

A M Care Home Limited

# A M Care 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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

A M Care Home provides accommodation and support for up to eight adults with learning disabilities, autistic spectrum disorder or other mental health conditions. A M Care Home is one adapted building set over two levels. At the time of our inspection there were seven people using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People felt safe living in the service and their belongings were kept safe. There were processes in place to ensure that staff knew how to protect people from abuse. Staff also knew about whistleblowing. People had their health and wellbeing assessed and risk assessments were individual to each person.

Staff received training and development to be able to support people safely which included learning more about specific conditions related to the needs of the people who used the service. Staff were supported to develop within the service and had been supported with additional qualifications. People were supported to maintain a balanced diet and received information about healthy eating choices. People were supported to maintain their health and wellbeing in line with recommended guidance.

Staff were kind and caring when they supported people and people were comfortable with staff. Staff knew people well and were able to communicate with people individually based on their abilities. People were involved in making decisions about their care. People had their privacy and dignity protected.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to access the community and maintain their hobbies and interests.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People liked the registered manager and found them to be approachable. People said that they were

listened to and felt involved in the service. There were systems in place which supported monitoring the quality of the service provided to drive improvement. The registered manager was actively involved in initiatives to improve the quality of care that people received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 14 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we 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?

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# A M Care 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

A M Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, assistant

manager, senior care workers and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three 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 one professional who regularly visits 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse and ensure that their belongings were kept safe.
- People felt safe and protected in the service. One person told us "They really do keep me safe here and make sure no one else takes my things".
- Staff had been provided with training and were able to describe the process for identifying signs of abuse and reporting concerns in line with the provider's policies and processes.
- Staff knew about whistleblowing and confidently spoke about the process.

Assessing risk, safety monitoring and management

- Each person had risk assessments specific to their individual needs such as for risk of choking or mental health problems. They were put together balancing the need to keep people safe whilst also encouraging positive risk taking.
- Risk assessments were put together taking account of guidance from other healthcare professionals using their expertise. For example, occupational therapists had contributed to risk assessments for people who had mobility issues. These were regularly monitored to ensure they were still effective for reducing the risks to people living in the service.

Staffing and recruitment

- There was a stable staff team who people liked. One person said "Most of the staff have been here a long time and I know them really well".
- There were enough staff available to meet people's needs. Staff worked flexibly to be able to support people with activities and trips in the community. Shifts were flexible to be able to support people if they changed their plans or had evening activities.
- Robust recruitment checks were carried out before staff began working at the service. This included checks of their identity, qualifications and previous employment history and all staff had received a full criminal record check.

Using medicines safely

- Processes were in place to keep medicines securely and ensure they were ordered, available when needed and administered in line with the prescribed guidelines.
- Staff received training in the administration of medicines and had their competencies checked on a regular basis to make sure they were able to safely administer medicines to people when they needed them.

- People were aware of the medication they were taking and staff talked to them about why they were taking it. People who were able to were encouraged to administer their own medication with only prompting from staff.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff were provided with training on the prevention of infections.
- There was personal protective equipment available which staff were seen using when they carried out personal care or were preparing food. People also used personal protective equipment when they helped out with tasks around the home such as washing up and cooking.

#### Learning lessons when things go wrong

- Staff knew how to report incidents and understood the importance of doing so.
- The registered manager had a system for reviewing incidents and looking for patterns and trends. Actions were put in place to prevent incidents from occurring again and to keep people safe. This included speaking with other healthcare professionals for advice and ensuring that staff completed refresher training and competency checks.

# 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 remained the same. 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

- People's needs were assessed and monitored and support plans were put together in conjunction with other healthcare professionals to ensure they were following appropriate guidance for people's individual needs. For example, behaviour therapists had been consulted when putting together challenging behaviour plans.
- Staff had signed up to become dignity champions and had implemented guidance from the National Dignity Council.
- Staff knew people's needs well and delivered care as detailed in their support plans.
- Staff supported people to maintain people's oral hygiene in line with NICE guidance. Processes were in place to ensure that any deterioration in people's oral healthcare was escalated and reviewed. People had access to dental care both routinely and when they needed it.

