Enable Care & Home Support Limited

Amberley Nursing Home

Inspection report

Church Lane
Calow
Chesterfield
Derbyshire
S44 5AG

Tel: 01246599999

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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

This inspection was unannounced and took place on the 26 January 2016

Amberley Nursing Home provides accommodation and personal care for up to 12 older people with learning and physical disabilities. At this inspection there were 12 people accommodated, including some people who were also living with physical disabilities or dementia.

There is a registered manager at this service. 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.

People, relatives and staff were confident that people received safe care. People's safety and medicines needs were assessed before they received care and regularly reviewed. Care was planned and delivered in a way that accounted for any related risks identified to people's safety.

Equipment associated with people's care and safety was regularly checked to ensure it's safe operation and use.

The provider's staffing, emergency and safeguarding procedures helped to ensure people's safety. Action taken by the provider in relation to the management of people's mobility monies also helped to ensure this.
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Staff supported people to maintain and improve their health and nutrition. Staff understood people's health, care and treatment needs, which were consistently monitored and accounted for through their personal care plans.

People accessed external health professionals when they needed to, either for routine health screening or specialist advice because of changes in their health status. Staff consulted with external health professional about people's related care needs and followed their instructions for people's care and treatment when required.

People received the care and support they needed through and by staff who were trained, supported and appropriately informed to provide people's care and support.

The Mental Capacity Act 2005 (MCA) was followed to obtain consent for people's care. Where people lacked capacity to consent to their care, appropriate authorisation was sought to ensure they received care in their best interests and as least restrictive as possible.

Staff were consistently kind and caring and they spent time with people to make sure they were happy and

comfortable with their care. Staff had positive relationships with people and their relatives and understood what was important to them in care. Staff valued and promoted people's rights, views and involvement in their care and the appropriate involvement of relatives.

People were supported to influence, engage and participate in home and community life through inclusive and tailored social and recreational activities. Staff promoted people to be as independent as possible and they communicated well with people in a way that was meaningful to them. The service routinely sought, listened and responded to people's experiences and concerns or complaints made about the service.

People, relatives and staff were confident about management and leadership in the home. Staffs views were regularly sought and used to inform people's care. Staff understood their roles and responsibilities and promoted the provider's aims and values for people's care concerned with their rights

Checks of the quality and safety of people's care at the service were regularly made and the results from this were consistently used to make improvements when required. Action was being taken by the provider to consult with staff and review governance systems following key organisational changes.

The provider's duties and responsibilities to maintain accurate records in relation to the management and running of the service and to notify us about important events that occurred there were met.

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.

People's safety needs associated with their care and treatment were assessed before they received care and consistently accounted for.

People were protected from the risk of harm and abuse. Staff recruitment, deployment and emergency planning arrangements, helped to make sure that people were safely supported.

Is the service effective?

Good

The service was effective.

Staff obtained people's consent for their care or obtained appropriate authorisation to provide care in their best interests when required.

Trained, supervised and appropriately informed staff supported people to maintain and improve their health and nutrition. People's related care needs were consistently accounted for in consultation with external health professionals when required.

Is the service caring?

Good

The service was caring.

People received care from compassionate, kind and caring staff, who valued and promoted their views and rights in their care.

Staff spent time with people and sought the appropriate involvement of their relatives to make sure people were happy and comfortable with their care.

Is the service responsive?

Good

The service was responsive.

People were involved in their care and daily living arrangements in a way that was meaningful to them and met their needs.

People's disability, communication and equipment needs were met in a way that helped them to stay as independent as possible.

People were supported to influence, engage and participate in home life and the wider community. The service routinely sought, listened to and responded to people's experiences and concerns or complaints made about the service.

Is the service well-led?

Good

The service was mostly well led.

Checks of quality and safety consistently helped to inform service improvements. Action was being taken by the provider to establish revised governance systems following key organisational changes.

People living at, working and visiting the service were confident about management and leadership there. Staff understood their roles and responsibilities and they positively influenced and informed people's care.

The provider had maintained their responsibilities for record keeping and telling us about important events at the service.

Amberley Nursing Home

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.

We visited the service on 26 January 2016. Our visit was unannounced and the inspection team consisted of two inspectors.

Before this inspection we looked at all of the key information we held about the service. This included notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law. For example, a notification of the expected death of a person at the service. We also spoke with local authority care commissioners.

