

Miss Elizabeth White

Amber House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Amber House is a residential care home providing accommodation and personal care for up to 22 people with a learning disability, or autistic spectrum disorder.

Amber house was registered for the support of up to 22 people. 18 people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs or anything else outside to indicate it was a care home.

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

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. However, The service didn't always apply the full principles and values of Registering the Right Support and other best practice guidance. Further work was needed to ensure people's independence was promoted as much as possible, and that opportunities such as the use of information technology were developed.

The outcomes for people using the service did not always reflect the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support did not always focus on them having as many opportunities as possible to gain new skills and become more independent. Staffing levels were impacting on some aspects of this; there were not always sufficient staff to support people to be more independent or to take part in day to day activity of their choosing.

Following the inspection, the provider did increase staffing levels. They did not however have a dependency tool to calculate staffing levels. Without this the provider was unable to demonstrate there were enough staff on duty.

Care plans needed to include details of decisions people could still make for themselves to maximise choice and independence. Staff tried to support people to have maximum choice and control of their lives and support them in the least restrictive way possible. However, staffing levels impacted on this.

Governance systems were not sufficiently robust or regularly completed to identify issues.

People's nutritional needs were met and monitored. People were referred to health and social care professionals as required.

People told us that staff were caring, and we observed positive interactions between people and staff. Staff received training relevant to their role.

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 11 September 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to staffing, safe care and treatment, person-centred care, governance, and reporting procedures. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will also request an action plan. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our effective findings below

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our caring findings below

Good ●

Is the service responsive?

The service was not always responsive

Details are in our responsive findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our well-led findings below

Requires Improvement ●

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 Care Act 2014.

Inspection team

One inspector and one Expert by Experience completed this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with the provider, two team leaders and one carer.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure that risks were fully assessed to ensure they were mitigated as far as possible. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Care plans contained risk assessments in relation to nutrition, eating and drinking, falls, choking and moving and handling. However, these were not always accurate or completed fully. Where people's needs had changed, risk management plans had not always been updated.
- It was not always clear when risks should be reviewed, and some had not been updated since July 2019.
- Some risks had not been fully explored. For example, there were not always risk management plans for people when they were going out. One person was at risk of exploitation, and although staff had considered this when taking the person out, there was nothing stopping the person going out alone, but there was no documentation to support this.
- Management of risk was not consistent across the service. For example, one risk assessment for choking gave guidance on what to do if a person choked, another person's records did not.
- Despite the poor documentation, we found that staff provided care which managed risks to people appropriately.
- Stairgates had been installed where the provider had assessed potential risk. Water systems were monitored to reduce the risk of legionella bacteria.
- The fire service had visited in 2018 and concluded that there were adequate systems in place to ensure people's safety in the event of a fire. However, some routine checks on emergency lighting, fire alarm tests, and fire doors had not been completed for several months by staff.

Using medicines safely

- People received their oral medicines as prescribed. However, records showed that topical applications such as creams were not always applied in line with instructions.
- The provider told us that staff competency to administer medicines was assessed every three months. However, there was no documentation relating to this or set template to ensure consistency.
- One staff member told us that when people went out for the day, staff dispensed their medicines into a

bottle. This is called secondary dispensing and is not safe practice. The provider confirmed this did not occur routinely, however, at least one staff member told us they did this. The medicines policy included procedures for 'social leave' but was not clear enough regarding secondary dispensing, and we advised them to update the policy so all staff were clear on the procedures.

- Where people received a variable dose of medicine (one or two tablets) It was not always possible to determine how many people had taken as MAR's (medicine administration records) were not documented clearly. Therefore, stock levels could not be reconciled.

This constitutes a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had regular audits of their medicines from their supplying pharmacy to identify any areas for improvement. Actions had been taken where advised.

Staffing and recruitment

- The provider had not used a dependency tool to assess how many staff were needed. They told us some staff had left, and they were waiting for recruitment checks to be completed before they could increase staffing levels. Each person's support needs had not been aggregated to provide an indicative staffing level. Without an appropriate dependency tool, the provider was unable to demonstrate there were enough staff on duty.

