

Mr & Mrs M Shaw

Amber House Residential Home Limited

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Amber House Residential Home Limited is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 18 people in one adapted building, arranged over two floors. At the time of our inspection, there were 15 people living there, some of whom were living with dementia. There is a communal lounge and a separate dining room on the ground floor. There is also a garden area that people can access.

There is a registered manager in post. The registered manager is also the provider. 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.

Following the last inspection on 7 August 2017, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe, Effective and Well led to at least good. We asked the provider to take action to make improvements in relation to staffing, capacity and consent and governance of the home we found these actions had not always been completed.

We found people were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service did not support this practice.

The systems the provider had in place were not always effective in identifying concerns in the home. The medicines audit had not identified concerns around unaccounted for tablets and medicines not being on the MAR chart when needed. The audit had also not identified one person was not receiving their medicines as prescribed. Medicines were not always managed in a safe way and staff competency was not always checked in this area. The infection control audit had also not identified concerns with mould. When concerns had been identified we found the action taken had not ensured the home had improved as we found the same concerns had occurred for several months.

The provider sought feedback from people and relatives however this information was not always used to make changes to the home. There was no system in place to ensure staff suitability to work with people. The provider told us when things went wrong in the home they used the information so lessons could be learnt however they were unable to demonstrate this to us during and after our inspection.

When people had behaviours that may challenge there was no clear guidance in place for staff to follow and they offered an inconsistent approach. Other risks to people were considered and reviewed.

Staff had received training in safeguarding and demonstrated an understanding of when people may be at risk of potential harm. There were procedures in place for this. People enjoyed the food and were given the opportunity to participate in activities they enjoyed. When needed people had access to health professional. They were supported by staff they liked and who knew them well. We found people were encouraged to remain independent and make choices how to spend their day. Their privacy and dignity was maintained. Both people and relatives felt involved with their care and this was reviewed when needed.

There were complaints procedures in place and people knew how to complain. The provider notified us of significant events that had occurred within the home and the rating was displayed in the home in line with our requirements. There were sufficient staff to support people.

This is the second consecutive time the service has been rated Requires Improvement.

You can see what action we told the provider to take at the back of the full version of the report.

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 always managed in a safe way. People's behaviours were not always managed consistently. Infection control procedures were followed however all areas of improvement had not been identified. The provider was unable to demonstrate to us lessons were learnt when things went wrong. Safeguarding procedures were in place and followed and there were sufficient staff available for people.

Requires Improvement ●

Is the service effective?

The service was not always effective

When needed capacity assessments were not always in place or specific to the decision being made. It was unclear how best interest decisions had been made. Staff received training however competency was not always assessed to ensure it was effective. People enjoyed the food. They had access to health professionals and the home was decorated in line with people's needs and preferences.

Requires Improvement ●

Is the service caring?

The service was Caring

People were happy with the care they received. People were encouraged to make choices, remain independent and their privacy and dignity was maintained. Relatives could visit when they liked.

Good ●

Is the service responsive?

The service was responsive.

Staff knew people well and received personalised support. People's cultural and spiritual needs were considered. People had the opportunity to participate in activities they enjoyed. Complaints procedures were in place and people and relatives knew how to complain.

Good ●

Is the service well-led?

The service was not always Well-Led.

Audits were not always effective in identifying concerns and when concerns were identified this information was not always

Requires Improvement ●

used to drive improvements within the home. The provider sought feedback from people and relatives however it was unclear how this was used to make changes. There provided had not always assured staffs suitability to work with people. People and relatives were happy with how the home was run and staff felt supported and listened to. The provider was notifying us of significant events in line with their registration with us.

Amber House Residential Home Limited

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 inspection visit took place on 23 January 2019 and was unannounced. The inspection visit was carried out by two inspectors.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about incidents at the service and information we had received from the public. A notification is information about events that by law the registered persons should tell us about. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. During and after our inspection we received information of concern from members of the public. We also reviewed the quality monitoring report completed by the local authority. We used all this information to formulate our inspection plan.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. During our inspection we spoke with four people who used the service, two members of care staff and the registered manager who is also the provider. After our inspection we spoke with three relatives on the telephone. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at care records for six people. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home and staff recruitment.

