Colten Care (1693) Limited

Amberwood House

Inspection report

418-424 Ringwood Road
Ferndown
Dorset
BH22 9AX

Tel: 01202851510
Website: www.coltencare.co.uk

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

The inspection took place on 25 October and was unannounced. The inspection continued on 26 October 2018 and was announced.
The service is registered to provide accommodation and residential and nursing care for up to 54 people aged 18 and over. At the time of our inspection the service was providing residential care to 51 older people.

Amberwood House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service good. At this inspection we found the rating of the service had improved to outstanding.

There was a strong emphasis on people eating and drinking well. There was a relaxed atmosphere at meal times. People requiring assistance were helped in a manner which respected their dignity and demonstrated knowledge of their individual needs. A 'Night Owl' menu was available for people to have hot or cold food when the chef is not at the home, and a smoothie menu to help increase people's intake. The chef met regularly with clinical staff to monitor people's nutritional needs.

Training was tailored to meet staff members' learning styles and to ensure staff were able to meet people's needs. We were told that the service had introduced an online training and recording system. This enabled staff to allowed staff to access their own electronic update training and records when it suited them. 'Dementia Friends' training was included to enable staff to support people who are living with dementia.. Nursing staff were supported to maintain and develop their clinical skills. A Registered nurse on duty on the second day of inspection had recently attended a 'Clinical Excellence day'. The provider told us the home had champions at the service to help improve outcomes for people. The service had champions within the home, these included roles relating to health and safety and end of life care..

People's views were taken in consideration in how the premises was used. The provider told us three of the four smaller lounges on the first and second floors were being refurbished in response to people's feedback. One lounge had been made into a café, whilst the second was used by people to enjoy arts and crafts.

There was effective engagement with people, and actions taken as a result of the feedback they provided. Meetings with people, staff and relatives took place. Actions from these were updated, reviewed and actioned. We were told one example was that people were involved in a 'Caring without plastic' initiative aimed at reducing the amount of plastic in use in the home. The provider told us people had highlighted the large number of aprons used by staff. As a result, biodegradable aprons had been sourced for trial.

The home had made strong links with the community. Coffee mornings were run, open to people, families and carers, as a way to introduce people to the home informally. A new initiative with Prama care called Colten Prama Chat was been developed. This involved telephone befriending with people from Colten Care homes reaching out to those who may be isolated. Staff had participated in a local meeting regarding priorities in the local area for groups including older people. Staff had also sponsored refreshments at a local sporting event, which people attended.

There was a commitment to continuous learning. We were told that lessons from CQC inspections were shared at home manager's meetings. Nurses forum meetings also took place where information was shared in an open and transparent way.

People were protected from avoidable harm as staff understood how to recognise signs of abuse and the actions needed if abuse was suspected. There were enough staff to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults. When people were at risk of falling or skin damage staff understood the actions needed to minimise avoidable harm. The service was responsive when things went wrong and reviewed practices in a timely manner. Medicines were administered and managed safely by trained and clinical staff.

People had been involved in assessments of their care needs and had their choices and wishes respected including access to healthcare when required. Their care was provided by staff who had received an induction and on-going training that enabled them to carry out their role effectively. People had their eating and drinking needs understood and met. Opportunities to work in partnership with other organisations took place to ensure positive outcomes for people using the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their families described the staff as caring, kind and friendly and the atmosphere of the home as warm and inviting. People could express their views about their care and felt in control of their day to day lives. People had their dignity, privacy and independence respected.

People had their care needs met by staff who were knowledgeable about how they were able to communicate their needs, their life histories and the people important to them. A complaints process was in place and people felt they would be listened to and actions taken if they raised concerns. People's end of life wishes were known including their individual spiritual and cultural wishes. Activities took place in the home and were enjoyed by people.

The service had an open and positive culture that encouraged involvement of people, their families, staff and other professional organisations. Leadership was visible and promoted teamwork. Staff spoke positively about the management and had a clear understanding of their roles and responsibilities. Audits and quality assurance processes were effective in driving service improvements. The service understood their legal responsibilities for reporting and sharing information with other services.

