

Ashamber Homes Limited

# Amber House - Didcot

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Amber House is a care home for up to six people who have been discharged from hospital and who require care, support and accommodation for mental health issues. At the time of our inspection three people were using the service.

People's experience of using this service:

- People continued to benefit from kind and committed staff. People complimented the support received and told us they formed meaningful, caring relationships with the staff. Staff knew what was important to people and ensured people had care that met their needs and choices. People's dignity, confidentiality and privacy were respected and their independence was promoted.
- People received support that met their needs and was in line with care plans and good practice. People's rights to make own decisions were respected. People were encouraged to maintain good diet and access health services when required.
- The registered manager ensured people received safe care and treatment. People complimented the continuity of care provided by skilled and competent staff. People received their medicines safely and as prescribed. Risks to people's well-being were assessed, recorded and updated when people's circumstances changed. The staff ensured any lessons learnt were reflected to improve the service delivery.
- The service was well run by the registered manager who was supported by a team of committed staff. The provider's quality assurance processes were effective and there was a focus on continuous improvement. Where an area for improvement had been identified there was a prompt action taken to address it.
- People, staff and relatives were involved and felt listened to. The team at Amber House worked well in partnership with other agencies, social and health professionals and external organisations.

More information is in the detailed findings below.

Rating at last inspection:

Good, report published 21 February 2017

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

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

## 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 remains safe.

Details are in our findings below.

### Is the service effective?

Good ●

The service remains effective.

Details are in our findings below.

### Is the service caring?

Good ●

The service remains caring.

Details are in our findings below.

### Is the service responsive?

Good ●

The service remains responsive.

Details are in our findings below

### Is the service well-led?

Good ●

The service remains well-led.

Details are in our findings below.

# Amber House - Didcot

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection team:

The inspection team consisted of two inspectors.

#### Service and service type:

Amber 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced and took place on 6 March 2019.

#### What we did:

Before the inspection we reviewed the information we held about the service and the service provider. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We spoke with two people. We looked at records, which included three people's care and medicines records. We checked recruitment, training and supervision records for three staff. We looked at a range of records about how the service was managed. We spoke with one professional. We also spoke with three staff members and the registered manager.

# Is the service safe?

## Our findings

Safe – we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People told us they were safe. One person said, "Staff make me feel safe".
- People were cared for by staff that knew how to raise and report safeguarding concerns.
- The provider had safeguarding policies in place and the registered manager worked with the local authorities' safeguarding teams and reported any concerns promptly.

Assessing risk, safety monitoring and management:

- Risks to people's well-being were assessed, recorded and staff were aware of these. The risk assessments covered areas such as falls, behaviour that may challenge others, nutrition, medication, environment and emotional wellbeing.
- The provider ensured there were systems in place to manage emergency situations such as evacuation in case of a fire.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.

Using medicines safely:

- People received their medicines safely and as prescribed. One person said, "They always make sure I take my tablets, they are good like that".
- People's medicines were stored securely and in line with manufacturers' guidance.
- The register manager ensured people's medicine were administered by trained and competent staff.

Learning lessons when things go wrong:

- The registered manager ensured they reflected on occurrences where a lesson could be learnt and the team used this as an opportunity to improve the experience for people.

Staffing levels:

- There was enough staff to support people's needs.
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Preventing and controlling infection:

- Staff were trained in infection control and had access to protective personal equipment such as gloves.
- The environment was clean and well maintained.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on best practice.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA

- People's rights to make their own decisions were respected. One person said, "They never stop me from doing anything". One member of staff told us, "People here can make their own decisions, even if we don't agree with them"
- People were supported by staff that knew the principles of The Mental Capacity Act 2005. One staff member said, "We must ensure we act in peoples best interests".
- Where people were being deprived of their liberty appropriate applications had been submitted to the local authority.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed prior to them using the service to ensure needs could be met. Assessments took account of current guidance. People's communication needs were identified in line with Accessible Information Standards.

Supporting people to live healthier lives, access healthcare services and support:

- People were supported to live healthier lives through regular access to health care professionals such as their GP, dentist or optician.
- Each person had a Health Action plan that detailed what regular checks they required and when they were undertaken, for example, when people needed blood tests.