- The reduced number of staff on shift impacted on what people could do during the day, including the option of going out. Spontaneous opportunities for outings would not have been possible. One person told us, "They're a bit short of [staff] sometimes, I would go out every day, I like to play [activity], but that's the trouble [not enough staff for trips]."

- We observed one person become agitated when they had to wait to go out as there were not sufficient staff available to support them until later on in the day.

This constitutes a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Due to the level of concern we asked the provider what they would do following the inspection to ensure staffing was adequate. They promptly increased staffing levels during the day to include an additional staff member on each shift.

- Staff were recruited safely. However, one staff member's reference indicated that there had been an historical offence. Although the registered manager had reviewed this, there was no documentation which referred to this matter, and why they had decided the staff member was suitable for employment.

Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with told us the types of abuse they might come across, and what action they would take. One staff member said, "There is financial, sexual, emotional [types of abuse]. I would report to the manager, or if very serious I would get the police involved."

- Appropriate referrals had been made to the local authority where people had been at risk of abuse. However, they had not always notified CQC, which is a requirement.

Preventing and controlling infection

- Staff received training in infection control, however, the training matrix showed several staff were overdue refresher training.

- The service was clean and fresh. However, we found an armchair and a crash mat where the plastic covering had split. This meant they could not be effectively cleaned.
- The service had an Infection control lead, who was passionate about adhering to best practice and asked us our views on the cleanliness of the service. They were keen to obtain feedback from us to support improvement.
- The provider made sure staff had access to personal protective equipment such as disposable gloves and aprons.

Learning lessons when things go wrong

- The registered manager had taken action on some areas we raised at our previous inspection. Systems required further development to ensure action was always taken to ensure lessons were learned, and the service continually improved.

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 the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement.

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

- People's independence was generally promoted, but further work was needed. For example, hot drinks and meals were provided by staff, as was laundry and the cleaning of people's rooms. It was not always clear if people were being offered the opportunity of doing more. One staff member said, "We used to let people come in the kitchen, but they will put their hands in [other people's] food, so it wasn't always hygienic."
- Further work was needed to ensure people were supported to increase their independence in line with 'registering the right support' guidance.
- Recognised assessment tools were used to assess people's needs, though these were not always reviewed in line with guidance.

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 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.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider informed us that there were no DoLS applications for anyone living in the service currently, but had liaised with relevant professionals when this was in question. However, we advised them to review all people living in the service to ensure none were required and document this.
- People's care plans did not always include certain decisions that people could still make for themselves to maximise their choice and independence.
- Several staff were overdue refresher training for MCA, but this was being planned. We observed people were given choice and staff asked people for their consent before assisting with any task, such as eating, helping them with personal care, or moving to different areas of the building. One staff member said, "I always ask [people] first, if they said no, I respect that. I'll explain things to help understanding, but I'd never

force people to do anything, that would be abuse."

Staff support: induction, training, skills and experience

- Staff told us they received an induction when they came to work in the service. One staff member said, "Very good induction, I shadowed staff for two weeks until I felt confident. I also read the care plans." Staff new to care were expected to complete the Care Certificate, which is a set of standards care workers should adhere to.
- Staff received supervision and appraisals to monitor their practice and ensure they were supported to complete relevant training. However, records we reviewed showed these were very basic. For example, one staff member raised that they were having difficulty with some of the paperwork, but nothing else was noted. It was not clear how this was to be addressed or what the issues were. Where staff had wanted to complete qualifications, it was not clear how this would be achieved or who would take this forward.
- Staff received training relevant to their role. Where staff were overdue refresher training, sessions had been planned. However, management did not complete any observed practice of staff to ensure training completed was understood and that their practice was effective.

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

- Staff monitored people's weights regularly, and where concerns were noted, relevant professionals were contacted. However, nutrition checklists held on people's care plans were not always reviewed regularly.
- Dietary information was now referred to in people's care plans, including their preferred food and drink, and how this should be prepared.
- People told us they were happy with the food choices. One person said, "We get nice food, they [staff] get pictures out [of various meals to show us]." Another said, "The food here is out of this world." A relative said, "They get fresh cut-up veggies, the food is marvellous."