Further information is in the detailed findings below

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 remains Good	**Good** ●
Is the service effective? The service has improved to Outstanding	**Outstanding** ☆
Is the service caring? The service remains Good	**Good** ●
Is the service responsive? The service remains Good	**Good** ●
Is the service well-led? The service has improved to Outstanding	**Outstanding** ☆

Amberwood 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 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 site visit took place on 25 October 2018 and was unannounced. The inspection continued on the 26 October 2018 and was announced. The inspection was carried out by an inspector, specialist nurse advisor and expert by experience on day one and one inspector on day two. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their experience related to older people and people with dementia.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority quality assurance team and safeguarding team to obtain their views about the service.

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.

We spoke with seven people who used the service and five relatives. We met with four health and social care professionals and eight staff which consisted of care staff, domestic, kitchen and nursing staff.

We spoke with the registered manager, clinical lead, clinical manager and operations manager. We reviewed 11 people's care files, four medicine administration records, policies, risk assessments, health and safety records, consent to care and treatment, quality audits and the 2018 relative's survey results. We looked at five staff files, the recruitment process, complaints, training and supervision records.

We walked around the building and observed care practice and interactions between care staff and people who live there. We used the Short Observational Framework for Inspection (SOFI) at meal times. SOFI is a

way of observing care to help us understand the experience of people who could not talk with us.

We asked the clinical lead to send us information after the visit. This included policies and the an action plan regarding activities. They agreed to submit this by 1 November 2018 and did so via email.

Good

Is the service safe?

Our findings

People, relatives and staff told us that Amberwood House was a safe place to live. A person told us, "It's very good. I went to visit a friend with my daughter, who is in another home and, 'My what a difference', I am very lucky to be living here…its wonderful". Another person said, "On the whole I feel safe in the home". A relative told us, "I feel my family member is safe in this home due to the dedicated care and support of all the staff". A health professional said, "The home is safe. People are well cared for and good measures are in place". Staff described the service as safe and told us that safe systems in place included; clear guidelines, risk assessments, policies, audits, checks and support.

We found that the home had implemented safe systems and processes which meant people received their medicines on time and in line with the provider's medicine policy. We completed a medicine administration round with a nurse at lunch time. They were very knowledgeable about the systems in place at Amberwood House, the medicines they were administering and the people whom they administered medications to. The nurse knocked on people's doors before entering, asked if it was ok to come in and gained consent to administer medicines.

The service had safe arrangements for the ordering, storage and disposal of medicines. The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed. The temperature of the room where medicines were stored was also monitored and was within the acceptable range. Medicines that required stricter controls by law were stored correctly in a separate cupboard and records kept in line with relevant legislation. Medicine Administration Records (MAR) were completed and audited appropriately.

There were enough staff on duty to meet people's needs. The registered manager told us that they used a dependency tool which calculated staffing levels at three levels; residential, assisted living and nursing. A person told us, "On the whole, staffing levels, I think, are ok". A relative said, "I was not aware of any staffing shortages". A health professional told us, "There are enough staff if I need one I can find one". Staff comments included: "Some days I feel we could do with another staff member. It can depend on the day and what people's needs are that day. I know we are within guidelines though". "There are enough staff. If someone phones in sick we pull through it as a team" and "Yes, I think there's enough of us. Needs are met and we all get on well". The service also employed maintenance, domestic and kitchen staff to help ensure the service ran effectively. The chef explained that staff who worked in the kitchen had appropriate food hygiene training.

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. Staff files contained appropriate checks, such as references and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Staff were clear on their responsibilities with regards to infection control and keeping people safe. All areas

of the home were kept clean to minimise the risks of the spread of infection. There were hand washing facilities throughout the building and staff had access to Personal Protective Equipment (PPE) such as disposable aprons and gloves. Throughout the inspection we observed staff wearing these, for example, at meal times and during personal care. Staff could discuss their responsibilities in relation to infection control and hygiene. Signage around the home reminded people, staff and visitors to the home of the importance of maintaining good hygiene practices.

There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts. We found that there were no safeguarding alerts open at the time of the inspection. A health professional told us, "I have no safeguarding concerns. I believe they would be proactive at dealing with these". A social care professional said, "I have no safeguarding concerns at all here".

Staff understood their responsibilities to raise concerns, record safety incidents, and near misses, and report these internally and externally as necessary. Staff told us if they had concerns the registered manager would listen and take suitable action. Accident and incident records were all logged, analysed by the registered manager and actions taken as necessary. These had included seeking medical assistance and specialist advice. Lessons were learned, shared amongst the staff team, and measures put in place to reduce the likelihood of reoccurrence.

