

A & L Care Homes Limited

# Amberley House - Plymouth

## 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

Amberley House provides care and accommodation for up to 42 older people some who are living with dementia. At the time of the inspection there were 40 people living in the service.

Some of the people who lived in the home had limited communication therefore we spent time observing people.

At the last inspection, the service was rated Good overall. However it was Requires Improvement in Safe because medicines were not being managed safely. .

At this inspection we found the service Good in all areas.

Why the service is rated good:

People remained safe at the service but they now received their medicines safely. People and staff told us there were sufficient staff to meet people's needs. Risk assessments were completed to enable people to retain their independence and receive care with minimum risk to themselves or others.

People continued to receive care from staff who had the skills and knowledge required to effectively support them. Staff were well trained and competent. 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. People's healthcare needs were monitored by the staff and people had access to healthcare professionals according to their individual needs.

People said the staff were very caring. We observed staff being patient and kind. There was a calm atmosphere in the service. People's privacy was respected. People where possible, or their representatives, were involved in decisions about the care and support people received. One person said; "You couldn't ask for better care." And a relative said; "Excellent staff and excellent care."

The service remained responsive to people's individual needs. Care and support was personalised to each person which ensured they were able to make choices about their day to day lives. Complaints were fully investigated and responded to. A relative said; "If I have any issues they are always dealt with straight away."

People were assisted to take part in a wide range of activities according to their individual interests. Trips out were also planned for people.

The service continued to be well led. Staff told us the registered manager and management team were very approachable. The registered manager and provider sought people's views to make sure people were at the heart of any changes within the home. The registered manager and provider had monitoring systems which enabled them to identify good practices and areas of improvement.

Further information is in the detailed findings below.

## 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 now Good because;

People received their medicines as prescribed. People's medicines were administered and managed safely and staff were aware of best practice. Medicines administered were recorded.

People continued to have their needs met by sufficient staff who were recruited safely. Staff understood how to recognise abuse and report it.

People had any risks identified, recorded and updated as needed.

Good infection control practise were maintained.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Amberley House - Plymouth

## **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 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.

This was a comprehensive inspection, it took place on the 27 February and 2 March 2017 and was unannounced on day one.

Prior to the inspection we reviewed information we held about the service, and notifications we had received, the previous inspection report and Provider information return (PIR). A notification is information about specific events, which the service is required to send us by law. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met with 14 people who lived at the service. The registered manager was available throughout the inspection. Some people were unable to tell us about their time at the service therefore, we observed them and how staff and people interacted. We also spoke with six relatives, three healthcare professional and four members of staff.

We looked at a number of records relating to people's care and the running of the home. This included four care and support plans, three staff personnel files, records relating to medication administration and the quality monitoring of the service.

# Is the service safe?

## Our findings

At our inspection of 26 August and 2 September 2015 we found that people's medicines were not always managed safely. People had not always been given their medicines as prescribed. Medicine records were incorrectly recorded and the documented number of medicines held was incorrect. We asked the provider to take action. We found at this inspection people now received their medicines safely.

The service now provided safe care.

People received their medicines safely from staff who had completed medicine training. There were systems in place to audit medicines practices and clear records were kept to show when medicines had been administered. Some people were prescribed additional medicines for pain relief on an 'as required' basis. There were instructions to show when these medicines should be offered to people. The district nurse team were working with the service on when to give people these medicines. They were only administered in accordance with the instructions in place. The PIR recorded "We have just embarked upon weekly reviews of care with G.P and Pharmacist in attendance. This review gives us tight control, and constant review of medication and care needs."

People felt safe living in the service and with the staff who supported them. Some people who lived in Amberley House were unable to fully express themselves due to their dementia. People were comfortable and relaxed with the staff who supported them. One person said "They keep me safe and well." Relatives told us they believed their loved ones were safe living at the service. A relative told us, "My biggest thing is to make sure mum is safe. I know she is here."

People's risks of abuse was reduced because there were suitable recruitment processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained. To minimise the risk further for people, all staff undertook training in how to recognise and report abuse. Staff said they would have no hesitation in reporting any concerns to the registered manager and were confident that action would be taken to protect people.

There were sufficient numbers of staff employed to keep people safe and make sure their needs were met. Throughout the inspection we saw staff met people's physical needs and spent time chatting and enjoying each other's company. Some people liked to stay in their room. One person said; "They (staff) are always popping in to see me and bring me cups of tea." Staff said additional staff were made available if they were needed to help people with appointments for example hospital visits.

People had risk assessments completed to make sure people received safe care and to promote their independence. Where people had been assessed as being at high risk of falls, assessments showed the equipment provided to promote people's independence when moving around the home.

People were protected from the spread of infections. Staff understood what action to take in order to

minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people.

## Is the service effective?

### Our findings

The service continued to provide people with effective care and support. Staff were competent in their roles and had a good knowledge of the individuals they supported which meant they could effectively meet their needs.

People were supported by well trained staff. Staff said they had plenty of training and in subjects relevant to the people who lived at the home, for example dementia care. New staff confirmed they were being supported to gain the Care Certificate (A nationally recognised set of skills training).

People had their health monitored to make sure they were seen by healthcare professionals to meet their specific needs as required. For example, some people were currently receiving care from the district nurse team for change of dressings. The local GP held fortnightly surgeries at the service to enable people and staff to receive advice and support.