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

- People had access to a range of healthcare services to meet their needs and to keep them well. This included speech and language therapy, GP's, learning disability nurses, and mental health professionals.
- The service worked with other professionals when required. External professionals spoke positively of the service. One health professional said, "Amber House is a lovely service. I'm sure all my colleagues would agree. I never have any concerns when I visit."
- Hospital passports were in place, so if people moved between services, information about their day to day needs could be shared.
- We saw that there was an effective communication book in operation, in which staff could exchange messages between themselves. This information included what tasks had been completed or needed to be done and highlighted any changes in the needs of people using the service.

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

- People's individual needs were generally met by the design and decoration of the service. The service did not have a lift, but this did not pose any issues for people currently. We saw people were able to navigate around various areas of the service independently.
- There was an activity room called the 'Magic Kingdom', with tables and chairs for games and arts and crafts activities.
- There was a dining room with tables and this was one of the focal points for people when out of their rooms. This led to a conservatory area which opened up to the rear garden which was pleasant and well maintained. There was seating outside, and several people had their lunch there.
- People's rooms were personalised with pictures and possessions. The communal rooms were clean,

pleasantly furnished and decorated.

- Some carpets needed replacing, but the provider was aware and had plans in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Although we found areas for improvement during this inspection which are outlined in other areas of this report, the registered provider, manager, and staff were all committed to making improvements which benefitted people living in the service.
- Staff had developed a good rapport with people and the atmosphere was relaxed and calm. Many of the staff had worked in the service for a long period of time. Interactions observed between people and staff were kind, caring and considerate. One person told us, "Its nice here, staff are lovely." Another said, "We all get on well, they care about us."
- Relationships which had formed between people living in the service were respected by staff. Staff spoke about people in an inclusive way, ensuring there were no barriers for opportunities and life experiences.

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

- People were asked for their views in monthly keyworker meetings. A record of these discussions were in place. However, we did observe that where people had expressed a desire to go out to do a specific activity, the previous comments hadn't been reviewed. This is important, so people know their views are acted on.
- 'Resident meetings' were also held in the service to hear people's views, and we saw that relevant items were discussed.

Respecting and promoting people's privacy, dignity and independence

- People's independence was generally promoted, and staff encouraged people to do what they could for themselves such as personal care tasks, and deciding how they would spend their day. However this required further development. For example, staff prepared meals and people were not encouraged to be involved in this. It was not clear if people wanted to take part in day to day living skills, as they had become used to staff providing for them.
- The current staffing levels may have led to staff undertaking much of the routine work themselves, as additional staff would be needed to supervise people preparing food or doing laundry for example.
- People's privacy and dignity was respected. Staff gave examples of how they promoted people's privacy and dignity and treated people with respect. One staff member said, "We always make sure doors are closed and people have privacy when needed, like having a bath."
- People had the choice of spending time in communal areas, or time alone in their rooms.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation

- The registered manager and provider had worked hard on trying to improve people's care plans since the last inspection. However further work was still needed to ensure people's care plans were accurate, updated and person-centred.
- Some areas of people's care plans weren't dated or reviewed in a timely manner. They did not always contain an associated care plan where risk was identified.
- Staff reviewing care plans were not sufficiently trained in how to do this. Therefore, the quality of information contained within each varied. Staff were being asked to undertake monthly keyworker meetings but some staff were not clear on what to do. One staff member noted in the keyworker review notes, "I have updated some paperwork, don't understand some information."
- Staff knew people well so the impact of not having sufficient information in care plans was minimal. However, new staff were starting in the service soon who would not be familiar with people's needs and preferences.
- People were supported to maintain relationships that were important to them.

Support to follow interests and to take part in activities that are socially and culturally relevant to them

- Due to reduced staffing levels, people did not always have the opportunity to take part in activities and outings as they wished. One person said, "It's nice and safe here, the staff are nice but they're sometimes short of staff. I go to [activity] on a Monday evening if [key worker] is here because they drive me, otherwise I can't go. I would go out more if I could, I like to go to the seafront. We go to [a club], we go by taxi and they arrange one to bring us back." Another said, "We stay in mostly during the day."
- People took part in arranged activities in the community which was positive, but day to day activity was limited. We saw one person become agitated as they appeared bored waiting to go out, but they had to wait for a staff member to become free later in the day.
- There was no internet provision for people. At least one person had a laptop and would be able to access the internet on their own or with some support. This would open up a wide range of information for people that at present was not an option.