People were supported by staff who understood the risks they faced and valued their right to live full lives. This approach helped ensure equality was considered and people were protected from discrimination. Staff described confidently individual risks and the measures that were in place to mitigate them. Risk assessments were in place for each person. Where people had been assessed as being at high risk of falls or pressure ulcers, assessments showed measures taken to discreetly monitor the person. A social care professional told us, "There have been times when people have been at risk of falls. Assessments have been completed and equipment brought in".

Equipment owned or used by the registered provider, such as adapted wheelchairs, hoists and stand aids were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All electrical equipment had been tested. People had personal emergency evacuation plans in place. These plans told staff how to support people in the event of a fire. A health professional said, "Maintenance is really good here. If something needs fixing it is done fast".

Outstanding ☆

Is the service effective?

Our findings

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.

Consent to care was sought by staff from those people that had mental capacity. This included consent for photos. A relative told us, "I'm involved in all best interest decisions which involve [name]. The service works within the principles of the act". We found that MCA and best interest paperwork was in place, complete and up to date. Mental capacity had been assessed and best interest meetings involved relatives and other relevant parties. A staff member told us, "Where people lack capacity or can't talk we involve families, advocates, professionals etc." Best interest decisions included; the delivery of personal care, medicines, bed rails and the use of equipment, for example; hoists, stand aids and sensor mats.

Staff were aware of the Mental Capacity Act and told us they had received MCA training. The training records confirmed this. A staff member told us, "MCA is to determine whether people have capacity and protect those who don't. People are always assumed to have capacity unless assessed otherwise".

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). Applications had been made for people who required DoLS. Three people had authorised DoLS in place with no conditions attached to them. The other applications were pending assessment by the local authority.

Staff told us that they felt supported and received the appropriate training and supervision to enable them to fulfil their role. A staff member told us, "I receive enough training there is always new things to learn. I have achieved my level two diploma in health and social care and am hoping to start my level three. I have recently completed a refresher in fire safety". Training records confirmed that staff had received training in topics such as health and safety, moving and assisting, infection control and first aid. We noted that staff were also offered training specific to the people they supported for example; end of life, nutrition and dementia. A staff member said, "I have regular supervisions and had one recently with my line manager. I think these are good, it's important to discuss things and keep people on the same page". A health professional told us, "We deliver some training here. Staff come across professional and have a good understanding of people's needs". A social care professional said, "Staff appear well trained".

We were told that the home had been part of a pilot project for third year student nurses during their management module. The pilot allocated nurses to the home for one day per week. The management told us that the home was chosen due to the excellent feedback from more junior student nurses. Staff have the opportunity to apply for the Nurse Associate programme in partnership with Southampton Solent

University. This was a sponsored course which is awarded a foundation degree. Staff could then, following additional study, become registered nurses. We were told, a strength of the home is the support and encouragement staff are given to progress in their careers. Two staff had started as carers at Amberwood House and had recently qualified as registered nurses.

Nursing staff were aware of their responsibilities to re-validate with their professional body, the Nursing and Midwifery Council (NMC). Nurse re-validation is a requirement of qualified nurses. This process ensures they provide evidence of how they meet their professional responsibilities to practice safely and remain up to date. The registered manager and clinical lead was supporting clinical staff to achieve this through reflective learning and development sessions arranged at the home and external training and events.

There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. A staff member said, "My induction included shadow shifts. I started supporting people who were more independent. I had the support I needed and have completed the Care Certificate".

The provider told us 'Dementia Friends' training is incorporated into the dementia training. They explained that as there were a number of people living in the home with a diagnosis of dementia in addition to their nursing needs and that training had been developed around those needs, to support individuals in the best possible way. The provider added that they were able to get additional support from their own Admiral Nurse.

We were told that the service had introduced an online training and recording system. This enabled staff to allowed staff to access their own electronic update training and records when it suited them. Face to face training could then be focussed on areas that benefit from group interaction or where staff have identified a need for additional support. Staff who had additional needs were given the support they needed to complete and understand training. We were told that e-learning did not substitute face to face training and that this would continue to be delivered.

A Registered nurse on duty on the second day of inspection had recently attended a 'Clinical Excellence day'. This was an event organised to enhance nurse skills and knowledge with a focus on medication management, accident and incident reporting and analysis and the sharing of lessons learnt and good practice across all homes in the group.