Is the service safe?

Our findings

At our last inspection we found there were not always sufficient staff. This was a breach of Regulation 18 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. We also found staff were not always aware of all the areas that could be considered as safeguarding concerns. We rated Safe as Requires Improvement. At this inspection we found some improvements had been made, however further improvements were needed. Safe remains rated as Requires Improvement.

Medicines were not always managed in a safe way. One person was prescribed 'as required' paracetamol. We saw when this medicine had been administered an entry was completed on a stock sheet that had been implemented by the provider. Each time this medicine was administered the stock was checked and the number of tablets that remained in stock was documented. We saw documented on this sheet this person should have 133 tablets in stock. When we counted there were 120 tablets, meaning 13 tablets were unaccounted for. We checked the Medicines Administration Record (MAR) for this person and found this medicine was not on the MAR, therefore it was unclear when this medicine had been administered. We found the same concerns for another person in relation to lorazepam, where one and a half tablets were unaccounted for and no MAR chart for this was available.

We again could not be assured another person's stock levels were accurate as it stated five tablets were in stock. A new order had arrived and the five had been crossed out and only the new total added to the balance, meaning those five tablets were unaccounted for. The provider had no system in place to ensure the correct stock was available and there was no way we could establish whether or not this medicine had been administered.

Another person's MAR showed they were prescribed a medicine four times a day, however there was also an 'as required' protocol in place for this. Since the start of the cycle we saw this medicine had been refused by the person 30 times and there were 13 recordings of 'F-Other'. There were no records to state why this was. We gave the provider the opportunity to show us these records and they did not provide these to us. We discussed this with a staff member who stated this had not been given to the person on these occasions as staff had not felt they had not needed it. As the medicine was prescribed four times a day this meant the person had not received this medicine as prescribed.

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

When people had behaviours that may challenge, staff offered an inconsistent approach. For example, during our inspection one person became upset and agitated, we saw three different staff approached this person and offered different support, some which increased the persons anxiety. We looked at records for this person. There was no clear guidance in place for staff to follow or monitoring of the behaviours that had occurred. The care plan stated, 'offer reassurance' there was no explanation as to what this maybe for this person. We saw a recent incident had occurred where the person had been 'aggressive, spitting, punching and trying to bite'. There was no reference to these behaviours in the care plan or action to take should they

occur.

Other risks were considered and reviewed and people felt safe. One person said, "I am happy living here I have no concerns with any aspects of safety." A relative told us, "I'm assured of my relations safety and have no concerns." We saw when people were at risk of falling they had sensor mats in their room to alert staff when they were mobilising. We saw this equipment was being used within the home and risk assessments were in place for this. When people needed specialist equipment to transfer it was provided for them and used in the correct way. For example, we saw people were sat on pressure relieving cushions and people used aids to assist with their walking. Some people needed to be transferred with the use of specialist equipment, such as hoists. We saw staff using this equipment safely and in line with the person's care plan. This equipment had been maintained and tested to ensure it was safe to use. This showed us these people were supported in a way that kept them safe.

We found improvements had been made to protect people from potential harm. Staff we spoke with told us since our last inspection they had received training in safeguarding. They were able to identify potential abuse and action to take if they were concerned. One staff member said, "It's keeping people safe and picking up on anything that might place them at risk, like medicines or falls." Another staff member said, "I would report anything I was concerned about to my line manager or the manager. I know now that I can contact external people such as yourselves (CQC)." We saw there were procedures in place to ensure concerns were reported appropriately, these procedures had been followed when needed.