During our inspection we spoke with three people who lived at the home and three relatives. We spoke with two nurses, the registered manager, three care staff and a cook. We observed how staff provided people's care and support in communal areas and we looked at four people's care records and other records relating to how the home was managed. For example, medicines records, staff training records and checks of quality and safety.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

Good

Is the service safe?

Our findings

People, relatives and staff told us that people were safe at the service. One person said, "
"Yes, safe and happy here." Another person's relative told us, "I don't worry about her any more, now she's here."

Staff described satisfactory arrangements for their recruitment and employment. Related staff records showed that recognised procedures were followed for their recruitment. For example, appropriate recruitment checks were obtained before staff were offered employment at the service. This helped to make sure that staff were of suitable character and safe to provide people's care.

Information was displayed for people, visitors and staff about what to do if they suspected or witnessed the abuse of any person living at the service. Staff we spoke with understood the procedures to follow if this occurred. The provider had alerted relevant authorities and contributed to some recent joint agency safeguarding investigations in relation to the management of people's finances. This helped to protect people from the risk of harm or abuse.

We found that numbers of staff deployed to provide peoples' care were consistently and safely determined. People, relatives and staff all felt that staffing was sufficient to ensure that people's needs could be safely met. Staff rotas showed that staffing was consistently determined and deployed. For example, specific agency nurses were secured to provide consistent cover for vacant posts that were subject to active recruitment. One nurse told us, "Staffing is sufficient and well managed." Throughout our inspection we saw that staff were visible and to hand when people needed them. They provided care and support to people in a timely manner, which helped to ensure their safety.

People's care plans showed how risks to their safety, associated with their health needs and their environment were assessed and managed. Staff understood and followed this to support people safely when they provided care. For example, we observed that staff supported people to mobilise, take their medicines and to eat and drink safely. Staff told us about one person who sometimes behaved in a way that was challenging to others. They told us about the care interventions they followed when this occurred, which were also shown in the person's written care plan. This was done in a way that met with nationally recognised practice, by using the least restrictive care or treatment intervention possible when required. This helped to ensure the safety of the person and others receiving care.

People were provided with the equipment they needed to help maintain their safety and wellbeing, which was regularly checked to make sure it was safe and fit for use. For example, special bed mattresses and seat cushions to help prevent skin sores or specialist hoists or adapted wheelchairs to support people's mobility and posture. This showed that people's safety needs were regularly assessed and promoted.

People's medicines were being safely managed and given to people in a way that met with recognised practice. They were safely stored, accurately recorded and safely accounted for. Staff gave people their medicines safely and they were trained to do so. They gave people time to understand what they needed to

do when they offered people their medicines and supported them patiently and discreetly. Records showed that medicines arrangements were regularly checked. This helped to make sure that people medicines were being safely managed.

Procedures were in place for staff to follow in the event of foreseeable emergencies in the home such as the event of a fire alarm, accident or health emergency. We spoke with staff about some of these and found they understood these. For example, staff told us about one person who was at risk from prolonged seizures because of their health condition. Staff knew procedures they needed to follow should this occur and the person's care plans and medicines records showed their related care and treatment requirements. This helped to ensure that the person received safe care and treatment in any event.

Good

Is the service effective?

Our findings

People, relatives and a visiting professional told us that staff understood people's health needs and consulted with them about these when appropriate. One person's relative said, "Staff look after her really well, we are more than happy with her care."

People's individual health, care and treatment needs were detailed in their written care plans, which showed they were regularly reviewed and in consultation with external health professionals when required. They clearly showed how people's health conditions affected them and their related care and support requirements, which staff were able to describe. This included any instructions from external health professionals, which staff understood and followed. People's care plans were signed and dated by the nurse responsible for completing them.

We saw that staff communicated effectively to share information about people's changing needs. For example, information about people's health status, general wellbeing and any related changes were recorded and handed over to incoming staff at each shift change. This helped to ensure that people's health needs and their related care requirements were consistently met.

Staff told us about one person who was at risk of falls following changes in their health condition. Their care plan clearly showed the individual care interventions and associated equipment agreed with the person to help to mitigate this risk. Related care evaluations subsequently recorded showed a reduction in the person's falls and maintenance of their independence, which both the person and staff confirmed. This meant that their care plan was working.