On the second day of the inspection the provider told us the home had champions at the service. These included health and safety and end of life champions. For example; the health and safety champion was on duty. We were told that they worked with the registered manager to identify topics for staff development using 'tool box' conversations with small groups or individuals. The staff member worked as a healthcare assistant which the provider felt made them well placed to identify areas of concern and address them promptly.

We were informed that one of the end of life champions won the inaugural Colten champion's award for 'Caring Excellence' having been nominated by people, relatives and colleagues. They had now progressed to be a finalist in the 'National care Awards' in the category of Registered Nurse.

People's needs and choices were assessed and care, treatment and support was provided to achieve effective outcomes. Care records held completed individual needs assessments which formed the foundation of care plans. There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals. As people's health and care needs changed, ways of supporting them were reviewed. Changes were recorded in people's care files which each staff member had access to. However, we found that people's spiritual needs identified in their individual needs assessments were not always detailed in their care plans. The clinical lead took note of this and by day two all care plans had been updated.

Amberwood House employed a customer support advisor. The advisor told us, "My main duties are to support people and families through the process of moving in and then continue to support them whilst they live here. I am usually the first point of contact". People and families told us that the admission process was a thorough and positive experience. We were told that some people who had come in for respite care had since decided to come and live at the home as their experience was so good. A health professional said, "The person I am visiting today chose to be here. They could be at home but likes it here too much".

People were supported to maintain a healthy diet and food and fluid charts were maintained where appropriate. A person told us, "The care staff gives me a menu for the next day's meals. I tick what I want and at the bottom of the form you pick either a small, medium or large portion. My favourite meal is the roast dinner at the weekends, it's very good". Another person said, "The choices are excellent... I am sure I have put on weight since I've been here!".

We observed people eating and found that there was a relaxed atmosphere. Tables were nicely laid and drinks were available to people. It was clear from the chatter and laughter at lunch time that mealtimes were relaxed and informal. People requiring assistance were helped in a manner which respected their dignity and demonstrated knowledge of individual dietary and food consistency needs. People chose whether to have their meals in their own rooms or the communal dining room. We observed one person coming into the dining room a little later than others, they were greeted by a staff member, offered a glass of wine and the waitress brought them their .meal

When all residents had finished their meal, two waitresses cleared the table and another waitress brought out the sweet trolley. The two shelves contained, fruit salad, cream, stewed pears, sticky toffee pudding, custard, jelly and ice cream, Victoria sponge with cream and lemon mousse.

The kitchen had been awarded a five-star food standards rating and all staff had received food hygiene training. We met with the chef who told us that there was a four-weekly menu which was reviewed seasonally. The chef could tell us people's dietary requirements including their likes and dislikes. They told us that care staff went around each day informing people what the meal choices were and offering alternative options if people did not like those available to them. We were told that visual menus were taken around to people so that it could support them associate meals to choices.

We were told that one person who responds differently to staff had gained eight kilograms of weight in six months following staff developing a consistent approach.

A 'Night Owl' menu was on display and discussed during the inspection. This offered people hot or cold food at any time ensuring food was available even when the chef was not in the home. The provider told this initiative was started following feedback from people.

The provider showed us a smoothie menu and said this provides a way of giving people the choice of a

variety of attractive and appetising fortified drinks.

The chef manager and clinical lead meet on a regular basis using a nutritional tracker to monitor people's nutritional needs. The catering staff had knowledge of all people in the home who had dietary requirements.

The provider said, any person with a MUST score of 1 was put onto a fortified diet to increase their individual calorific intake. This was displayed in the kitchen. The chef also informs waiting staff so that the whole team have knowledge.

People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. A person said, "If I am unwell the nurses will call the doctor out for me". A health professional said, "The home is highly proactive at referring people if they feel external professional input is needed. Charts and records are always kept up to date". Recent health visits included; a District Nurse, a GP, physiotherapist, and a Chiropodist.

People told us they liked the physical environment. The home was split across three levels and had been adapted to ensure people could access different areas of the home safely and as independently as possible. There were two working lifts and stairs in place providing access to each floor. There was access to safe outdoor spaces with seating and planting that provided a pleasant environment. A person said, "I can go outside if I want to". We observed people walking freely around the home during the inspection. People, relatives, professionals and staff referred to Amberwood House as a home from home.