People said they were able to make choices on the food offered. Menus were displayed showing at least two choices per day. Where there were concerns about a person's hydration or nutrition needs people had food and fluid charts completed and meals were provided in accordance with people's needs and wishes. The staff followed advice given by health and social care professionals to make sure people received effective care and support. For example one person had been seen by a dietician who had recommended a meal supplement. One person said; "The food is excellent, particularly the roasts."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People continue to have their capacity to consent to their care and treatment in line with the MCA and DoLS as required. Best interest decisions were clearly recorded. The provider had a policy and procedure to support people in this area. The registered manager had liaised with appropriate professionals and made DoLS applications for people who required this level of support to keep them safe.

Staff had completed training about the MCA and knew how to support people who lacked the capacity to make decisions for themselves. Staff said people were encouraged to make day to day decisions. Where decisions had been made in a person's best interests these were fully recorded in care plans. Visiting relatives told us they had been involved in a decision about their relatives care. This showed the provider was following the legislation to make sure people's legal rights were protected.

People lived in a service that continued to be well maintained.

## Is the service caring?

### Our findings

The home continued to provide a caring service for people. People were supported by staff who knew them and their needs well. People said they were well cared for. We observed the staff taking time to assist people with their personal care. Staff were attentive and prompt to respond to people. For example when people became confused or upset staff provided prompt support. People became calm and seemed to enjoy the company of the staff. One person needed support with personal care and a member of staff quietly took them to a bathroom where they could assist them in private.

People told us staff were always kind, caring and respectful. One person said; "They are all so kind." A visiting relative said; "They can't do any better care for him." Another said; "Always well cared for." We saw that people were able to make choices about how they spent their time and were able to spend time in their rooms if they wished. Staff respected people's need for privacy and quiet time.

People and relatives told us people's privacy and dignity were respected. Staff knocked on people's doors. Staff told us how they maintained people's privacy and dignity in particular when assisting people with personal care. Staff said they felt it was important people were supported to retain their dignity and independence.

People were supported to express their views whenever possible and involved in decisions about their care and support. Staff were able to communicate effectively with everyone. This ensured they were involved in any discussions and decisions. Staff supporting people where observed to be interacting well.

People or their representatives were involved in decisions about their care. People had their needs reviewed on an annual basis or more often if their care needs changed. Family members said they were involved with their relatives care.

Staff showed concern for people's wellbeing. People confined to bed or receiving end of life care were observed to be well cared for by staff with kindness while maintaining people's dignity. The care people received was clearly documented and detailed. For example, people had turning charts in place to prevent their skin becoming sore.

## Is the service responsive?

### Our findings

The service continued to be responsive. People were supported by staff who were responsive to their needs. People had a pre-admission assessment completed before they were admitted to the service. Information received from the local hospital was included in pre-admission assessments. The provider told us in their PIR when people moved into the service these assessments were used to create full care plans.

People's care plans were personalised to each individual, contained information to assist staff to provide care and in a manner that respected people's wishes. In addition to full care plans, there were brief pen pictures of people. In particular, about people's dementia care needs and how staff were to meet those needs. Staff had a good knowledge about each person including people's likes and dislikes. We observed staff responded to people and supported them throughout our visit. Staff told us how they encouraged people to make everyday choices as much as possible. This helped ensure everyone's voice was heard.

People told us their individual needs were met. One person said; "They do ask if I want any help. They help me with my showers and clothes."

People took part in a variety of activities. Outside entertainers were brought into the service. On day one of our visit people we saw people enjoying watching the singing and dancing of an entertainer. One other person attended a day centre and told us how much they enjoyed that visit.

The provider had a complaints procedure displayed in the service for people and visitors to access. Some people said they would talk with a member of staff if they were not happy with their care or support. Where complaints had been made these had been investigated and responded to. The registered manager had taken action to make sure changes were made if the investigations highlighted shortfalls in the service.

# Is the service well-led?

## Our findings

The service continued to be well led. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager's values and vision for the service included making people feel "secure, relaxed, and (provide) a homely environment in which their care, wellbeing and comfort are of prime importance" were understood and observed of staff. The vision was supported by the provider and communicated to staff through day to day discussions, one to one supervisions and team meetings. Staff we spoke with were very positive and enthusiastic about their roles.

The quality of the service continued to be monitored. The registered manager was visible in the service. There were effective quality assurance systems in place. There were regular audits of the property and care practices which enabled the provider to plan improvements. The registered manager and provider sought people's views to make sure people were at the heart of any changes within the home. For example a recent upgrade was the result of a survey audit. The registered manager and provider continued to complete audits on aspects of the service and ensure lessons were learnt. Staff knew the outcome of these and practice changed accordingly.

People told us the management in the service were always approachable. One person said; "The matron is very good." The registered manager was well respected by people, staff and relatives and keen to make improvements where necessary. The registered manager updated their practice with regular training. The PIR showed that the service had obtained the Plymouth City Council Dementia "Quality Mark Award. This was awarded after an annual robust inspection from Plymouth City Council in regard of all aspects of care provided to people with a diagnosis of dementia.

When the registered manager was not available there was an on call system available between the management team. This meant someone was always available to staff to offer advice or guidance if required. Staff told us they felt well supported by the registered manager and the provider.

The provider had systems in place to make sure the building and equipment were maintained to a safe standard. These included regular testing of the fire detecting equipment and hot water and servicing of equipment.