

Tamby Seeneevassen

Amber House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 15 and 29 March 2018 and was unannounced. At the last inspection in February 2017 there had been a breach of Regulation 17 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014 because the provider had not maintained accurate records.

'Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question(s) well led to at least good.' At this inspection we found that the service was not consistently safe and we have recommended that the provider look at risk assessments. There was also a continued breach of Regulation 17 (HSCA) 2008 (RA) 2014 because the provider had not kept complete records for each person and quality monitoring had not identified where improvements were needed.

Amber House 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 accommodates up to 41 older people who may have a dementia type condition in one adapted building.

There was a manager employed at the service who was in the process of registering with the Care Quality Commission. 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.

Risk assessments were not always completed to reflect people's health needs. Risks in the environment had not always been identified and this did not support people in remaining safe.

Staff worked within the principles of the Mental Capacity Act 2005 but did not clearly record how best interest decisions were made.

The manager told us they were dedicated to providing a high standard of care. They had an inclusive style which staff commented upon in a positive way. They worked as a member of the care team supporting staff where necessary. Where things had gone wrong lessons were learned and action taken to prevent reoccurrences.

Our observations showed that people at the service were safe. There had been one recent safeguarding alert which was currently being investigated by East Riding of Yorkshire council safeguarding team. We saw that staff had completed training in safeguarding people and they were able to say what they would do if they had concerns about someone's safety.

There were sufficient numbers of staff on duty on the days of inspection to ensure people's needs were met.

People were offered choices around their day to day activities.

Overall, people received their medicines safely. However there had been a recent incident where stocks of medicines had not been ordered in a timely fashion.

The service was clean and tidy with no odours.

Complaints were acted upon in accordance with the services policy.

Staff were trained in subjects considered mandatory by the provider but some training required updating. Staff received supervision to support their practice.

We observed many positive interactions between people and the staff during the two days of inspection. Staff knew people well and were respectful in their approach. Where necessary people had an advocate who supported them.

When people were distressed we observed staff responding appropriately. They were able to access healthcare when needed.

People had care plans in place which were evaluated and reviewed.

Activities were provided at the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service is not always safe.

People told us they were safe but a recent event had highlighted that people were not always protected because staff did not follow best practice guidance.

Risks had not always been identified or acted upon in relation to people's health needs and the environment.

Overall, medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff worked within the principles of the Mental Capacity Act 2005. DoLS applications had been made where appropriate.

People's nutritional and hydration needs were met.

Healthcare professionals were accessed through the use of referrals made by people's GP's.

Is the service caring?

Good ●

The service is caring.

People told us staff were kind and we observed people engaging with each other and staff during the inspection.

People were spoken to with respect and their privacy was respected when staff provided personal care.

When people showed distress staff acted appropriately providing comfort and support.

Is the service responsive?

Good ●

The service was Good.

People had care plans which identified their needs. Where there were any omissions the risks to people were minimal because staff knew them well.

People had access to activities and staff supported their social needs on a daily basis.

There was a complaints policy and procedure. Complaints had been acted upon appropriately.

Is the service well-led?

The service was not consistently well led.

The quality monitoring systems were not always effective in identifying areas requiring improvement.

People's records did not contain all the necessary information to maintain their safety.

There was a manager in post who was in the process of registering with the Care Quality Commission.

Requires Improvement 

Amber 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 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.

This inspection took place on 15 and 29 March 2018 and was unannounced on day one. We arranged with the manager to return on day two.

The inspection was carried out by two adult social care inspectors on day one and one inspector on day two.

Prior to the inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider. Notifications are documents that the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. The registered provider submitted a provider information return (PIR) as part of this inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information as part of the inspection planning.

We carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us. We spoke with two people who used the service, three care workers, a senior care worker, the deputy manager and the manager. We looked around the service in communal areas and people's bedrooms.

We spent time looking at records, including the care records for three people who lived at the home, the recruitment and training records for three members of staff and other records relating to the management of the home. These included audits and checks of the service, accidents and incident records, staff training records, health and safety servicing and maintenance records.

Following the inspection we contacted the local authority quality monitoring and safeguarding teams for

feedback about the service.

Is the service safe?

Our findings

Risk assessments had been completed for areas that were considered to be of concern. However, these had not identified where there were loose items in corridors causing a trip hazard or where the yard and exit at the rear of the property were partially blocked causing a fire hazard. In addition we saw that there were sharp knives left out in the kitchen which was able to be accessed by people at times during the day. These risks were pointed out to the manager as we looked around the service and when we returned on day two of the inspection they had reviewed these areas and where there were risks they had acted to ensure these would be managed safely in future. For example, the manager had made sure that knives were to be put away after use in a locked drawer and the yard and exit had been cleared of all items that blocked fire exits. We discussed how the manager might make sure these things were identified in a more timely manner and they told us they planned to check the environment themselves regularly.

