

Mr & Mrs M Shaw

Amber House Residential Home Limited

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Amber House is a residential care home that provides accommodation and personal care to a maximum of 18 people. The service provides support to older people, some of whom live with dementia. At the time of our inspection there were 13 people using the service.

Amber House comprises of 2 houses that have been adapted to create 1 home over 2 floors. Amber House has a shared garden, communal dining room, activity room and lounge area, with a shared wet-room and bathroom facilities. The home provides single and shared bedrooms some of which have en-suite bathrooms. There is a lift and stair lift in the home to support access to the first floor.

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

The processes in the home to keep people safe had improved since the last inspection but we found some improvements were still needed to ensure the governance systems in the home were effective in monitoring the quality of service.

Risks to people's safety were being considered through more regular review. For example, there was now a more robust accidents and incidents process being followed by the staff in the home, to reduce the risk of future occurrence and support improving care delivery.

People's care plans had been reviewed and updated with more detailed information which meant staff now had access to accurate records to ensure care delivered, met actual need.

Staffing numbers had increased in the home, which meant people's needs were being responded to in a timely way, which promoted their health and well-being.

Mental Capacity Assessments were now decision specific which meant people were supported to have more choice and control of their lives, staff supported people in their best interests and the policies and procedures in the home supported this.

The provider had acted on our recommendations and made changes in medicine storage and record keeping to support safer medicine management.

Staff training was now up to date and staff were receiving regular supervision.

Feedback from people living in Amber House and their relatives was positive about the staff and the registered manager.

The provider continued to work with other agencies in driving improvements in the home.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 30 September 2023) and there were breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 21 August 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced inspection of the service on 27 June 2023 where breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve; person centred care, need for consent, safe care and treatment and good governance.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This 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. The overall rating for the service has changed from Requires Improvement to Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Amber House on our website at www.cqc.org.uk.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Amber House Residential Home Limited

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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 1 inspector.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During this inspection we spoke to 4 people living in Amber House, 2 relatives and observed care and support given in the communal areas of the home. We spoke with 3 staff which included the Registered Manager. We reviewed a wide range of records such as care plans, medicine administration records, staff records, quality assurance documents and policies and procedures. After the inspection we received further information from the provider regarding the governance of the service.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (1) (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's safety had been reviewed since the last inspection with a regular risk review procedure now in place.
- Risk assessments where needed, were much clearer with risks more accurately identified with appropriate risk management plans in place.
- Staff had a good understanding of people's needs regarding risk.
- There was now a more robust falls process and accidents and incidents process being followed by the home to support improved care.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse.
- Safeguarding policy and procedures had been updated in the home.
- Staff had received training in safeguarding and were aware of the process to follow if they were concerned a person was at risk of harm.

Staffing and recruitment

- At our last inspection we found people were not always supported by enough staff but at this inspection we found the provider had increased staffing. This meant people's needs and identified risks were being monitored and responded to by care staff in a timelier way, to promote health and well-being than we had found on our last inspection.
- People and staff told us they felt there were now enough staff to meet people's needs.
- We reviewed the recruitment records for 2 members of staff and found the proper checks had been carried out. These included Disclosure and Barring Service (DBS) checks. The DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

At our last inspection we made recommendations to the provider regarding medicine management in the areas of storage and record keeping.

- At this inspection we found the provider had acted on our recommendations and made improvements to the storage of prescribed creams which were now kept securely, in named containers, in the medication room. People's medication records were now only signed by the staff member administering the prescribed cream, and not the senior carer as we found on our last inspection.
- Staff received training in the administration of medicines and their competency was assessed.
- People received their medication as prescribed; the provider had a medication policy in place, stock control was regularly checked, medication room and fridge temperatures were regularly recorded and medicines were dated when opened with expiry dates identified.

Preventing and controlling infection

At our last inspection we identified the provider had addressed some infection control issues and was completing an action plan in regard to environmental cleanliness and repairs in the home.

At this inspection we did not identify any issues regarding infection control.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

Visiting was in line with the government's latest guidance and there were no restrictions on visiting Amber House at the time of our inspection.

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 requires improvement. At this inspection the rating has changed to good. 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

At our last inspection the provider had failed to ensure that care given was always person-centred, appropriate to meet need and reflective of people's preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At this inspection we found people's needs and preferences were being assessed and regularly monitored to deliver person-centred care.
- Care plans had been reviewed and provided more up to date, detailed information for staff to support people more effectively to meet their physical, mental health and social needs to promote well-being.
- Staff were aware of people's needs and choices and were able to tell us who liked to get up earlier or later in the morning and tell us about specific food choices and activities enjoyed by people.

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.

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. 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.

