

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?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The inspection took place on 26 August and 2 September 2015 and was unannounced. Amberley House provides care and accommodation for up to 42 older people some whom are living with dementia. On the day of the inspection 42 people resided at the service with two people currently in hospital. Amberley House is owned by A & L Care Homes Limited. A & L Care Homes Limited has another service within the county of Devon.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

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.

# Summary of findings

People looked relaxed with the staff and there was a friendly and calm atmosphere. People were chatting and enjoying the staffs company. Comments included; “Best place I’ve been.” People, who were able to, told us they were happy living there.

People’s privacy and dignity were maintained. We observed staff supporting people and being kind and compassionate. People told us staff were kind and caring. People’s privacy and dignity were respected by staff who provided individual and personalised care.

People, their relatives and professionals were happy with the care provided by the staff and said staff were knowledgeable and were able to meet people’s needs. People were encouraged and supported to make decisions and choices whenever possible in their day to day lives.

People were protected by safe recruitment procedures. There were sufficient staff employed to meet people’s needs and new staff completed an induction programme. Staff received a comprehensive induction programme. Staff had undertaken training and had the right skills to meet people’s needs.

People visited healthcare professionals, for example GPs and district nurses, to ensure they received appropriate care and treatment to meet their health care needs. Staff responded to information given to them by professionals to ensure people received the care they needed to remain well.

People who did not have capacity to make decisions for themselves were supported by staff to make sure their legal rights were protected and worked with others in their best interest. People’s safety and liberty were promoted.

People were better protected from harm as staff had safeguarding of vulnerable adults training and had the knowledge on how to report any concerns and what action they would take to protect people. Staff were confident any incidents or allegations would be fully investigated.

People were supported to maintain a healthy balanced diet. People told us they enjoyed their meals, there was plenty of it and they did not feel rushed. People had opportunities to take part in a variety of activities.

People’s care records contained detailed information about how people wished to be supported. Records were updated to reflect people’s changing needs. People and their families said they were involved in the planning of their care.

Staff told us they were happy working at the service and told us the registered manager was supportive, kept them informed, listened to them and acted on any concerns raised.

There were quality assurance systems in place. Feedback to assess the quality of the service provided was sought from people and their relatives. Audits were carried out to help ensure people were safe, for example environmental audits were completed.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## 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.

Medicines were not administered safely and documentation relating to medicines was inaccurate.

People told us they felt safe living at the service.

People were supported by sufficient numbers of staff.

Staff were able to recognise and had a good understanding of the signs of abuse, and knew the correct procedures to follow if they thought someone was being abused.

Risks were identified and managed appropriately. Systems were in place to manage risks to people.

Requires improvement



### Is the service effective?

The service was effective.

People were supported to maintain a healthy diet.

People were cared for by skilled and experienced staff who received regular training.

People had access to health care services which meant their health care needs were met.

Staff understood the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA) and had received training.

People lived in an environment which was clean and comfortable.

Good



### Is the service caring?

The service was caring.

People were given time to make decisions about their care.

People were treated with kindness and respect and were happy with the support they received.

Staff supported people in a way that promoted and protected their privacy and dignity.

Staff were knowledgeable about the care people required and what was important to them.

Good



### Is the service responsive?

The service was responsive.

Care records were personalised therefore met people's individual needs.

Good



# Summary of findings

People were supported to participate in activities and interests they enjoyed.  
The service had a formal complaints procedure which people and their families knew how to use if they needed to.

## Is the service well-led?

The service was well led.

There was an experienced registered manager in post who was approachable and people spoke highly of.

Staff said they were supported by the registered manager. There was open communication within the service and staff felt comfortable discussing any concerns with the registered manager.

Audits were completed to help ensure risks were identified and acted upon.

There were systems in place to monitor the safety and quality of the service.

**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.

The inspection was undertaken by one inspector and an expert by experience (An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service). The inspection was carried out on 26 August and 2 September 2015 and was unannounced.

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

During the inspection we met or spoke with 20 people who used the service, the registered manager and five members of staff. We also spoke with 15 relatives and four health care professionals who had all supported people within the service.

We looked around the premises and observed and heard how staff interacted with people. We looked at four records which related to people's individual care needs. We looked at seven records which related to administration of medicines, five staff recruitment files and records associated with the management of the service including quality audits.