On day two of the inspection we saw that the carpet edges were frayed and some threads were causing a trip hazard on the first floor corridor. The deputy manager asked the maintenance person to make this area safe immediately. We were told that the flooring was going to be changed in the near future to a more appropriate floor covering. We checked servicing and maintenance documents to ensure equipment and mains services were safe. We saw that there were regular checks of services and a maintenance man made regular checks of areas such as water temperatures. Chlorination of the cold water tank had taken place as part of the risk management of the water supply. The most recent local authority environmental health checks of the kitchens had awarded the service a '5' rating. This meant that the service was meeting hygiene standards in the kitchen. There was a fire risk assessment and fire safety equipment had been regularly serviced and maintained.

Risk assessments had not always been completed around people's health and safety. Those that were completed included assessments of the risk of malnutrition, falls, mobilising, and developing pressure ulcers. In most cases when risks had been identified, a care plan with guidance was in place to minimise the risk. However, one person had macular degeneration. Macular degeneration is an eye condition which causes changes to central vision. Although there were pictures of how objects appeared to the person in their care plan there was no assessment of the risk to the person and no risk management strategies in place. Another person had a risk of pressure ulcers identified but there was no risk assessment in place. The district nurse was overseeing this person's care which lessened the risk to this person. Staff did not have all the information they needed to make judgements about people's care.

We recommend the provider research risk assessment of people's health needs and the environment in care homes.

People we spoke with told us they felt safe living at Amber House. One person said, "Yes, I feel safe" and "The staff look after us here." Our observations on the two days of inspection indicated that people at the service were safe. Staff responded in a timely way and appropriately to people's needs. However, there had been an issue highlighted by a visiting professional which had been reported to the local authority safeguarding team. The alert highlighted poor staff practice when providing personal care and issues with

record keeping. This was been investigated by East Riding of Yorkshire council (ERYC) safeguarding team. The provider informed us following the inspection that the local authority safeguarding team found that no further action was necessary as the response from staff at the service had been appropriate.

Staff described how they kept people safe and told us they had completed safeguarding adults training which was confirmed by training records. Staff told us they would report any safeguarding concerns to the senior care worker or manager. The manager and deputy were aware of processes relating to the reporting of incidents to ERYC safeguarding team.

We did see that where things had gone wrong the manager was quick to put measures in place to make people safe. Lessons were learned from day one of the inspection and the manager had put systems in place to ensure that mistakes were not repeated.

There was no policy and procedure in the medicines room on the management of medicines and staff could not tell us where this was held. They used the guidance, "The handling of medicines in social care" to guide their practice. We requested a copy of the policy which the manager later supplied. There had been an audit by the supplying pharmacy in March 2018 which had noted that there was no medicine policy available during their visit.

We observed that medicines were appropriately ordered, received, recorded and returned when not used. There had been a recent issue when someone had not received their medicine for a number of days. Although there had been no impact on the person staff had not identified the issue immediately which demonstrated that systems used were not robust in identifying where action was needed. Medicines were supplied by the pharmacy in blister packs; this is a monitored dosage system where tablets are stored in separate compartments for administration at a set time of day.

Medicines were stored securely in a medicines trolley that was stored in a locked treatment room. Controlled drugs (CDs) were also stored securely. CDs are medicines that require specific storage and recording arrangements. We checked a sample of entries in the CD book and the corresponding medicine and saw that the records and medicine held in the cabinet balanced.

The temperature of the medicine fridge and the area where medicines were stored had been checked to ensure that medicines were stored at the correct temperature. The fridge and medicine room were out of the safe range on a number of occasions during March. We discussed this with the manager who said they would seek advice from the pharmacy that supplied medicines and equipment. Medicines that needed to be returned to the pharmacy were stored securely and recorded in a returns book.

We looked at MAR charts and found that they were completed appropriately. Handwritten entries were signed by two people and there were protocols in place for the administration of 'as and when required' (PRN) medicines. Codes were used correctly to record the reason medicines were not administered. Training records we saw recorded that staff (including the manager) had completed training in the administration of medicines. Some training was not up to date but we did see competency checks in staff training records.

We checked the recruitment records for four members of staff. Application forms had been completed for each person, references obtained and checks made with the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with people who may be vulnerable.

On the day of the inspection we saw that there were sufficient numbers of staff on duty to meet people's needs. These included the manager, the deputy manager a senior care worker and three care workers. They were supported by a cook and a domestic which allowed them to focus on people's care. The rotas showed that staffing levels were maintained at that level, and that there was one senior care worker and two care workers working at night. One staff told us, "The staffing levels seem OK. I get every other weekend off." During the inspection there was a staff presence in communal areas of the home at all times.