During our inspection we found there were enough staff available for people and they did not have to wait for support. On the morning of our inspection there were four care staff available for people. One person told us, "There are plenty of staff today for me." A relative said, "There appear enough when I visit." We saw there were staff available for people in communal areas and people did not have to wait for support.

At our last inspection we raised concerns around staffing levels during the evening when only two staff were available. After our inspection we received further concerns around staffing levels during these times. At this inspection the provider told us, and the rota confirmed, two staff were still available during an evening. The provider told us they had trialled three staff and this had not been successful as staff had informed them they were 'bored and there were no tasks to do'. The provider had considered this and reduced staffing levels back down to two. After the inspection we asked the provider to assure us there were sufficient staff to ensure people's safety during these times. The provider sent us a dependency tool and offered us assurances people were safe.

There were infection control procedures in place and these were followed. However, we did raise concerns with the provider about mould that was present on two bath chairs in the home. The provider told us they would look at this. We saw staff used personal protective equipment such as gloves and aprons when needed. Staff confirmed this was freely available to them. The provider also completed an audit in relation to infection control, it had not identified all areas of improvement, including the mould we found.

The provider told us they had systems in place to ensure lessons were learnt when things went wrong in the home. However, they were unable to demonstrate this to us during our inspection. They gave us examples of how they completed actions from audits, but these did not demonstrate the requirements that were needed. For example, how this had been recorded and shared with staff. They told us how they had made changes since the local authority's quality monitoring visit. As we found some similar areas of improvement as the local authority had identified, this meant the provider was unable to demonstrate they had used this information so lessons could be learnt.

Is the service effective?

Our findings

At our last inspection we found capacity assessments had not been completed to reflect the person's level of understanding or how decisions had been made. This was a breach of Regulation 11 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. We rated Effective as Requires Improvement. At this inspection we found the same concerns and Effective remains rated as Requires Improvement.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

When people lacked capacity to make decisions for themselves, capacity assessments had been completed. These covered multiple areas such as administration of medicines and day to day care. However, these capacity assessments were not individual or specific to the decision that was being made. They also lacked detail and it was unclear how or why decisions had been made. For example, for one person it stated, 'wouldn't be able to understand or communicate' there was no other information recorded. There was best interest paperwork in place for these decisions, however this did not identify how the decision had been reached. It just stated staff and relatives had agreed to this decision.

The provider had not considered all areas and further improvements were needed. When people had restrictions placed upon them there were not always capacity assessments in place. For example, one person used a reclining chair that they could not use independently; there was no capacity or best interest decision in place for this and for other people who used bed sensors to alert staff when they were mobilising.

Furthermore, we saw that some relatives were consenting on behalf of people without the legal power to do so. This meant the principles of MCA were not always followed.

Staff and the provider did not demonstrate an understanding of capacity or DoLS and had not received training since our last inspection. The provider told us they had assessed everyone's capacity regardless if they lacked capacity or not. They also told us they had applied for a DoLS for all people living in the home. They acknowledged this was an area of improvement. Staff we spoke with told us they had not received training in this area and one staff member said, "No never [in reference to receiving training], we are just

trying to learn since the last inspection. We would refer people to the memory clinic." The local authority had identified this as an area of improvement in September 2018 and advised 'Ensure regular Mental Capacity and DoLS training provision for all staff'.

This is a continued breach of Regulation 11 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014

Staff told us they received training in other areas. One staff member said, "The training is good we have all completed safeguarding training since the last inspection." Another staff member said, "I have recently completed fire and moving and handling." However, we could not be assured how effective the training was and that staffs competency was checked. For example, one staff member told us they had received medicine training, they had not received a competency check within the home since they started over eight years ago. The provider told us competency was checked through supervision with staff, however the documentation they showed us did not support this. We saw supervision was a tick chart and there were no competency checks in place. We also discussed the competency of the person completing these supervisions/checks and the provider could not demonstrate they had received the relevant training or had the experience to do so.