# Is the service safe?

## Our findings

People's medicines were not always managed safely. People had not always been given their medicines as prescribed. For example, we found MARS (medicines administration records) had been signed to say medicine had been given, however we found some medicines remained in the dosage system. When people were given medicines later than prescribed, for example if people got up late, staff did not record the time of the medicines to ensure a suitable amount of time had lapsed before the next dose was administered.

Some medicines records were incorrectly recorded and the documented number held was incorrect. For example one person's pain relief patches stated the service held four patches when there were none held. Staff told us these had been returned to the pharmacist. However this information was not documented. Another person had two boxes of prescribed medicines held in the home. One recorded a different dose to the second box held and this was a hand written change. Therefore staff would not know what the correct dose was and this could place people at risk of receiving the incorrect dose. The drug record showed blank spaces between doses administered. This was due to staff not recording they had administered a dose and the next staff member leaving a gap for someone to fill in. Therefore staff could not be sure if this medicine had been given as prescribed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff confirmed they had received training in how to administer medicines. The registered manager arranged an immediate meeting with the staff who administered the medicines and looked at ways to improve the system to help keep people safe.

One relative said; "It was really important to find a place that kept mum safe- this is very important to us as a family."

People who were able to told us they felt safe. Comments included; "I feel safe as I have others around me", "The garden is safe as it is enclosed." One member of staff said when asked if they felt people were safe here replied; "Definitely!" People lived in a safe, secure and clean environment. Smoke alarms and emergency lighting was

tested and evacuation drills were carried out to help ensure staff knew what to do in the event of a fire. Care plans and risk assessments detailed how staff needed to support people in the event of a fire to keep people safe.

People were protected from discrimination, abuse and avoidable harm by staff who had the knowledge and skills to help keep them safe. One person said; "There's no bullying or shouting here." Staff confirmed they received updated safeguarding training and they had access to updated policies and procedures on safeguarding and whistleblowing. Staff demonstrated they knew what to look for and could identify abuse. Staff told us they would have no hesitation in reporting abuse and were confident the registered manager or registered provider would act on issues or concerns raised. Staff said they would take things further, for example contact the local authority's safeguarding teams if this was required, particularly if they felt their concerns were not being taken seriously. Appropriate referrals had been made to the local safeguarding team and this showed that concerns were reported to the relevant authority.

People identified at being at risk had up to date risk assessments in place and people had been involved when possible with the planning of their risk assessments. People had risk assessments in place to help ensure they were protected from developing pressure ulcers and from falling and showed staff how they could support people move around the service safely. For example, pressure relieving mattresses were supplied for people at risk of pressure ulcers. Individual risk assessments were in place for people who may place themselves and others at risk due to living with dementia. Staff were given the necessary guidance to support people safely. Staff showed they were knowledgeable about the care needs of people including any risks and when people required extra support, for example if people needed two staff to support them when they moved around. This helped to ensure people were moved safely.

Accidents were recorded and analysed to identify what had happened and action the staff could take in the future to reduce the risk of reoccurrences. For example if people had fallen extra measures were put in place to protect people. Any themes were noted and learning from accidents was shared with the staff team or individuals as appropriate. This helped to minimise the possibility of repeated incidents.

## Is the service safe?

People had sufficient staff to meet their individual needs. Rotas and staff confirmed the home had sufficient staff on duty. One staff member said: “Busy-but manageable.” Another said; “Busy but not short of staff.” Staff were observed supporting people appropriately at all times, for example at mealtimes and assisting people moving around the service. People and relatives confirmed there were enough staff to meet people’s needs. The registered manager told us that the numbers of staff were reviewed regularly. This helped to ensure the correct number of staff were available at all times to meet the current care needs of people. Staff confirmed the registered manager used

additional staff if people’s needs changed. For example the registered manager had changed the rota to allow the day staff and night staff to work alongside each other for the first hour to help ensure a full handover was received.

People were supported by suitable staff. The service had safe recruitment processes in place. Required checks had been conducted prior to staff starting work at the home. Recruitment files included relevant recruitment checks. This ensured the registered manager could minimise any risks to people as staff were competent and safe to work with vulnerable people. One newly employed staff confirmed their checks had been applied for and obtained prior to them commencing their employment with the service.