People accessed external health professionals when they needed to for specialist advice or routine health screening, such as hearing or eye care. For example, advice from an occupational therapist was sought and followed for one person. This helped to make sure they were provided with the correct hoist slings to support their comfort and posture when staff needed to help them to move in this way. Advice was sought and followed in relation to another person's skin care and related treatment needs. This showed that people were supported to maintain and improve their health.

People's consent was sought before they received care. Where people lacked capacity to consent to their care, records showed that appropriate authorisation was sought.

Staff had received training and they were aware of the key principles of the Mental Capacity Act 2005 (MCA) and followed this. The 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.

Most people were not always able to consent to their care or make important decisions about their care and

treatment because of their health conditions. People's care plans showed an appropriate assessment of their mental capacity and a record of any decisions about their care and treatment made in their best interests.

One person's care records showed there had been recent confusion about their person's care and treatment provided in their best interests. This had occurred when they became ill over a weekend period and needed medical intervention, which was provided by out of hours' medical cover. However, this had been subsequently addressed with the person's own GP and action had been taken to make sure their care plan showed clear instructions if they needed medical care and treatment in similar circumstances. This helped to make sure that the MCA was followed and the person received care and treatment that was in their best interests.

Most people's freedom was being restricted in a way that was necessary to keep them safe, known as a Deprivation of Liberty Safeguard (DoLS). For example, they were not able to independently choose whether or not to live at the home. Records showed that DoLS were formally authorised when required by the relevant local authority, which the provider notified us about.

People's nutritional needs were being met and they received a balanced diet. Food menus showed variety, choice and healthy eating. One person told us they were happy that staff supported them to eat more healthily. They said, "I feel better; staff help me not to eat too much."

Staff consulted with people or others who knew them well and also external health professionals when required about people's meal choices and nutritional requirements. Lunchtime was a relaxed and sociable occasion. We saw that staff offered people choices of meals and drinks and provided them with the assistance and support they needed. Staff knew people's dietary needs and preferences and followed instructions from relevant health professionals concerned with people's nutrition, where required. For example, the type and consistency of food to be provided, where risks were identified to people's safety from choking, due to swallowing difficulties.

Staff received a comprehensive introduction to their role, which met with recognised national standards for this. The Care Certificate was also introduced for new care staff to complete. This identifies a set of care standards and introductory skills that non regulated health and social care workers should consistently adhere to. They aim to provide those staff with the same skills, knowledge and behaviours to support the consistent provision of compassionate, safe and high quality care. This showed that staff were trained and supported to perform their role and responsibilities.

Staff told us they were provided with the training they needed to provide peoples' nursing and personal care, which related training records showed. All staff were positive about the training and support they received which they described as 'always relevant,' and 'well organised.' One staff member said, "Training is really good here; education is never wasted; it makes sure we don't get complacent." Nurse lead roles were established to champion care practice in the home against recognised national standards. For example in relation to medicines management and end of life care

Staff received regular one to one supervision and an annual appraisal from a senior staff member. Staff felt that this was essential to their learning and personal development and said the providers arrangements for this helped them to continuously reflect and improve their care practices. One staff member said, "It's a good tool; we can talk confidentially and take time to reflect on our practice." This showed that staff were trained and supported to provide people's care in a way met with recognised practice.

Good

Is the service caring?

Our findings

We received many positive comments from people and relatives who told us that staff were consistently kind and caring. One person said, "Staff are lovely, they know me; I'm happy here." Another person's relative told us, "We are more than happy with the care, staff look after her so well, and make us very welcome."

People's care plans showed their friendship and family relationships that were important to them and the arrangements for their contact and involvement in their care. Staff we spoke knew people well. They understood what was important to people and supported their regular contact with family and friends both within and outside the home. For example, attending church or cafes and shops together. One person's relative said, "We keep in touch, ring every day and often go out together." This promoted people's choice and independence and helped people to participate in family life.

People and relatives were appropriately involved in agreeing and reviewing their care. This included formal care plan review meetings, which were recorded. Each person had a named nurse and key care worker with specific responsibilities relating to the co-ordination, communication and delivery of each person's care. For example, ensuring that people's care reviews were held in consultation with health and social care professionals when due or making sure that people were supported to purchase personal items, such as clothing and toiletries when required.

One person told us how staff involved them in agreeing their care and equipment to help reduce the risk to their safety from falls. They were pleased that staff had consulted and involved them in this, which was important to them.