Staff support: induction, training, skills and experience

- Staff received an induction when they started working at the service which included completing the care certificate and shadowing. One member of staff told us "I spent time meeting everyone and learning about them before I worked with them".
- Staff received regular training which included e-learning and face to face training. They had regular supervision with the registered manager to ensure that their skills were up to date. Staff had completed training in down syndrome and autism which had helped better understand the needs of the people they supported.
- Staff were given opportunities to gain qualifications and develop their roles. One member of staff told us "If theres something I want to do I can ask for it. I've recently asked to do my level three certificate which is being arranged for me".

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

- People were able to access food and drink when they wanted to. Menus were planned week by week by each person to ensure that they were able to have free choice over what they ate each week. If people changed their minds, there were other options available to them.
- People were able to choose from a healthy choice of meals which included fresh fruit and vegetables. People were given advice on choosing a balanced diet.
- People who were able to, enjoyed helping to prepare some of the meals. One person said "I like helping in the kitchen. I help with dinner sometimes and also make cakes".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff attended appointments with people and when people needed to use other healthcare services to support them to communicate and understand what was happening.
- People had access to healthcare professionals based on their individual needs such as occupational therapists, dieticians and behaviour therapists. Each person was registered with a GP and had annual health checks.
- People had regular health checks with dentists and opticians to maintain their health.

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

- People's bedrooms, communal areas and corridors were spacious to allow enough space for them to move about safely. There were bathrooms and shower rooms so people were able to choose whether they had a bath or shower daily.
- People's bedrooms were personalised and decorated how people had chosen and some people were having their bedrooms redecorated. People said that they had been asked how they would like them decorated.

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 registered manager understood the requirements of the MCA and their responsibility to apply it within the service. They had a process in place for monitoring applications made to deprive someone of their liberty including authorisations received and reapplied for these as required.
- Staff had received training and knew the principles of the MCA and how it applied to people in the service.
- Support plans were person centred and had taken account of people's ability to make decisions about their care.

# 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

- People were supported with their individual needs and were involved in developing their support plans to make them relevant to them.
- Staff received training in equality and diversity to raise awareness of protected characteristics.
- Staff were aware of people's individuality and respected people's needs in relation to these.

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

- People told us that they spoke with the registered manager and staff every day and felt involved in the service and the care they received.
- Staff knew and understood people very well and spoke to them about topics they were interested in. Staff planned activities based on what people liked and people were excited about the activities they were doing that day such as going to college and going for a medical appointment.
- People had key workers who discussed their views with them which were included in their support plans. One person told us "I tell them what I'd like to do and they help me do it" and "I sit with my key worker and talk about whats in my folder".
- People were supported to access advocacy services.

Respecting and promoting people's privacy, dignity and independence

- We observed people being independent around the service such as helping out with household chores and choosing what they wanted to do each day.
- Staff gave examples of how they respected people's privacy by closing doors when giving people personal care and we observed them knocking on doors before entering people's bedrooms.
- People were able to choose where in the service that they spent their time. There were communal areas that included a main lounge and a quiet area that people could use. People were also able to spend time in their own bedrooms when they wanted some time alone.
- People were encouraged to be independent which was reflected in risk assessments and support plans. Staff worked with people to make sure there were measures in place to keep people safe whilst allowing them to be independent for example when accessing the community alone.

# 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 Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in planning their care and making choices about what they did each day. Activities were decided for the week on a Sunday. One person told us "We have a board that we update each week which tells us what is going on. If we don't want to do it, we don't have to or if we want to join in with something we just ask".
- People evaluated their care and progress monthly with their key workers which included things that had gone well that month and things that they would like to do. People were kept informed of upcoming appointments and health checks during these meetings so that they were aware in advance.
- People were supported to achieve goals that they had set for themselves and maintain as much control over their choices as possible. For example, one person wanted to go to college. The person was supported to register for a course and attend college.

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.