# Is the service effective?

## Our findings

People received effective care and support from well trained and well supported staff. People, when asked if they felt staff were well trained, agreed and felt staff knew how to meet their needs effectively.

Staff confirmed they'd completed an induction programme and were supported by senior staff. This was the "Care Certificate" induction which is a nationally recognised programme for health and social care staff. This helped to ensure staff had completed appropriate training and had the right skills and knowledge to effectively meet people's needs. For example during induction staff completed manual handling training. A newly employed staff confirmed they had shadowed experienced staff to enable them to get to know people and see how best to support them prior to working alone.

Staff confirmed they received ongoing training, support, supervision and appraisals. Staff attended training to meet the needs of people currently living in the service, for example, dementia training. We saw further training was planned to update and support staffs continued learning. One staff member said; "Very good at (providing) training."

Staff told us they had received one to one supervision and had opportunities to discuss issues of concern during team meetings. Team meetings provided staff the opportunity to highlight areas where support was needed and encouraged ideas on how the service could improve.

People, when appropriate, had been assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provides legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and if needed other professionals. One person had a best interest assessment held in their file. This was to help determine if they had the capacity to sign their end of life plan. The outcome of the meeting had been documented. On the day of visit an IMCA (Independent Mental Capacity Assessor) visited the home to discuss one person's capacity

to make a decision. This showed us the registered manager understood when a professional body would need to be consulted. This helped to ensure actions were carried out in line with legislation and in the person's best interests.

Staff had knowledge, understanding, and had received training about the MCA and DoLS. The registered manager confirmed two people currently had a DoLS authorisation in place. Authorisations were held on people's files. The correct authorisation had been sought and review dates were also recorded.

People were supported to make every day decisions about their care and staff were observed gaining people's consent to the care and treatment provided. For example, when assisting people moving to another room to join in an activity arranged. They waited for people's response before assisting them.

The registered manager and staff recognised the need to support and encourage people who lacked capacity to make decisions whenever possible. For example, people were offered a choice of food. People's care plans recorded reviews had taken place and showed people had been involved in their care and were consenting to the care plans which were in place.

People's individual nutritional and hydration needs were met. People were supported to have enough to eat and drink and to maintain a balanced diet. People had their specific dietary needs catered for, for example diabetic diets, and a menu was displayed. Records showed what food people liked or disliked and listed what each person required in order to maintain a healthy balanced diet. The malnutrition universal screening tool (MUST) was used when staff needed to identify if a person was at risk of malnutrition. Staff confirmed they had detailed information on each person's dietary requirements and were able to give people choice to meet their needs effectively. Care records were used to provide guidance and information to staff about how to meet individual needs. For example, if people required a soft diet. People's identified at risk of malnutrition had their weight monitored and food and fluid charts were completed. People had access to drinks and snacks 24 hours a day.

People were relaxed and had staff support them during mealtimes. People said the food was very good and comments included; "Very good food" and "Food is first rate, best part of being here." A relative said; "[...] does not



## Is the service effective?

like the tea time meal of sandwiches and cake put on here so I suggested to the cook alternatives such as scrambled egg on toast or jacket potato and that is prepared which is fine.” People who required additional assistance were given the support they needed. Nobody appeared rushed and all were able to eat at their own pace.

People used local health and social care services for example GPs. When people’s needs changed, staff made

referrals to relevant health services for support. Health and social care professionals said staff kept them up to date with changes to people’s needs and contacted them for advice. Healthcare professionals also confirmed they had regular contact with the service and were kept informed about people’s wellbeing. This helped to ensure people’s health was effectively managed.

# Is the service caring?

## Our findings

People who lived in the service were supported by kind and caring staff. People told us they were well cared for, they spoke well of the staff and the good quality of care they received. One person said; "Of all the care situations I have been in this is the best". Another said; "For Duty of Care I give it 10/10". Relatives spoke well of the staff and the quality of the care they received. A survey returned to the home recorded; "Thank you to your lovely staff for taking the greatest care of mum." Visiting health and social care professionals commented that staff were caring and were aware of people's wellbeing.