People enjoyed the food and were offered a choice. One person said, "Yes the food is lovely, no complaints from me." At breakfast, we saw people had a variety of meals. If people did not like the options on the menu they were able to have a different meal, for example we saw one person was having egg on toast. People were offered a choice of drinks with their meals and throughout the day people were offered a choice of drinks and snacks. When people needed specialist diets this was provided for them in line with their recommendations. Records we looked at included an assessment of people's nutritional risks. When risks had been identified we saw that food or fluid charts had been introduced so this could be monitored.

People had access to healthcare professionals and their health was monitored within the home. We saw documented in people's notes and staff confirmed that the GP visited the home when needed. During our inspection one person was seen by the GP as they were feeling unwell. We saw that staff worked alongside these professionals to offer support. Records we looked at included an assessment of people's health risks. People were also weighed and any concerns were recorded and reported so action could be taken. When needed we saw referrals had been made to health professionals; for example, the falls team.

We saw when needed, care plans and risk assessments were written and delivered in line with current legislation for example; when people had a specific medical condition, we saw people had care plans or guidance in place for this. The provider had printed the most up to date information and guidance from relevant bodies so that staff had information available about these specific conditions.

The home was decorated in accordance with people's choices and needs. People had their own belongings in their bedrooms. When people sat in communal rooms they had tables next to them with their own individual items near to them. People had photographs of themselves on their doors to help them find their rooms. There was a garden people could access.

Is the service caring?

Our findings

Caring remains rated as Good.

People and relatives were happy with the staff and the support they received. One person said, "The staff are very kind to me, I don't have anything bad to say about any of them." A relative said, "Very good."

Throughout the day we saw staff talking and supporting people when needed. Staff were laughing and joking with people. The atmosphere was friendly and relaxed. We observed people were supported in a kind and caring way in a relaxed and friendly manner.

People made choices about their day. One person said, "They make sure I am involved, they ask me what I want to wear, I still like to pick a nice shirt each morning." People had their own individual chairs in the communal areas however staff still asked people if they were happy to sit there. At lunch time some people chose to go to the dining area where other remained in the lounge. One person told us, "I like mine in front of the television." We saw staff offering people choices about where they would like to sit and what they would like to do.

People's independence was promoted. One person said, "I have my frame to get me about, it saves me bothering the staff all the time, I like that." One relative told us, "They encourage my relation to do it themselves first, which I think is a nice touch." We saw people were encouraged to walk around the home independently with their walking aids and minimal assistance was offered by staff. The care plans and risk assessments we looked at demonstrated the levels of support people needed. This demonstrated people were supported to maintain their independence.

We saw people's privacy and dignity was promoted. Staff spoke to people in a discreet way and when people were having personal care they went to the bathroom or their bedroom and the doors were closed. Staff gave examples how they used this to support people. One member of staff explained how they would always knock on the doors of people's bedrooms before entering. And how they would leave people to wash in private as long as they were safe. This demonstrated that people's privacy and dignity was upheld.

Relatives and visitors, we spoke with told us the staff were welcoming and they could visit anytime. A relative said "I visit all the time, I always get a cup of tea." Another relative told us they could visit any time and commented, "The staff always say hello to me if I am there."

Is the service responsive?

Our findings

Responsive remains rated as Good.

Staff knew people well. A relative said, "Oh yes, they have all the information they need. My relation is very happy and settled I can see that when I visit." Staff were able to find out information about people from their care plans and risk assessments, handover and talking to people and families. Since the last inspection a handover checklist had been introduced and staff told us they found this useful. The records we looked at showed us people's likes and dislikes were taken into account to ensure people received personalised care and support. For example, one person preferred black coffee and white tea.

People and relatives felt involved with their care. One person said, "I know what is happening." A relative told us, "I am invited to reviews. If anything happens the home let me know straight away. They are very good at informing me of changes." We saw records were reviewed monthly and reviews of people's care were taking place.

