Amberbanks Care Home Ltd

Amber Banks Care Home

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

Overall summary

The inspection visit took place on 07 July 2015 and was unannounced.

Amber Banks Care Home provides accommodation for persons who do not require nursing care. The service offers support for older people and people with physical disability. The home is registered to provide care for up to 46 people. At the time of the inspection visit there was 33 people living at the home.

There was not a registered manager in place at the time of our visit. The provider had a manager currently on an induction period and ready to apply to the Care Quality Commission (CQC) to be registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the registered provider. A condition of Amber Banks registration was they had a manager registered with the Care Quality Commission (CQC) in place.

At the last full inspection on 4 June 2014 the service was meeting the requirements of the regulations that were inspected at that time.

Summary of findings

People who lived at the home, relatives and friends told us they felt safe and secure with staff to support them. We found people's care and support needs had been assessed before they moved into the home. Care records we looked at contained details of people's preferences, interests, likes and dislikes.

We observed staff interaction with people during our inspection visit, spoke with staff, people who lived at the home and relatives. We found staffing levels and the skills mix of staff were sufficient to meet the needs of people and keep them safe. The recruitment of staff had been undertaken through a thorough process. We found all checks that were required had been completed prior to staff commencing work. This was confirmed by talking with staff members.

We looked at how medicines were administered and records in relation to how people's medicines were kept. We observed medicines being administered at lunchtime. We found medicines were administered at the correct time they should be. The service carried out regular audits of medicines to ensure they were correctly monitored and procedures were safe.

People who lived at the home were given a full menu choice at all meal times and could have refreshments whenever they wished. We observed this happened during the day of our inspection visit. One person who lived at the home said about the quality of food, "The food is a lot better now some of it is now homemade rather than the ready prepare food."

People who lived at the home were encouraged and supported to maintain relationships with their friends and family members. Relatives and visitors we spoke with told us they were always made welcome when they visited their loved ones.

The care plans we looked at were centred on people's personal needs and wishes. Daily events that were important to people were detailed, so that staff could provide care to meet their needs and wishes. Activities were organised daily and trips out to the local community had taken place.

We found a number of audits were in place to monitor quality assurance. The manager and provider had systems in place to obtain the views of people who lived at the home and their relatives.

Summary of findings

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 safe.

Good

From our observations and discussion with people we found there were sufficient staff on duty to meet people's needs.

The service had procedures in place to protect people from the risks of harm and abuse. Staff spoken with had an understanding of the procedures to follow should they suspect abuse was taking place.

Assessments were undertaken to identify risks to people who lived in the home. Written plans were in place to manage these risks.

Medication administration and practices at the service had systems in place for storing, recording and monitoring people's medicines.

Is the service effective?
The service was effective.

Good

People were cared for by staff that were well trained and supported to give care and support that was identified for each individual who lived at the home.

The manager and senior staff had a good understanding of the Mental Capacity Act. They assisted people to make decisions and ensured their freedom was not limited.

People were provided with choices from a variety of nutritious food. People who lived at the home had been assessed against risks associated with malnutrition.

Is the service caring?
The service was caring.

Good

We observed that staff treated people with respect, sensitively and compassion. Staff respected their rights to privacy and dignity.

People were supported to give their views and wishes about all aspects of life in the home and staff had a good understanding of people's needs.

Is the service responsive?
The service was responsive.

Good

Care records were personalised to people's individual requirements. We observed staff had a good understanding of how to respond to people's changing needs.

There was a programme of activities in place to ensure people were fully stimulated and occupied.

The management team and staff worked very closely with people and their families to act on any comments straight away before they became a concern or complaint.

Is the service well-led?
The service was well-led.

Good

Summary of findings

The registered manager carried out processes to monitor the health, safety and welfare of people who lived at the home.

Audits and checks were regularly undertaken and identified issues were acted upon.

The views of people living at the home and relatives were sought by a variety of methods.