There was a contingency plan in place that included advice for staff on how to deal with emergency situations such as a disruption to power, utilities failure, flood and severe weather conditions. In addition to this, each person had a personal emergency evacuation plan (PEEP) in place. These showed the support each person would require in the event of an emergency.

We checked the accident and incident records in place at the home. These were managed effectively and action taken when required. The registered manager completed a monthly audit of accidents. No themes had been identified in the audits.

Is the service effective?

Our findings

Our observations of staff showed that they knew people well and attended to their needs appropriately. When staff started working at Amber House they received an induction which consisted of three days of training plus shadowing of more experienced staff. They were provided with training in various aspects of care delivery and also in relation to the individual needs of people.

The provider had set training that they considered mandatory which staff were expected to complete annually. Staff received training in various aspects of care such as medicines management, safeguarding, moving and handling and first aid but some training needed to be updated. One staff told us, "I have had training. When I started I shadowed someone for a week." The training matrix showed that some areas of training needed updating.

The manager explained that staff champion roles were being established. They told us, "We are developing champions in different areas. When deciding who is a champion in which area we have looked at staff knowledge and interests." The champion's role covered areas such as medicines, infection control, nutrition and hydration and safeguarding.

Staff had supervision sessions and records we saw showed discussion about any areas of improvement and support needed. One staff who had recently started work at the service told us the manager met with them to check how they were progressing.

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 were supported by staff who had a good knowledge and understanding of the MCA and how to apply the principles of the act to people's care and support. People's support plans contained clear information about the level of capacity people had to make their own decisions and where they may need support. However, for one person it was not clear how decisions had been made using best interest decision making guidance.

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 in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had assessed people who used the service that lacked the capacity to make certain decisions to identify if a DoLS application needed to be made and they had made these when required.

We observed the lunch time meal in the dining room on each unit. This was seen to be a very enjoyable, relaxed social occasion. There was a lot of interaction between people on each table and with the staff. People were provided with the support they needed to eat and drink well. Where necessary we saw that people were recommended to have food and fluid charts. These were not all fully completed but we saw

people been given food and drink so concluded this was a recording omission.

Where necessary people had been referred to dieticians and speech and language therapists to ensure they were receiving a nutritious diet and were able to eat and drink safely. The dietician had given 'Nutrition mission' advice for some people. Nutrition mission is a scheme for optimising nutrition in care homes. This helped to ensure people maintained good nutrition and hydration.

We saw people's health care needs were met. They were supported to access a range of healthcare services as necessary. People were referred in a timely way and saw healthcare professionals when they needed to. People had patient passports in their files which assisted when they needed to visit other health or social care settings.

The environment was generally clean and gave people space to walk. There was access to a secure outside space which we were told was going to be redeveloped. There was some signage with words and pictures and contrasting colours were used to identify important areas such as people's bedrooms. Some areas had been developed in line with guidance relating to dementia friendly environments. There was a seaside theme to one area. This work could be further developed to ensure that the environment was accessible for people who used the service.

Is the service caring?

Our findings

Our observations showed us that people felt comfortable around staff and good relationships had been developed with people. Some people told us that staff were, "Lovely" and "Kind." Throughout the inspection we observed staff and people interacting positively. During conversations with staff and the management team, they demonstrated they cared for all the people they supported. The atmosphere at the service was friendly and welcoming.

People living with dementia were spoken with in a very positive way. Staff took time to pay attention, listen and understand what the person said or communicated either verbally or through their body language and facial expressions. We saw staff used good eye contact and if the person was sitting down they knelt down to speak with them at their level. Staff recognised when people would benefit from physical contact and we observed many interactions where staff held people's hands, stroked their arm, put their arms around a person's shoulders and one person hugged a member of staff when they saw them.

People's bedrooms contained items that were personal to each person. We saw one person sat reading a book in a quiet area. Staff told us that they enjoyed the quiet space. The manager communicated with one group of people through singing which made them smile. A second person had some positive non-verbal communication with staff. We observed the manager interacting positively with them asking how they were. The response was noises indicating they were happy supported by smiles.. Staff from all roles understood how they all contributed to people's care and wellbeing. We saw staff took time to interact with people as they went about their tasks,

One person showed some distress to which a care worker immediately responded showing skill and knowledge of the person. They provided reassurance and stroked their hand gently. They then asked if they would like a cup of tea. The person answered, "Yes please" and they walked off hand in hand.

During the inspection the heating failed. Staff acted quickly to ensure people's comfort providing blankets and other heating sources. A member of staff told us, "This is a very caring organisation."

Staff respected people's privacy and dignity closing doors when providing personal care and being sensitive in the way they spoke to people. They responded to people's needs in a timely way. People were asked if they wanted male or female staff to attend to their needs in order to respect their wishes and maintain their dignity.

People had a named key worker and senior member of staff to support them. Key workers develop relationships with the people they support and have additional responsibilities in relation to their care. Key workers were a point of contact for relatives allowing positive relationships to be formed.