- People who had communication needs had individual communication plans which contained detailed information about how they communicated and how to ensure they understood what was being communicated to them.
- People who did not speak English as a first language were supported to communicate by having signs around the home in their own language. They had their care and support records translated into their own language so that they could read them. They had access to translators for medical appointments to ensure they understood what was being said.
- People who needed them, had communication passports in place that they could take with them when they needed to use other healthcare services to enable them to communicate effectively.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to frequently access the community for personalised activities. One person told us "I'm always out and about, I'm able to go out when I want to, I'm going to the cinema later", and "I like college and art club, they're my favourite things to do and I can always go".
- Some people had expressed that they had a religion and it was recorded whether they chose to practice it or not and to what extent. Staff supported people to practice in the ways that they had chosen.

- People were supported to maintain personal relationships and to spend time with their partners and families, as well as including them in activities. One person said "I have a boyfriend. The staff help me go and meet him and we go to a club together".

#### Improving care quality in response to complaints or concerns

- People knew how to raise concerns if they were not happy about something. One person told us "I always let the staff know if I'm not happy about something and they sort it out then and there". Information about how to make a complaint was displayed in a communal area in a format people were able to understand.
- There was a system in place for recording, responding to and monitoring complaints which followed organisational policies and procedures.
- People were encouraged to express their views as part of meetings, surveys and care reviews.

#### End of life care and support

- At the time of the inspection, no one was receiving end of life care.
- Staff had discussed people's wishes about what they would like when they were nearing the end of their life. Care plans included information such as their preferences and who they would like contacted.
- Staff had received training in end of life care.

# 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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and staff told us they found the registered manager approachable and that there was an open culture throughout the service. Staff liked working at the service and one member of staff told us "it really does feel like a family here".
- The values of the service were reflected in the way that staff and the registered manager talked about the service. One of the core values was to keep people as independent as possible which was observed throughout the day. People told us they were included in all decisions about the service and had full control of their daily living.
- People were treated as individuals and received care based on their preferences and choices.

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

- Staff were aware of whistleblowing and said that they would feel confident to raise concerns if they had any.
- The registered manager was aware of their responsibilities under duty of candour and had contacted people's families and other healthcare professionals when incidents had occurred and put plans in place for preventing them happening again. This included seeking advice from other organisations if needed.
- The registered manager kept up to date with best practice guidance to drive improvement in the service.
- The provider supported the registered manager and carried out regular visits to assess the quality of the service and put action plans when improvements were needed.

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

- The registered manager carried out a survey with people who used the service, their relatives and healthcare professionals every year to gather their opinions on the quality of the service. They put together an action plan of any comments or feedback they received to make improvements to the service. The surveys we viewed were very positive about the service and included comments such as "Very good care, wonderful staff", "Very satisfied with the care X receives. She is always presentable and clean".
- People had regular meetings and were able to give their opinions on the service, for example, a regular takeaway night was arranged as a result of feedback from a service user meeting.

#### Continuous learning and improving care

- The registered manager had recently introduced an oral hygiene tool to ensure that people's oral hygiene was maintained as a result of training that they had attended. This was to ensure that people who had soft diets or teeth problems were supported to maintain their oral hygiene. This also included ensuring that toothbrushes were checked and replaced routinely.
- The registered manager had a quality monitoring system in place to ensure that the quality and safety of the service was regularly reviewed, and improvements were made where needed.
- The provider had oversight of the quality management system and conducted checks and audits to support the registered manager to improve the quality of the service.

#### Working in partnership with others

- The registered manager had joined the skills for care registered managers network to keep up to date with developments in social care to drive improvement at the service.
- The registered manager worked in partnership with other organisations and healthcare professionals to provide care to people following best practice guidelines and current legislation. For example, the registered manager had worked with speech and language therapists to ensure that staff were fully aware of how to prepare meals for those people that required a special diet.
- Action was taken in partnership with other organisations in relation to incidents where people were considered a risk to themselves or others such as putting behaviour management plans in place to reduce the risk of harm.
- Feedback received from other healthcare professionals who visited the service was positive. Comments included "The staff are all very welcoming and all information I need is readily available. It is clear that people have a very good relationship with staff"