People and their relatives were informed and supported to access advocacy services to speak up on people's behalf in needed. For example, people used advocacy to support their 'house' move from the provider's previous location to this new purpose built location. This helped to make sure that people's views and decisions about their new accommodation and care were taken into account. This showed that people were involved in making decisions about their care and actively supported to express their views about this.

Staff consistently referred to the importance of ensuring people's rights in their care. They were also able to describe how they did this in a way that met with the provider's stated aims for people's care. Staff gave us some examples, such as treating people with respect; consulting with people and offering choices such as meals or how and where to spend their time; ensuring people's privacy and dignity when they received care by closing doors and closing curtains; maintaining confidentiality and people's freedom of expression.

Throughout our inspection we observed that staff were kind, caring and mindful of people's rights, known wishes and choices. There was a relaxed, cheerful and friendly atmosphere. One staff member said, "We value our relationships with each other, it's like a family here." A relative told us they were particularly impressed at the way staff worked as a team and showed they valued people. They said, "Staff are always patient and caring; nothing is too much trouble; they never get 'fed up;' you couldn't meet a kinder bunch of

people."

We saw that staff consistently spent and took time with people and checked they were comfortable or happy with their care and daily living arrangements. Staff told us about one person who they supported to maintain a healthy lifestyle. The person told us they were happy that staff encouraged them to consider healthy eating alternatives as part of this. They also said that if they did not wish to eat their healthy meal option at any time, they were free to choose whatever they wanted and staff accepted this, which was important to them. This meant that staff were aware of and promoted the person's individual preferences and aspirations and also their right to make independent decisions about this

Staff were gentle and discreet whilst supporting one person who became anxious and upset. They took time to reassure the person and encouraged them to move to a more private and quieter area of the home away from busy communal area. This showed that staff respected the person's rights to privacy, dignity and freedom of expression. We also observed at lunchtime that people were supported to sit together in small friendship groups as they chose. Staff assisted people who needed help with eating and drinking in a discrete and dignified manner. This enabled people's choice, involvement and dignity.

Good

Is the service responsive?

Our findings

People received prompt and timely care from staff when they needed it. People's relatives said that staff acted promptly and they were kept informed when there were any changes in people's health status or general wellbeing. For example, one person's relative said that staff were, "Quick to get medical help when needed and they always let me know what's happening."

Staff told us about one person who sometimes behaved in a way that challenged others, when they were upset or anxious. We saw that staff acted promptly and in a sensitive manner when this occurred. They supported the person calmly and in a way that was meaningful to them. This resulted in the person becoming visible calmer and more relaxed in their surroundings.

People received personalised care from staff who understood their needs and what was important to them. One person said "I love living here, it's brilliant; I go out to church, go on holidays – going to Blackpool this year." Two people's relatives told us, "She's looked after in a personal way;" "We couldn't have wished for anything better."

People were involved in their care plans and daily living arrangements in a way that was meaningful to them. Staff told us they got to know people by gathering information from them, relatives and and others who knew them well. This included people's social and family histories, their known daily living preferences and routines and their likes and dislikes. The information was recorded and used to inform peoples' care plans, which showed staff how to support their lifestyle preferences, choices and aspirations in their care.

People's care was delivered in a personalised way that was adjusted to meet with their aspirations, abilities and choices. People were supported to engage in a range of social, spiritual and recreational activities to suit their choices, needs and interests, both within the home and wider community. For example, this included attendance at day centres, friendship groups, churches and visits to local cafes, shops and places of interest. Staff had recently supported one person to go to a local football match, which they had enjoyed and planned to repeat.

Some people had significantly restricted communication and mobility because of their health needs. Staff used a recognised assessment process to help them to understand, plan and support people to engage with others or their surroundings in a way that was meaningful to them. Stimulating or relaxing sensory activities and related equipment were used to aid some people's sensory experience and enjoyment. For example, through the use of massage and aromatherapy or music, texture and visual imagery. This enabled people's participation and inclusion in daily life, both within the home and wider community.

People's care plans showed staff how to communicate with those who could not talk with them, which staff understood and followed. For example, they detailed how people showed if they were happy, angry, sad or upset. People's care plans also specified how staff should use key written words, objects of reference, picture symbols, touch and gesture, facial expression or particular signs to help them communicate with people. For example, staff told us about one person who understood Makaton signs, which they used to

help them communicate with the person. Makaton is a specific set of nationally recognised signs and gestures which help people to communicate with each other without spoken word. This showed that staff supported people's communication needs.