Amber Banks Care 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.

This was an unannounced inspection visit carried out on the 16 June 2015.

The inspection visit was carried out by two adult social care inspectors, a specialist advisor and by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this inspection had a care background with expertise in care of older people.

Prior to our inspection we reviewed historical information we held about the service. This included any statutory notifications, adult safeguarding information and comments and concerns. This guided us to what areas we would focus on as part of our inspection.

We spoke with a range of people about the support and care people received at the service. They included the area manager, manager of the service, six staff, five relatives and 10 people who lived at the home. We also contacted the Lancashire commissioning department at the local authority. We did this to gain an overview of what people experienced whilst living at the home.

We had a walk around the building and looked at all areas of the premises. Part of the inspection was spent looking at records and documentation which contributed to the running of the service. They included recruitment of staff, three care plans of people who lived at the home, maintenance records, training records and audits for the monitoring of the service. We also spent time observing staff interactions with people who lived at the home.

Good

Is the service safe?

Our findings

We spoke with people who lived at the home. They told us they felt safe and secure by the way they were cared for by staff and management team. They told us they were receiving safe and appropriate care which was meeting their needs. Comments received included, "Yes, I feel very secure here." Also, "I feel safe now in the home, the management has been changed and it has made a big difference, I like living here now." A person who lived at the home we spoke with said, "We feel safe and can trust the staff here. There has been a massive turnover of staff since we have been in the home. That has not upset anything at the home "

We had a walk around the premises and found call bells were positioned in rooms close to hand so people were able to summon help when they needed to. We tested the system and found staff responded to the call bells in a timely manner. During the day we observed people did not wait long for assistance once they pressed the call bell. One person who lived at the home said, "The carers come quickly when I ring for them because I can do very little for myself."

Staff we spoke with told us they thought there were sufficient staff on duty to meet people's needs. They felt they had time to support people on a one to one basis if required. Comments from staff included, "Staffing levels gives us a chance to spend one to one time with residents." A relative we spoke with said, "I feel they have enough staff around when I visit. At times they seem rushed but they do keep people safe because they are always around." The manager informed us staffing levels would be constantly reviewed and amended as required. This would ensure the service had sufficient staff in place to keep people safe.

Staff we spoke with about witnessing signs of abuse were knowledgeable about the actions they would take, if they witnessed anything they felt concerned about. Records showed staff received regular safeguarding adults training that was updated annually. Staff we spoke with confirmed this.

Care records of three people who lived at the home contained an assessment of their needs. This lead into a review of any associated risks. These related to potential risks of harm or injury and how they would be managed. For example they covered risks related to, medication and mental health care.

Records were kept of incidents and accidents. Records looked at demonstrated action had been taken by staff following incidents that had happened. For example one record we looked at described an incident in the lounge area. The record provided information about how the service dealt with the incident. This was then followed by the action taken and what was agreed to reduce the risk of it happening again. One staff member said, "Any accidents are investigated thoroughly and we can learn to prevent things happening at times."

We looked at recruitment records of staff. All required checks had been completed prior to any staff commencing work. This was confirmed from discussions with staff. Recruitment records examined contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded, an application form that required a full employment history and references.

Two members of staff who had recently been appointed as a carers confirmed they received a thorough induction to the role they were carrying out. One of the staff members said, "The initial training was very good when I started."

We looked at how medicines were administered and records in relation to how people's medicines were kept. We observed medicines being administered at lunchtime. We found medicines were administered at the correct time they should be. We observed the staff member ensure medicines were taken, by waiting with the person until they had done this. We also witnessed the staff member encouraging people in a sensitive way describing why they needed to take their medicine.

The staff member responsible for medicines on the day of the inspection visit said, "I always explain to people what the medicine is for."

The service carried out regular audits of medicines to ensure they were correctly monitored and procedures were safe. We were informed only staff trained in medication procedures were allowed to administer medication. A staff member said, "Definitely no- one would be allowed to give out medicines if they had not received training. "

Good

Is the service safe?