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

- Each person had a detailed, personalised plan around their dietary requirements, to include any nutritional risks. People were encouraged to make healthier choices.

Staff working with other agencies to provide consistent, effective, timely care

- Each person had a hospital passport that detailed what hospital staff would need to know about the person.

Staff support: induction, training, skills and experience:

- People were supported by well trained staff. All staff completed an induction programme when they first started work. Staff told us that they had the necessary training to support people effectively. One member of staff told us, "If someone has a specialised need they make sure the staff are trained to support them. For example, we have person who has a specific medical condition that staff are trained to understand and monitor".
- Staff told us that they felt well supported. They also told us, and records confirmed, that they received regular supervision and appraisals where they could discuss their concerns, their career goals and give ideas for improvements.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- Records clearly showed that people's views and needs were considered, in particular what was important to people had been identified and staff demonstrated through talking with us that they knew people well.
- The diverse needs of people using the service were met. This included individual needs that related to disability, gender, ethnicity, faith and sexual orientation. We saw one example of how staff had responded to one person's needs and supported them effectively in relation to their protected characteristics.
- We observed staff were kind and compassionate and showed they had formed a strong relationship with people and knew them well.

Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness and respect. We observed staff talking with them in a respectful way and showing genuine warmth toward people.
- Personal records about people were stored securely and only accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information about people confidential.
- Care records highlighted what people wished to do with their time in order to remain independent and living within the community. Throughout our inspection we saw people coming and going as they wished, this included going out into the local town with or without staff support.

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

- Care plans were completed with people to ensure they reflected people's wishes.
- Staff discussed with people and helped people explore their needs and preferences in relation to the support people needed.
- One person told us they were involved in decisions about their care and support. They told us, "We talk about everything".
- Where required, information was provided to people in a format that was accessible to them, for example, one person had access to important information about a recent healthcare appointment which was in large print.



# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: Peoples needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were detailed and personalised. There was evidence that relatives were invited to participate in care plan reviews with people.
- People were supported to undertake activities and follow their interests. One person attended a support group regularly. Most people enjoyed visiting the shops or going for walks around the town.
- Reasonable adjustments were made where appropriate that ensured the service identified, recorded, shared and met information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- Care plans detailed people's support needs and how people wanted their needs to be met.
- There were regular reviews with people to ensure their care needs were being met.

Improving care quality in response to complaints or concerns:

- The provider had effective systems to manage complaints and the records reflected any issues received, these were recorded, fully investigated and responded to as per provider's policy.
- People told us they knew how to make a complaint. One person told us, "I would tell staff. They listen".

End of life care and support:

- There was evidence that people had been given the opportunity to discuss their wishes related to end of life plans, for example, type music to be played at their funeral. However, most people did not want to discuss this.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- From our observations and speaking with staff and the deputy manager it was clear that there was a positive culture at Amber House and staff worked with the values of person centred care.
- People praised the service received and how the service was run. People we spoke with felt the service was well managed and open.
- The registered manager and provider promoted an open culture which contributed to staff work satisfaction. There was good team work and staff morale. One staff member said, "They always listen to us and support us".
- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

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

- The quality, safety and effectiveness of the service provided was monitored through regular audits mainly undertaken by the provider's quality assurance team. Audits included areas such as medicines, recruitment files and care plans. The deputy manager had oversight of these audits to ensure they were taking place as expected.
- Findings from audits were analysed and actions were taken to drive continuous improvement.
- There was a clear staffing structure and staff were aware of their roles and responsibilities

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

- The provider involved people in various ways. People had opportunities to attend meetings, complete surveys or raise any comments via an open-door policy at any time.
- Annual surveys were sent out to people, stakeholders and their relatives to gain their feedback. The feedback seen was overwhelmingly positive.

Continuous learning and improving care

- The registered manager and deputy manager ensured where an area of improvement had been identified they acted promptly to address it. For example, we saw how the service had developed a room in the service to become a sensory room to support a person's ongoing needs.
- One member of staff told us, "We have regular staff meetings where we can give our feedback".

Working in partnership with others:

- The service worked in partnership and collaboration with a number of key organisations to support care provision, joined-up care and ensure service development. One professional said, "They are open and willing to work with us. The service is very responsive".