The above constitutes a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care and support

- People's care plans now included a section on advance care decisions. As well as practical information, such as the person's chosen funeral director, there were also personal wishes and cultural needs.

- There was a 'Care and support at end of life', template which was being completed by staff. However, they had misunderstood that this form was for people's preferences at the end of their life. Staff had completed people's current abilities.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- For people who had a difficulty with reading, pictorial images and simple language were used; for example, in choosing food options. We saw staff communicate with people in line with their individual needs.
- Care plans did not include sufficient information about how people communicated. Often this was quite basic and didn't reflect what happened in practice.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place if people or visitors to the service wished to raise a concern. However, this was not displayed in the service.
- People told us they would raise any concerns with staff. One person said, "[Carer] is my key worker, we sit down and discuss things, I'd go to them if I had a problem." A relative said, "[Name] is the manager, I'd go straight to her if I had a problem but I've never had to complain."
- The monthly key worker sessions provided a regular opportunity for people to discuss anything they weren't happy about. We saw these took place regularly.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

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

At our last inspection we found the providers' governance systems were not sufficiently robust to identify where improvements were needed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The registered manager was aware of the need for improvement in the documentation and had tried to improve this by meeting with staff and allocating a care plan co-ordinator. However, this had not been fully effective.
- People's records in relation to their care were not always accurate, sufficiently detailed, or up to date.
- Some audits had not been completed for several months. This included infection control, hand hygiene audits, medicines, and health and safety checks. It was not clear how audits were being used to drive improvement.
- Staff were not always clear on their roles; keyworker meetings were taking place, but staff were not always sure of what they needed to cover during these meetings. Some staff weren't confident to review certain documentation.
- The registered manager and provider had not been complacent in their approach to improve since the last inspection, but required support from external organisations who could give the necessary guidance.
- Following the inspection, the provider told us the local authority had agreed to visit and support them with documentation. They were also trying to source external consultancy support.
- The registered manager had not always notified us about events which had occurred in the service, such as serious injuries and safeguarding referrals.

This was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009.

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

- Further work was needed to ensure care was delivered in line with 'Registering the right support'. Giving more opportunity for independence and access to technology would support people to reach their goals and seek out new information that might be of interest to them.

- The culture of the service was very person-centred. Although we found improvements were required with documentation, we found the whole staff team to be caring and supportive of people. One staff member said, "I think people get good care here. Staffing could be better, but we all help out to make sure people's needs are met."

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 provider was aware of their responsibilities around duty of candour. Both the registered manager and provider were open and transparent, welcoming feedback which would support improvements.
- The provider was keen to accept external support to help them achieve a rating of Good.

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

- The service worked in partnership and collaboration with a number of key organisations. The registered manager had established good working relationships with healthcare professionals. One health professional said, "We do work well with [Amber house] they are very good at what they do."
- People's views were listened to in monthly 'resident' meetings. One person said, "We do have meetings to talk about food and outings." A relative said, "I would definitely recommend here to someone else in the same position, I have no regrets."
- Staff meetings took place to share information, and suggestions were listened and responded to.

Continuous learning and improving care

- The registered manager was using information from reputable sources to improve staff training opportunities.
- The provider had acted to reduce environmental risks that we raised at our inspection in July 2018. This included ensuring heavy furniture, pictures, and radiator covers were securely fitted to the walls to prevent potential accidents.
- The registered manager needed to forge links with other professionals and organisations that could support them in additional learning and to prevent the service from becoming isolated in their practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not always notified us about events which had occurred in the service. 18 (1) (e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care plans did not always contain accurate and up to date information. Opportunity to take part in day to day activities was limited. 9 (1) (a) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks associated with people's care were not always accurate and lacked clear guidance for staff. 12 (1) (2) (a) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes did not enable the provider to identify where quality and/or safety were being compromised. Some audits were

not completed regularly.

17 (1) (2) (a) (b)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Staffing levels were not sufficient to ensure people were kept safe and their needs met in a timely manner.

18 (1)