There were controlled drugs being administered at the service. This medication was locked in a separated facility. We checked the controlled drugs register and correct procedures had been followed. Records looked at showed the correct record keeping for the amount of tablets left in stock were accounted for. This meant medicine processes were undertaken safely.

Good

Is the service effective?

Our findings

People who lived at the service, relatives and staff told us, people received effective care because they were supported by staff who had a good understanding of their needs. This was also confirmed through our observations during the inspection visit. Comments included, "I am happy with the care and support I am receiving in the home." Also, "The home is very nice, the staff are good and I feel comfortable living here."

We looked at training records for staff members. Records showed members of staff had completed key training in all areas of Infection control, safeguarding vulnerable adults and moving and handling techniques. One staff member said, "Training is never a concern here and the new manager encourages staff to learn." Staff told us they were also encouraged by the manager and area manager to further their skills by obtaining professional qualifications. For example one staff member told us they were looking to undertake a national vocational qualification to level 5 (NVQ). The staff member said, "I know the new manager would support me to do the NVQ as we have already discussed it." The continuing programme of training for staff ensured staff were competent to provide quality care because they had the skills and knowledge to support people.

Staff told us they received regular supervision and appraisal to support them to carry out their roles and responsibilities. They could also discuss any issues and their own personal development. Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities. A staff member said, "We have supervisions every month, they are useful because we can air our concerns."

Comments from people who lived at the home and visitors were positive in terms of their involvement in their care planning and consent to care and support. A couple of people who lived together at the home said, "We both have a care plan and we have both signed them and they are reviewed from time to time. We get the care and support we required."

Policies and procedures were in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). CQC is required by law to monitor the operation of DoLS. We discussed the requirements of the MCA and the associated DoLS with the manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The manager and area manager demonstrated an understanding of the legislation as laid down by the (MCA) and the associated (DoLS). We spoke with the manager to check their understanding of the MCA and DoLS. They demonstrated a good awareness of the legislation and confirmed they had received training. This meant clear procedures were in place so that staff could assess people's mental capacity. This enabled to assess people's ability to make decisions for themselves.

We found that the manager had taken these responsibilities seriously and was committed to make progress in this area. The manager had established a working relationship with the DoLS lead for the Local Authority. They had successfully submitted 5/6 appropriate applications. The manager also recognised that they need to expand their expertise in this area and was discussing further training for staff. During our observations we did not see any restrictive practices.

Staff working at the service who were responsible for the preparation and serving food had completed training in 'Food and Hygiene'. This was confirmed by talking with staff. This demonstrated staff were confident in ensuring people received a healthy balanced diet. For example the cook told us they prepared diabetic meals for one person. Also they prepared blended foods in separate portions for people who required them. "Since I came here I have introduced strict monitoring of a residents diet because this was not happening. Now his blood sugars are coming down for the first time in years. I am really proud of that."

People who lived at the home were given a full menu choice at all meal times and could have refreshments whenever they wished. We observed this happened during the day of our inspection visit. Light snacks and refreshments were available throughout the day.

We reviewed care records and found individuals were protected against the risks of malnutrition. For example, people's weights were checked regularly and malnutrition risk assessments were in place. Where concerns arose, such

Good

Is the service effective?

as loss of weight, we noted staff contacted the doctor for advice. Staff explained to us that they record what each person who lived at the home ate at every meal. This was because people had various amounts and they could monitor their intake more accurately should problems arise.

The kitchen and dining areas were clean people were able to choose where they wished to have their meal. For example people ate in the lounge and some in their bedroom it was their choice. Comments about the quality and quantity of meals included, "The food is ok and you can have a cooked breakfast if you wish." Also, "The food is a lot better now some of it is now homemade rather than the ready prepare food we had before."