People had an advocate where it was thought necessary. For example where a person had a DoLS in place they had an independent mental capacity advocate. This is a person appointed by the local authority to support people in their decision making.

Is the service responsive?

Our findings

We observed that people's needs were met in a timely manner. On the day of inspection we witnessed that staff were responsive to people's need and requests throughout the day. One relative told us, "Staff know [Relative] well and always makes sure they are looked after." However, we later received feedback from a health professional which indicated this may not always be so. On checking the services recent history there were no other reports of this nature identified to us. The matter is being investigated by the safeguarding team at ERYC.

Staff confirmed that communication was good within the service. Handovers took place on each shift. Staff were able to see how each person who used the service had been throughout the day and night and make sure they received the appropriate care.

Most people who used the service had a plan of care and associated risk assessments. These focused on the person's individual needs and wishes. The majority of care records clearly outlined the care and support the person needed, along with information about how staff could minimise any identified risks. We found some omissions in relation to risk assessments for people's health needs. For example, where people had a specific type of dementia diagnosed there was no clear information about how that particular dementia would progress and what the risks were for the person and staff. In addition no risk assessment. Another person suffered with a progressive eye condition which was noted with information in the care plan but there was no risk assessment identifying the form it took and the risks associated with the particular type such as the risk of sight loss. Staff would be unaware of what symptoms may be present if people's conditions deteriorated and the outcome for people may be less positive because of this. The impact of this was reduced because staff could tell us about each person's condition and their needs.

Care plans and risk assessments had been evaluated and updated on a regular basis in consultation with people and their relatives.

Daily notes outlined how each person had spent their day, what care had been provided and any changes in their condition. When we spoke with staff they told us that they offered a choice to people of what they eat and drink, what they wear and activities. Food and fluid charts were in place for some people. We checked those for one person and found they had been completed.

An activity co-ordinator was employed to work across five services. This meant they were not always present. We saw staff singing and chatting with people but no formal activities during both days of the inspection. We saw people watching TV, reading and singing. The general manager informed us later that activities had taken place and were recorded.

There was a complaints policy and procedure in place. There had been one complaint to CQC about the fact that the manager was unclear about the layout of the service. This was explained because the manager had only recently started work for the company one week previously and was still getting orientated to the service. The complaint also reported odorous and dirty environment. There were no odours noted at this

inspection and the environment was clean and tidy. There had been four verbal complaints about the outside smoking area. This area had been redeveloped to provide shelter for people and further developments of the area were on-going. The provider had listened to what people said and taken action. Staff told us they would refer any complaints to the manager or deputy.

Is the service well-led?

Our findings

Amber House is one of two services registered with the provider. There is a manager at the service who was in the process of registering with CQC. The manager had been in post for eight months and has experience in forensic settings. They are currently undertaking a management qualification. We were later told by the general manager that the manager held the Registered Managers Award and a qualification in Strategic Management and Business Planning. The manager was supported by a management team, which included an area manager and a deputy manager. There were senior care workers to support the staff team. The manager spoke of their commitment to providing good quality care to people.

The quality monitoring systems in place had not always identified where there was a need for improvement. For example, the external environment had posed a fire hazard because of items blocking fire exits but this had not been identified through environmental checks until the inspector highlighted the issue. In addition audits had not identified omissions in care plans.

People's records did not contain all the necessary information to ensure their health and safety. Risks relating to people's health needs had not always been recorded.

This was a continued breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) 2014.

All staff we spoke with confirmed they had a clear understanding of their roles and responsibilities. They described an open and transparent culture at the service, where they could make suggestions and were listened to. They said they felt supported by the manager and deputy. One care worker told us, "They are both lovely; so supportive." They told us they felt the organisation cared about people and that they enjoyed coming to work.

Staffing levels were of a satisfactory standard and this meant staff could spend time with people to meet their support needs. The staff and management worked together and we saw that they were a team. The manager carried out a walk around the service daily to check people who used the service were happy and receiving care and support which met their needs. They held discussions with staff to assess if they needed any additional support and to ensure they were clear in what was happening each day.

There were staff meetings held which were used to keep staff up to date and to reinforce to staff what was expected of them. The introduction of champions within the service helped to develop and improve services and promoted staff personal development..

Relatives and resident meetings were also held but the provider told us in the information they provided that these were not always well attended. Updates about the service were given at the meetings. In addition relatives were asked for feedback.

The manager and deputy manager worked in partnership with various organisations, including the local

authority, local clinical commissioning group, community nursing teams, local GP services and mental health services to ensure good outcomes for people. The local authority carried out a quality monitoring visit in 2017 and did not raise any concerns.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. They did not assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;</p> <p>Accurate, complete and contemporaneous records in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided were not kept;</p>