People were supported by staff who knew them and their needs well. People said they were well cared for and said the staff took time to assist them with their personal care. Staff were attentive and prompt to respond to people. For example people who became confused or upset received prompt support. People were comfortable and their personal care needs were met. People were supported to express their views whenever possible and involved in decisions about their care and support.

Staff interacted with people in a caring and supportive way. We observed staff throughout our visits supporting and chatting to people and spending time with them. Relatives confirmed the staff called in to see people if they choose to remain in their bedroom. We saw examples throughout our visit when staff responded to people's needs in a dignified manner. People who required assistance with their personal care were assisted to their bedroom and staff supported them discreetly. This showed staff were able to recognise people's needs and respond to them in a caring manner.

People and relatives told us people's privacy and dignity were respected. Staff knocked on people's doors and, if people were unable to respond, asked if they could enter. Staff informed us how they maintained people's privacy and dignity in particular when assisting people with

personal care. For example, they closed curtains and doors when providing support and gained consent before commencing any care or support. Staff told us they felt it was important people were supported to retain their dignity and independence.

People were involved and asked for their views as much as possible with the care and treatment they received. We observed staff treated people with patience, kindness and compassion throughout our visits. Staff knew what was important to people such as how they liked to have their care needs met.

Staff showed concern for people's wellbeing. For example, one person was confined to bed and was very unwell. Staff were observed caring for this person with kindness and maintained the person's dignity. Staff spoke to this person to inform them what task they were going to complete. The care this person received was clearly documented and detailed. For example, this person had turning charts in place to prevent their skin becoming sore. Other records showed staff recorded regular personal care carried out including hair and hand care.

People had information on their planned end of life care and people's last wishes were recorded. This ensured that people's wishes on their deteriorating health were made known. Records showed that end of life care had been discussed and recorded with the person and their relatives. Where a person had been assessed as lacking capacity, involvement with family members and other professionals had been sought to ensure decisions were made in the person's best interest. The service had involved the palliative care team to assist them with one person who was currently very unwell and additional assistance had been sought from the GP and district nurse service.

The home had the "Dementia Quality Mark", a locally recognised award for homes that undertake care for people living with dementia. This helped the staff to have a better understanding of the care needed to support people living with dementia.

# Is the service responsive?

## Our findings

People were supported by staff who were responsive to their needs. People had a pre-admission assessment completed before they were admitted to the home. The registered manager confirmed the assessment enabled the service to assess if they were able to meet and respond to people's needs before admission. Records showed information had been recorded on people's health and social care needs. For example, if people required input from the district nurse team this was actioned.

Pre-admission information included an initial care plan that held a discharge/transfer summary for people who had moved from another service. This provided staff with up to date information on people which was used to develop a full care plan. One relative said; "It really helped to bring mum for a visit before she moved in."

People, where possible, were involved with planning their care. When a person's needs changed care plans were reviewed and altered to reflect this change. For example, one person's general health had deteriorated and staff responded by contacting the GP for advise and support, this helped ensure they remained comfortable. One relative said; "We are aware that we can discuss mum's care plan at any time."

People's care records were held on a computerised system and were very comprehensive. They contained detailed information about their health and social care needs, physical needs and personal care needs. Each person had an "Emergency Admission Pack" in place to take when people were admitted to hospital and provide the hospital staff with information on how to care for people. Other information recorded included people's faith, social and recreational needs and how they could be supported so these needs were met. Records had been regularly reviewed with people or, where appropriate, with family members.

People's planned care was well documented for example, when people had a bath or shower, hair washed and nail. The registered manager confirmed people were involved as much as possible in updating their care plans. The registered manager said they ensured each care record was reviewed. This helped to ensure staff had the correct information to support people's current care needs.

Discussions with staff showed they knew people well and what was important to them. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People had care records including a life history. This told a brief story about the person, their life, their interests and how they chose and preferred to be supported. Relatives confirmed the staff responded to their relative's care needs. People were supported by staff who knew them and their needs well. Staff interacted with people in a caring and supportive way. Staff had access to people's files and could understand a person's past and how it could impact on who they were today. This helped to ensure care was consistent and delivered in a way which met people's individual needs.

Care plans recorded people's physical needs, such as their mobility and personal care choices. For example if a person needed staff support to mobilise. People said they chose what they did each day and what activity they wanted to do.