The registered manager and staff had regular contact with visiting health professionals to ensure people were able to access specialist support and guidance when needed. Records we looked at identified when health professionals had visited people and what action had been taken. One person who lived at the home said, "The doctor and other professional come into the home the optician came in to see us the other day and I got two pairs of glasses free."

Good

Is the service caring?

Our findings

People who lived at the home, relatives and friends told us staff and management team were caring, patient and respectful. Comments included, “The staff are all very caring and kind, when carrying out my personal care. They treat me with dignity and respect but also allow me to have some independence. “Also, “The staff are a good lot at the moment from the top down.” A relative said, “A very good team of people, they all show kindness and patience to residents from what I can see.”

During our visit we ensured that we observed care practices in all areas of the building. This helped us to observe the daily routines and relationships between staff and people who lived at the home. It also enabled us to gain an insight into how people's support and care was managed. Our observations confirmed staff had a good relationship with people who lived at the home. One person said, “They are good people with hearts of gold.” Staff had an awareness of the needs of people they cared for. We observed staff being patient, showing respect and kindness to people who lived at the home. For example we saw one person required support to the bathroom with two carers help. Before they helped the person into the hoist and wheelchair the staff member explained quietly what they were doing and slowly supported the person talking to them all the way.

Throughout the day we saw people could move around the building and make decisions for themselves in some cases with staff support. We observed routines were relaxed and arranged around people's individual and collective needs. We saw they were provided with the choice of spending time on their own or in other areas of the building. Staff were always available to support people who required assistance.

Staff we spoke with had a good understanding of how people should be treated in terms of respect and dignity. One staff member said, “I know my mother would be treated with respect and dignity here. This is their home and we respect that.” We saw examples of kindness and caring towards people during the day. For example. Staff knocked on bedroom doors and would not enter until they were asked to. One person who lived at the home said, “I find the staff very caring.”

The care plans we looked at were centred on people’s personal needs and wishes. Daily events that were important to people were detailed, so that staff could provide care to meet their needs and wishes. The care plans evidenced that individuals, who were able, made a large contribution to the compilation of their plan of care. People were happy in the way staff supported them and the way their care was provided. Comments from people who lived at the home included, “I can go to bed when I am ready this is my home if we don’t want to go to bed we don’t. Also, “The manager always listens to me and I always ask for female carers to bath me.”

Prior to our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. Links with these external agencies were good and we received some positive feedback from them about the care being provided.

We spoke with the manager about access to advocacy services should people require their guidance and support. They had information details that had been provided to people and their families. This ensured people’s interests were represented and they could access appropriate services outside of the service to act on their behalf.

Good

Is the service responsive?

Our findings

People were supported by staff who were experienced, trained and had a good understanding of their individual needs. The manager and senior staff encouraged people and their families to be fully involved in their care. This was confirmed by talking with people and relatives. One relative we spoke with said, "The manager will always contact me if anything needs changing in [my relative] care."

People informed us they were encouraged to participate in a range of activities which kept them entertained and occupied. The activities were undertaken both individually and as a group. These included, exercises, music and games afternoons. The service employed a full time 'activities co-ordinator.' Weekly activities were displayed on a board outside the lounge. People who lived at the home spoke positively about the person responsible for activities and comments included, "We now have an activities co-ordinator with activities almost every day. "Also, "The social events are getting better." People who lived at the home told trips out had been arranged. For example, they recently arranged to take residents to the 'forces day'. The staff member responsible learnt that a male resident had spent time in a Japanese prisoner of war camp. With this knowledge she had set about trying to make links with others for the benefit of the person.

People who lived at the home told us they were given opportunities to attend a 'lunch club' monthly. This was where the people who lived at the home chose where they would want to go. One staff member said, "We give them the chance to choose and cost trips out and make sure it's affordable. " An example of people choosing a trip out was arranged for a theatre trip this week to see the musical Cats.