We saw that people were provided with the equipment and adjustments they needed to support their independence. For example, support with their mobility or to eat and drink. One person said, "They've sorted me a new bed – it goes up and down, so I can manage better. They also told us about their new wheelchair and said, "It's wider, comfy; it fits me properly." We saw that some people were provided with adapted utensils to help them eat and drink more independently.
This helped to ensure people's comfort and independence

People and relatives said they knew who to speak with if they were unhappy or had any concerns about the care provided. They also said that staff listened and acted without the need to make a formal complaint. One person said, "If I'm unhappy I speak to (the manager) she listens and helps; it's no problem." There was a comments and complaints policy and a displayed procedure for reporting complaints. One person had been supported to make a complaint they had about the wider organisation to external management. Their complaint was not directly related to the care home, but they were pleased that staff had supported them to raise this.

Staff told us they consulted regularly with people on an individual basis or in small groups to obtain their feedback and views about their care and daily living arrangements. People's related care records and staff meeting minutes supported this and showed where changes were made as a result of people's views. For example, recent meeting minutes showed that food menus were under review to take account of people's views. This showed that the service routinely sought, listened and responded to people's views about the service.

Good

Is the service well-led?

Our findings

Relatives and staff were confident about management and leadership in the home and described the registered manager as, "Always helpful and responsive" and "Open and approachable." One person said, "I can talk with (the manager) about anything, she listens." A staff member told us, "She's very supportive; you can go to her at any time, nothing is too much trouble

The registered manager told us that they carried out regular checks of the quality and safety of people's care. For example, checks relating to people's health status, medicines and safety needs. They also included checks of the environment, equipment and the arrangements for the prevention and control of infection and cleanliness in the home. Checks of accidents, incidents and complaints were also monitored and analysed by the registered manager to help to identify any trends or patterns and used to inform any changes that may be needed to improve people's care. For example, changes were made to one person's care from falls analysis, which helped to reduce risks to their safety from falls.

The registered manager told us about other recent care and service improvements from their management checks, which included improved medicines systems and equipment safety procedures. Improvements had also been made through staff training to promote the safe and consistent support of people who may demonstrate behaviours that were challenging to others.

The provider's external governance arrangements to support the registered manager's checks of the quality and safety of people's care had not consistently operated since March 2015. The registered manager had been advised of changes in directorship at provider level but was not fully informed in relation to external management and other organisational changes in progress. Arrangements for the registered manager to report and communicate findings of their management checks to the provider, or for the provider to monitor these via the same, were not fully confirmed. However, the registered manager told us about some of the provider's arrangements to address this. Formal provider meeting sessions were planned with all staff groups, to inform them about their organisational changes and revised governance and staffing arrangements. This helped to ensure a consistent approach to the provider's service evaluation and improvement.

The provider had also either introduced or planned to introduce new and revised key policy and procedural guidance for staff, with related training sessions. This included a revised mobility and transport policy and a Duty of Candour policy. Duty of Candour means that a care provider must act in an open and transparent way with relevant persons in relation to care and treatment provided. For example, when a notifiable safety incident has occurred at the service.

Records relating to the management and running of the service and people's care were accurately maintained and they were securely stored. The provider had sent us written notifications telling us about important events that had occurred in the service when required. For example, to tell us about Deprivation of Liberty (DoLS) authorisations.

Staff said they were regularly asked for their views about people's care in staff group and one to one meetings. Records showed these were used to inform and improve people's care and quality of life at the service. For example, in relation to their nutrition and social activities and engagement. Staff understood their roles and responsibilities and the provider's aims and values for people's care, which they promoted. They understood how to raise concerns or communicate any changes in people's needs. For example, reporting accidents, incidents and safeguarding concerns. The provider's procedures, which included a whistle blowing procedure, helped them to do this. Whistle blowing is formally known as making a disclosure in the public interest. This supported and informed staff about their rights and how to raise serious concerns about people's care if they needed to.

Records relating to the management and running of the service and people's care were accurately maintained and they were securely stored. The provider had sent us written notifications telling us about important events that had occurred in the service when required. For example, to tell us about Deprivation of Liberty (DoLS) authorisations.