The provider had considered people's cultural and spiritual needs and information was gathered from people as part of their pre-admission assessments. The provider was not currently supporting anyone in these areas. People's communication had been considered and there was guidance in place for staff to follow, however improvements were needed to ensure the accessible information standards (AIS) were fully imbedded. AIS were introduced by the government in 2016, it is a legal requirement for all providers of NHS and publicly funded care provision to make sure that people with a disability of sensory loss are given information in a way they can understand.

People were given the opportunity to participate in activities they enjoyed. There was an activity coordinator available on the day of our inspection and they offered people the opportunity to participate in activities throughout the day. We saw other people were watching the television or reading newspapers. One person told us this was something they liked to do each morning. This showed us people had the opportunity to participate in activities they enjoyed.

People and relatives knew how to complain. One person said, "I would talk to staff or the manager if I wasn't happy." A relative said, "I have no complaints, I am sure there is a formal process to follow if I was unhappy. I would put my concern in writing to the home." The provider had a procedure in place to manage complaints. No formal complaints had been made since the last inspection. The feedback the home received from people and their relatives was positive.

At this time the provider was not supporting people with end of life care, so therefore we have not reported on this at this time.

Is the service well-led?

Our findings

At our last inspection we found the provider had completed audits however these had not always identified where improvements were required. This was a breach of Regulation 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. The provider had not always informed us about significant events as required. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulation's 2009. Staff felt supported however there was no formal process in place to provide them with guidance for their role. People's views had been obtained, however there was no information available to show how this had been used to influence improvements. We rated Well-Led as Requires Improvement. At this inspection we found the same concerns and Well-Led remains rated as Requires Improvement. Improvements had been made in relation to notifications.

The provider had some audits in place, however they were not effective in identifying areas of improvement. For example, the medicines audit had not identified the concerns we raised in safe around unaccounted-for medicines or that one person was not receiving their medicines as prescribed. The infection control audit that had been completed had not identified the mould on the chair in the bathroom as we have identified in safe.

When concerns had been identified through the audit process there were no action plans in place and the action taken had not always ensured improvements. For example, from August 2018 until January 2019, the medicines audit had identified gaps on the MAR. It was recorded next to this, 'staff identified and spoken to'. We saw there were still gaps on the MAR. Therefore, as this had continued to occur each month since August 2018 this meant the action taken had not been effective and improvements had not been made in this area. We identified these concerns at our last inspection.

The provider sought feedback from people and relatives. A survey had been completed in February 2018 by relatives and in September 2018 by people using the service. There was no evidence to identify what action had been taken following this or how this information had been used to make changes for people when areas of improvement had been identified.

There was no system in place to ensure staff were suitably recruited. Out of four staff files we looked at, only one staff member had suitable and sufficient references in place. This meant the provider had not always ensured staffs suitability to work within the home.

The provider was also not displaying their rating on the website in line with our requirement, we raised this with the provider who told us they would take action to resolve this.

This is a continued breach of Regulation 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

People and relatives were happy with how the home was run. One person said, "It seems like everything runs as it should." A relative told us, "I know who the owners are they are involved with the home and I am happy

with all aspects." Staff felt supported and listened to. They told us they received formal supervision every three months and staff meeting had just commenced. They felt they could raise concerns at any time if needed. One staff member said, "If I am unhappy I go to the senior or the manager. They take action. It may not be the outcome I want but they do listen and try to resolve things." The provider who is also the registered manager understood their responsibilities around registration with us and notified us of significant events in the home when they occurred. The provider was also displaying their rating in the home in line with our requirements.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>When needed capacity assessments were not always in place or specific to the decision being made. It was unclear how best interest decisions had been made. Staff and the provider did not demonstrate an understanding in this area.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not always managed in a safe way. People's behaviours were not always managed consistently.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Audits were not always effective in identifying concerns and when concerns were identified this information was not always used to drive improvements within the home. The provider sought feedback from people and relatives however it was unclear how this was used to make changes. The provider had not always assured staffs suitability to work with people.</p>