried out.

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. Applications for DoLS authorisations had been made to the local authority appropriately.

People were supported to have maximum choice and control of their lives and the service's policies and systems were designed to help staff provide support in the least restrictive way possible. We observed throughout the inspection that staff asked for people's consent before providing assistance. People made their own decisions about how they wanted to live their life and spend their time.

Staff told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. Training identified as necessary for the service was updated regularly. This included safeguarding, mental capacity, equality and diversity and first aid.

The induction of new members of staff was effective and incorporated the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. This induction included completing training in areas identified as necessary for the role and becoming familiar with the service's policies and procedures and working practices. New staff also spent a period of time working alongside more experienced staff getting to know people's needs and how they wanted to be supported.

Staff told us managers supported them to carry out their roles. There was a programme in place for staff to meet with a member of the management team for bi-monthly one-to-one supervision meetings. These were an opportunity to discuss working practices and raise any concerns or training needs. Planned supervisions for some staff had fallen behind and were overdue. However, this had been identified by the service and there were plans in place to complete these within four weeks of this inspection.

The design, layout and decoration of the service mostly met people's individual needs. Stairs in the service had stair lifts to support people, with mobility problems, to access all three floors. A passenger lift had recently been installed to further support people with mobility needs. Some areas of the premises needed to be upgraded or re-decorated. Work to upgrade all areas of the premises had started and was on-going at the time of the inspection. Carpets in corridors and some bedrooms had already been replaced with laminate flooring. Further work included increasing the size of some bedrooms, re-building one area of the premises to provide new bedrooms and the upgrading of bath and shower rooms. Once these works were completed the environment would be more suitable for the needs of people living at the service. Any disruption to people's lives, while the refurbishment was being completed, had been well managed.

# Is the service caring?

## Our findings

During the inspection we spent time in the shared lounge to observe staff interaction with people and how people responded to the care and support provided. We observed that people were relaxed and comfortable with staff, and had no hesitation in asking for help from them. People and their relatives all spoke positively about staff and their caring attitude. People told us staff treated them with kindness and compassion. Comments included, "They're very good, very nice and there is no prejudice against me", "I can have a bath or a shower and I only have to ask and someone will help me" and "I don't have to feel bad pain or anything, they do all of that for me."

The care we saw provided throughout the inspection was appropriate to people's needs and wishes. Staff were patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing and respected their dignity.

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. We observed that bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff knocked on bedroom doors and waited for a response before entering.

Care plans contained information about people's life histories and backgrounds. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them. Staff were able to tell us about people's backgrounds and past lives and used this knowledge to help them engage meaningfully with people.

People were able to make choices about their daily lives. People's care plans recorded their choices and preferred routines. For example, what time they liked to get up in the morning and go to bed at night. People told us they were able to get up in the morning and go to bed at night when they wanted to. Staff supported people, who needed assistance, to move to different areas as they requested. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

Records were stored securely to help ensure confidential information was kept private. All care staff had access to care records so they could be aware of people's needs.

Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time. Comments from people include, "My family can visit me anytime", "My daughter is coming down today and they say she is like one of the family here" and "My wife and sons visit me and there are no restrictions on visiting."

People and their families had the opportunity to be involved in decisions about their care and the running of the service. There were regular meetings with people and their families. On the day of the inspection a meeting took place where people discussed ideas for outings, forthcoming events and meal choices.

## Is the service responsive?

### Our findings

A manager met with people in hospital, at their home or at their previous care placements to complete detailed assessments of their individual care needs. This information was combined with details supplied by care commissioners and people's relatives to form the person's initial care plan. The management team were knowledgeable about people's needs. Decisions about any new admissions were made by balancing the needs of people living at the service and the new person.

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

People's care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. For example, the communication section for one person guided staff by describing, "[Person] understands if asked to make a choice, but it may take some time for her to digest and make a decision. Staff need to give her that time and remind her where she is in the conversation."

Care plans were reviewed monthly or as people's needs changed. Files were well organised and information was easy for staff to find. Staff told us care plans were informative and gave them the guidance they needed to care for people. People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans. Some people told us they knew about their care plans and staff would regularly talk to them about their care.

Where people were assessed as needing to have specific aspects of their care monitored staff completed records to show when people were re-positioned, their skin was checked or their food and fluid intake was measured. These records had been consistently completed and were informative.

Staff attended handovers at the start of their shift. These provided staff with information about people's needs and kept staff informed as people's needs changed. Staff wrote daily records detailing the care and support provided each day and how people had spent their time. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people. This helped ensure that people received consistent care and support.

Some people had difficulty accessing information due to their health needs. Care plans recorded when people might need additional support and what form that support might take. For example, some people were hard of hearing or had restricted vision. Care plans stated if they required hearing aids or glasses. People who had capacity had agreed to information in care plans being shared with other professionals if necessary. This demonstrated the service was identifying, recording, highlighting and sharing information

about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

When needed the service provided end of life care for people. People's wishes regarding this were documented appropriately.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People and their relatives told us they knew how to raise a concern and they would be comfortable doing so. Where complaints had been received these had been well managed and effectively resolved.

People had access to a range of group and individual activities. Two activities coordinators were employed by the service who worked 37 hours per week between them. The activities on offer included, craft work, themed events and board games. In addition, there were visits by external entertainers and trips out. Where people spent time in their rooms, either because they chose to or because of their health needs, one of the activities coordinators spent one-to-one time with them. Comments from people included, "The entertainments here are very good. We've got a singer/comedian coming in this afternoon. We had a chap who brought animals in last week and we do bingo and quizzes" and "Sometimes I do them, yes, like the bingo and the quizzes, but sometimes I prefer my own company; I have my own books and enjoy reading."

# Is the service well-led?

## Our findings

This was the first inspection for the service since it re-registered as a new legal entity in November 2017. There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager was supported by a deputy manager and a team of nurses and care staff. An area manager visited the registered manager regularly to support them. Staff had a positive attitude and told us the management team supported them in their roles. Comments from staff included, "Staff are like a family we are a really good team" and "I love the job and looking after the residents."

The service sought the views of people, families, staff and other professionals and used feedback received to improve the quality of the service provided. There were regular meetings for people and their families, which meant they could share their views about the running of the service. The service gave out questionnaires regularly to people, their families and health and social care professionals to ask for their views of the service. We looked at the results of the most recent surveys and found many positive comments and answers. Where suggestions for improvements to the service had been made the registered manager had taken these comments on board and made the appropriate changes.

People and their relatives were all positive about how the service was run and about the care provided for people. Comments included, "It's a big relief to know he's being looked after even though he hasn't been here that long", "From what I've seen I would definitely recommend the home and compared to others we're aware of this is lovely; it's a home from home and this is what suits [person]" and "It's better than a lot of them."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. There was a programme of monthly and weekly audits in areas such as, falls, medicines, infection control, catering and equipment. The area manager carried out monthly audits of all aspects of the running of the service. We saw the action plan from the area manager's most recent visit. This action plan included a clear timescale for the completion of staff supervision. In addition, because the registered and deputy managers worked alongside staff this enabled them to check if people were happy and safe living at Amberley House.

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. There was an Equality and Diversity policy in place in relation to staff. Staff were required to read this as part of the induction process. Systems were in place to ensure staff were protected from discrimination at work as set out in the Equality Act. For example, making reasonable adjustments to enable staff to complete training.

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.