Care records we looked at were developed from the assessment stage to be person centred, which meant they involved the person in planning their care. The details demonstrated an appreciation of people as individuals. The care plans were orderly and easy to navigate. Staff members confirmed this and one said, "The care plans are good and easy to check what peoples care needs are when we need to." The outer cover contains relevant and contact information that would be easy to access in the event of an emergency.

The assessment of needs was contained in a support plan, This was a comprehensive document to be completed and included areas such as practical skills, physical and social needs and end of life wishes. On the basis of this information the care plan is formulated, for example, for risks, communication, personal care and nutrition. The plans contained information for staff on how identified needs can be met and taking into account all expressed wishes and preferences. Throughout the care plan there was repeated reference to, choice, preference, what is liked and what is not liked. There was also a section on personal history and life experiences. This meant staff were able to get to know people better which helped build relationships between staff and people who lived at the home. One staff member said, "Life history information is good, we can talk to people and get to know them better. This helps when delivering care to residents."

People who lived at the home were encouraged and supported to maintain relationships with their friends and family members. Relatives we spoke with told us they were always made welcome at any time. One relative said, "I visit a lot and the staff are always friendly and encourage visits." A person who lived at the home said, "Family and friends can come and visit at any time and we have activities if we wish to join in with them."

The service had a complaints procedure on display in the reception area for people to see. The manager informed us the staff team worked closely with people who lived at the home and relatives to resolve any issues. Concerns and comments from people were acted upon straight away before they became a complaint. People who lived at the home and relatives we spoke with knew the process to make a complaint. One person who lived at the home said, "I would go to the manager if I had any concerns about my care." Another person said, "I would complain to the manager or his deputy if I had any complaints."

Good

Is the service well-led?

Our findings

People who lived at the home and relatives we spoke with told us how supportive the new manager was. Comments from people included, “He is excellent. He looks after everyone”. Also, “Things have changed a lot for the better since the new manager was appointed.”

People told us the atmosphere was relaxed around the building. We observed staff were not rushing around and saw senior staff supporting carers in their role. One staff member said, “The manager is always available to help out if required he likes to be around caring for the residents.”

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the new manager worked with them and showed leadership. The staff told us they felt the service was now well led and they got along well as a staff team and supported each other. A staff member said, “Things have got better and settled down now we know the new management structure.” A person who lived at the home said, “The new team are turning the place around and they are wonderful. We all like them and the staff are pulling in the same direction.”

There was no registered manager and the provider had placed a new manager in charge. They were currently going through a probationary period which had been successful. The provider had notified CQC of the changes. The new manager had requested the registration forms from CQC to apply to become the registered manager. The area manager of the organisation confirmed the process to register the manager had commenced.

We observed interaction between the management team, staff and people who lived at the home. People told us the manager was always around supporting staff and spending time talking and supporting people. Comments included, “The manager has time to spend and chat with you.” Another person said, “The new manager is more visible and is not always stuck in the office. This helps build up relationships with residents.”

People who lived at the home and their relatives told us they were encouraged to be actively involved in the continuous development of the service. For example relatives were encouraged to attend resident/relative meetings and complete surveys sent out to pass their views on how they felt the service was performing. One staff member said, “We have staff meetings regularly and resident meetings every month.” A relative we spoke with confirmed this. A staff member we spoke with told us they act on suggestions that were made by people who lived at the home at these meetings. For example one person who lived at the home requested more regular ‘resident’ meetings. This was responded to by the manager and now they take place monthly with minutes recorded of the meetings.

There were a range of audits and systems in place. These were put in place to monitor the quality of service provided. Audits were taking place and covered areas such as the environment, care plans of people who lived at the home and medication audits.

Staff handover meetings were held daily. These meetings discussed the day’s events to staff coming on duty and kept people informed of any issues or information staff should be aware of. This kept staff up to date with information concerning people so that they could provide the best care with all the information received from the previous staff.