Amber Residential Care Homes Ltd

Earlmont House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service effective?	Good

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 13 July 2016. We found breaches of Regulation 11 and Regulation 18. The management and staff had limited knowledge of the Mental Capacity Act 2005 and provider had not ensured staff received appropriate training. After the comprehensive inspection, the provider submitted an action plan to fully comply with the regulations. They assured us they were going to take action to ensure they would meet the legal requirements by 30 November 2016.

We undertook this focused inspection on 20 March 2017 to check whether the provider now met the legal requirements. We found the service had taken action to address our concerns. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Earlmont House on our website at www.cqc.org.uk

Earlmont House is a service providing personal care for up to seven people with mental health needs who reside in supported living accommodation. At the time of our inspection there were five people using the service.

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

Records showed staff received the training they needed to keep people safe. The manager had taken action to ensure that training was kept up-to-date and future training was planned.

Staff told us they felt supported by the management and received supervision and appraisals, which helped to identify their training and development needs.

There were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005. Staff were trained in the principles of the MCA and could describe how people were supported to make decisions. Where people did not have the capacity, decisions were made in their best interests.

People were supported to have a healthy diet dependent on their assessed individual needs. People were offered a choice of foods and were involved in preparing their own meals where possible.

People's health needs were monitored and people were referred to external healthcare professionals if such a need was identified.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good

The service was effective.

People received care from staff who were appropriately trained to meet their individual needs. Staff were supported to deliver effective care as they received on-going training and regular management supervision.

The provider acted in accordance with the Mental Capacity Act (2005) to help protect people's rights. The registered manager and staff understood their responsibilities in relation to mental capacity and consent issues.

People received the support they needed to maintain good health and well-being. Staff cooperated effectively with health and social care professionals to identify and meet people's needs.

Earlmont House

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This focused inspection was carried out by one inspector on 20 March 2017 and was announced. The location provides a supported living service for younger adults who are often out during the day and we needed to be sure that some of them would be available to talk to us. That is why the provider was given 48 hours' notice.

This inspection was completed to check whether sufficient improvements to meet legal requirements after our comprehensive inspection 13 July 2016 had been made. We inspected the service against one of the five questions we ask about services: "Is the service effective?". The focus of the inspection was narrowed down to this domain because the service had failed to meet legal requirements only in relation to this question. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included the provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed any statutory notifications that the provider had sent us. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with two people who use the service, two members of staff and one registered manager. We reviewed two care files, four staff files, training records and records relating to the management of the service.

Good

Is the service effective?

Our findings

At our previous comprehensive inspection in July 2016 we had identified a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured staff received appropriate training.

At our recent inspection in March 2017 we found the provider had taken appropriate action to address our concerns. We looked at training records which showed staff had completed a range of training courses which included: moving and handling, first aid, safeguarding adults, the Mental Capacity Act, and infection control. The training records showed that staff's training was up-to-date as the registered manager was effectively using a training matrix. The registered manager said training was booked in advance to ensure staff's practice remained up-to-date. One person told us, "Yes, definitely, they are well-trained. They are pretty good with things they are doing here. I have been to hospitals, shelters and supported living but this is the best place I've been in". Another person told us, "They are very good. They know how to do their jobs". A member of staff told us, "We are provided with in-house training which is really useful. Also, we have an opportunity to find something useful for ourselves and this will be paid for and they will take care about the access to training. For example, I asked my manager about training in medicines. The regulations and classifications are constantly changing and we have to be aware of that. This is reflected in the changes in medication boxes and we would not know why the medication is different. They listened to me and helped me to find online training on types of medicines and current regulations".

All new staff were required to undergo induction training which had included the completion of mandatory training in such areas as medication management, safeguarding, dignity and respect, first aid and the MCA. Newly employed staff members had shadowed their more experienced colleagues until they felt confident to work with people, had their competencies assessed and completed a probationary period. This meant the new staff had the appropriate knowledge and skills to carry out their role effectively. A member of staff told us, "During the induction I had to complete mandatory trainings and to shadow another member of staff until I got confident enough to work unsupervised. I find this very useful as people get to know you and you get to know how to work with people".

At our previous comprehensive inspection in March 2017 we had identified a breach in Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.The management team and staff had limited knowledge of the MCA.

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. The application procedures for this are 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 were being

met.

At our recent inspection in March 2017 we found the provider had taken action to address our concerns. The registered manager and staff were knowledgeable about the MCA. They told us they had received training in the MCA and understood the need to assess people's capacity to make decisions. Members of staff we spoke with were able to give examples of how they asked for permission before doing anything for or with a person when they provided care. Consent to care and treatment was considered by the service while planning individuals' care and support. A member of staff told us, "The MCA is about never assuming that they don't have capacity. This has to be determined through the mental capacity assessment. This is in place to protect our clients". Relevant mental capacity assessments were carried out and there was evidence of best interest meetings held at the service.

We looked at the supervision and appraisal records and saw staff received regular supervision and had an annual appraisal whose agenda included staff's personal development plan. Supervision is a meeting between the manager and a member of staff to discuss the individual's work performance and areas for development. The registered manager told us they assessed staff's effectiveness through supervision and observation. Staff we spoke with told us that the supervision was helpful. They were given an opportunity to discuss any personal or work issues that affected them, and they felt supported with a flexible response from the management. A member of staff told us, "I have my supervision ever three or four weeks. Sometimes I ask for it sooner. I find our supervision meetings really useful. I know what I'm good at, my strengths and weaknesses. I know what to discuss and where to look for support".

People received the support they needed to ensure their diet was nutritious and well-balanced. Staff had a good understanding of each person's nutritional needs, which had been assessed and documented, and how these were supposed to be met. Staff were aware of people's dietary requirements and preferences and were able to provide specialist diets as needed, for example a diabetic diet. One person told us, "I'm diabetic and I feel supported with my diet. They make sure I eat the right food and don't take too much sugar. They discuss with me alternative food, explain things to me and leave me the choice".

People were supported to access healthcare services when needed. We saw that support plans contained clear and thorough information about a person's medical history and any current conditions. This enabled staff to provide support that met people's identified medical and emotional needs. Records showed that staff obtained appropriate support and guidance from healthcare professionals when required. For example, when one person had become unwell, they had been provided with immediate access to a physiotherapist.

The service helped people to arrange equipment for their rooms. For example, one person used an alarm system to inform the staff on shift if they were unwell. The alarm also informed the call centre which contacted the provider immediately to make sure they were aware of the situation.