We observed staff ensuring people, who required them, had pressure relieving equipment, for example cushions, in place to protect their skin integrity. One relative told us how their relative had a pressure mat in place due to a high number of falls. They said; "As soon as the alarm (on pressure mat) goes off- staff are there." Additional information included how staff could support people's emotional needs and if a person had additional needs, for example those people living with dementia.

People were able to call for staff assistances at any time to respond to their needs. People had access to call bells including the lounge and their own bedrooms. This enabled people to call for assistance at any time and staff could respond if people required assistance. We saw people who chose to stay in their bedrooms had their call bells next to them. People, when asked, agreed that call bells were answered promptly. However it was noted that some people's call bells were out of reach due to the short length of the wires. On our second visit all call bells found to be too short had been replaced. This showed us that the service responded promptly to issues raised.

People were encouraged and supported to maintain links within the local area. For example, staff assisted people to local shops and people also went out with family members. Activities were provided and people who wished to

## Is the service responsive?

participate were encouraged to. The staff understood people's individuality when arranging activities and ensured people had a variety to choose from. For example on one day of our visit a singer was entertaining people. People said they were happy with the activities provided in the home, although some people preferred not to join in.

People, their relatives and health care professionals knew who to contact if they needed to raise a concern or make a complaint. People agreed the service would take action to address any issues or concerns raised. People said they'd speak to the registered manager who was in the service most days.

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. The policy was displayed in the entrance to the home and complaint forms were made available to people. The complaints file showed complaints had been thoroughly investigated in line with the service's own policy and appropriate action had been taken. The outcome had been clearly recorded and feedback had been given to the complainant and documented. Most people said they had never needed to make a complaint. Those who said they had, confirmed they were minor issues and the service responded and managed them promptly.

# Is the service well-led?

## Our findings

Amberley House is owned by A & L Care Homes Limited. A & L Care Homes Limited has another service within the county of Devon.

Quality assurance and auditing systems at the service were in place to help ensure risks were identified and quickly rectified. However there were no audits to determine whether information on people's medicines records were up to date and relevant. The registered manager called an immediate meeting with the staff who administered medicines to resolve this issue.

People said of the service; "The staff are happy, worked well as a team and put people's needs first." The registered manager sought verbal feedback from people their relatives and friends and health and social care professionals regularly to enhance the service. Surveys covered all aspects of the service provided. Comments included; "Excellent home from home" and "Indebted to you for all your care and compassion." A relative said; "[...] (the registered manager) is brilliant in sorting things out, we only have to ask."

People, relatives, staff and health and social care professionals all spoke positively about the registered manager and registered provider. Comments included; "The management are compassionate people." Staff said; "The registered manager is approachable and really easy to talk to." Health and social care professionals said there was a good relationship between the service and local health professionals.

Amberley House was well led and managed effectively. The company's values and visions of 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 registered manager took a very active role within the running of the home and had good knowledge of the staff and people.

People who were able to, said the registered manager was visible, kind, compassionate and they always made themselves available to people, visitors and staff. Staff spoke highly of the regular support they received from the registered manager. Staff told us the registered manager checked to see if they had any issues or concerns. Staff felt able to speak to the registered manager if they had any concerns or were unsure about any aspect of their role. Staff described the staff team as very friendly and very supportive.

People were involved in the day to day running of the service. Residents' meetings and surveys were completed. If there had been issues highlighted at residents meetings, the registered manager attended to address people's concerns. This showed the service listened and acted upon people comments.

Staff said they were happy in their work, the registered manager motivated them to provide a good quality service and they understood what was expected of them. Staff said the registered manager had an open door policy and often worked alongside them by providing care to people. One staff said of the service; "I enjoy it here-it's a good team."

The service held regular staff meetings to enable open and transparent discussions about the service and people's individual needs. These meetings updated staff on any new issues and gave them the opportunity to discuss any areas of concern or comments they had about the way the service was run. Staff told us they were encouraged and supported to raise issues to improve the service.

The service had notified the CQC of all significant events which had occurred in line with their legal obligations.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**Regulation 12 (1) and (2) (g)**

The registered person had not ensured the proper and safe management of medicines.