At our last inspection, the provider had failed to ensure the principles of the MCA were followed. This was a breach of Regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- At this inspection we found the principles of the MCA were being upheld which meant people were supported to make decisions wherever possible.
- Decision specific assessments were now in place where required and decisions were being made in people's best interests within the MCA process.
- The provider was now aware of the role and remit of a power of attorney (POA) where these were in place.
- Legal authorisations were in place or had been requested to deprive a person of their liberty.

Staff support: induction, training, skills and experience

At our last inspection we found staff were not receiving supervision on a regular basis and were not up to date with mandatory training.

- At this inspection we found all staff were up to date with mandatory training and a new training matrix had been introduced, which was being regularly reviewed by the provider with a process in place to ensure all staff remained up to date.
- Staff had received recent supervision and the provider had introduced a new supervision tracker which was being regularly monitored, to ensure staff continued to receive regular supervision going forward.
- New members of staff had completed their induction and were now working towards completion of 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.

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

- People were supported to eat and drink and maintain a healthy diet. People we spoke to commented positively about the food, 1 person told us "The food is very good."
- People's care plans contained information regarding their dietary and support needs and regular monitoring was in place where required.
- We observed staff giving people choices of food and people told us there was always something available they liked to eat.

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

- At this inspection we found the provider had introduced more detailed documentation for staff to use when sharing information within the service, which supported more effective communication regarding people's needs to ensure people received co-ordinated person-centred care.
- People were supported in Amber House by a consistent staff team who knew them well and who were able to tell us about people's needs and their preferences to support effective care.
- People had access to health care professionals who supported them to manage their health needs, such as the GP, District Nurses and Continence Nurses. At home healthcare services such as the chiropodist, were arranged by the provider where needed, to promote people's health well-being.

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

At our last inspection we identified the provider was working with the local authority and completing an infection control plan to address some historical issues regarding malodour, cleanliness and repairs required in the home.

- At this inspection we found the provider had introduced clearer guidance for night staff with a rolling 20-day cleaning schedule, which was now regularly audited to support infection control and ensure the home was clean, hygienic and odour free.
- The home was adapted to meet people's physical needs and the provider continued to work with the local authority to make improvements in the service.
- We found Amber House to be clean, warm and comfortable with people having personalised bedrooms and an accessible communal garden.

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 inadequate as the provider had failed to deliver sustained improvement in the key area of Well-Led for four consecutive inspections, with ratings of requires improvement being given. At this inspection the rating has changed to requires improvement. This meant the service management and leadership had shown improvement but was still inconsistent and a greater emphasis on governance was still needed.

At our last inspection the provider had failed to ensure effective governance systems were in place to assess and monitor the quality of the service provided. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At this inspection we found the provider had made significant improvements in the service, for example, care plans, risk assessments and mental capacity assessments had all been reviewed and updated to ensure care delivery met actual need. However, although the provider could demonstrate audit systems and processes were in place across the majority of the service to monitor areas such as health and safety and medication, they were unable to provide evidence of auditing care documentation, to ensure information used to support people remained accurate. This meant the provider was unable to demonstrate how they assessed and monitored service safety and quality to ensure people's needs were always being met appropriately.
- We found improvements had been made in systems such as the accidents and incidents process and the introduction of a new falls procedure, which were being regularly monitored and reviewed to support service learning, mitigate risk and improve care delivery
- The provider had put in place more robust monitoring of staff supervision to ensure this was received regularly
- Staff training was now up to date with a tracker in place to ensure training remained up to date.
- Staff meetings had now started to be held monthly with minutes available showing discussion held to improve service quality.
- New handover documents introduced to improve information sharing between staff within the service, were being checked regularly by the provider to ensure delivery of more co-ordinated care.

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

- We observed staff engaging positively with each other and the people they were supporting, whilst providing care and support with dignity and respect. The registered manager was visible in the home which had a positive atmosphere and staff told us they felt supported.
- There was a registered manager in post who knew the people living in Amber House well, notifications had been sent to CQC and the registered manager was aware of their legal responsibilities under the duty of candour.
- Relatives told us the home would let them know if something had gone wrong and told us "They're pretty good, they will update us and let me know if (relative) is poorly or if anything has happened." Relatives also told us staff were "great, polite and helpful" and "they're brilliant, talk to us as friends."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's views and experiences of the service were reported by the provider to be being sought regularly through an updated 'Resident of the Day' review. From the records seen, it was not clear the provider had meaningfully engaged with people to do this. This meant we could not be assured that people were always involved in tailoring their care to support continuous improvement.
- We received mixed feedback from relatives in regard to the home asking for their views regarding the care provided. However, 1 relative told us the home had acted positively on their feedback regarding care given to their relative to make some changes.
- The provider continued to work with the local authority to make changes in the service and at this inspection, although we found there was still a need for further development of governance systems and supporting people's involvement in the service, we did find improvement in care documentation, staffing numbers and systems and processes which had all resulted in significant improvements in the quality of care being provided.