The provider told us three of the four smaller lounges on the first and second floors were being refurbished in response to people's feedback. The first had already been made into a café which the provider told us was very popular. Two more had been completed at the time of the inspection, one of these was designated as an activities lounge for smaller groups or individuals, the provider said; "it also works well for residents who enjoy arts and crafts". We were told that the homes gardener regularly supported people to take part in gardening club and had planted a tree donated by a person who was leaving the home after a period of respite. The provider said the home had taken photographs and written a personal letter to the person, so they could see where the tree had been planted.

Good

Is the service caring?

Our findings

People, professionals and their relatives told us staff were kind and caring. One person told us, "Oh yes, I suppose the care staff look after me so well". Another person said, "Staff care for us all so much". A health professional told us, "Staff are kind and caring to people". Relative comments included:"Care staff cannot do enough for my loved one at this difficult stage in life", "Staff are always pleasant and helpful".

People were treated with respect. For example, one staff member was involved with assisting a person who had required support, they were very supportive and protected the person's privacy and promoted their dignity throughout. We observed staff knocking on people's doors before entering and were sharing personal information about people appropriately. One person told us, "Staff respect me and treat me with dignity and support when they are with me". A relative said, "Staff are very good at treating people with dignity and respect - both people and relatives". A staff member said, "We respect people's dignity and privacy by making sure we cover private areas, close curtains and doors and respect where people wish to be. We always ask if people would prefer their doors to be left open or closed". Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

People who could talk to us about their view of the service told us they were happy with the care they received and believed it was a safe environment. Comments from people and their relatives included: "My loved one is well cared for here at Amberwood House". "I am happy here; the care is very good".

People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. A relative told us, "My relatives spiritual needs have always been respected and supported. They enable them to attend church visits".

People were supported to maintain contacts with friends and family. This included visits from and to relatives, friends and regular telephone calls. There were a number of lounges and other areas around the home so people were able to meet privately with visitors in areas other than their bedrooms. People and relatives told us that there were no restrictions to visiting times. We met with a relative who had travelled a long distance to visit their relative and they were provided with a room on the top floor to sleep over whatever the length of their visit. Staff were aware of who was important to the people living there including family, friends and other people living at the home.

On both days of the inspection there was a calm and welcoming atmosphere in the home. We observed staff interacting with people in a caring and compassionate manner. For example, during lunch staff were patient and attentive as they supported people. They demonstrated a concern for people's well-being and were gentle and encouraging.

People were encouraged to be independent and their individuality respected. We observed a staff member encouraging a person to walk independently to another room. The staff member was reassuring, patient and did not rush the person. A person said, "I do my own personal care in my small ensuite room, which has

a basin and toilet. I then ring the bell for the staff to help me back into my room". A staff member said, "People on the ground floor are more independent. For example, one person catches the bus from here to local towns on their own. We always promote independence, it's so important".

People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. A person said, "I make my own decisions on what I want to do and staff respect this". People appeared well cared for and staff supported them with their personal appearance.

The home had received a number of compliments and thank yous. One said, 'I wanted to pass on my thanks to all the staff at Amberwood. In all that time I always found the level of care exemplary not just the front line carers but the whole staff team'. Another stated, 'Thank you all for my wonderful care I received during my stay with you and also for your patience'.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Staff were able to tell us how they put people in the centre of their care and how they involved them and their relatives in the planning of their care and treatment. A person told us, "Reviews of care plan, I think the manager spoke to my relative recently". One relative said they were aware of her loved one's care plan and they had been involved in a recent review ofthe person's nutritional needs. A social care professional told us, "People's individual needs assessments are reviewed and updated six monthly. These are up to date, detailed and very personalised".

Care plans were available to staff, up to date, regularly reviewed and audited by the management to ensure they reflected people's individual needs, preferences and outcomes. The registered manager and clinical lead alerted staff to changes through handovers and meetings and promoted open communication. A social care professional said, "The service is very responsive to people's needs and supported to move on if necessary". We found that care plans contained photos of people and information about the person, their family and history. A health professional told us, "Records are accurate, legible and easy to access".

People were supported with end of life care and preferences were recognised, recorded and respected. A staff member told us that they were an end of life champion. We were told that the provider Colten Care has a Remembrance Day each year. These were an opportunity to write notes and cards and for people and relatives to remember those they may have lost. The staff member said, "End of life training for staff is now delivered in response to feedback. This is important to staff at all levels including maintenance and kitchen as we all make connections with people here. Staff need to understand how to deal with it and support others. We have also started to have end of life bags. These have things like chap sticks and mouth swabs in them. When people pass away we put a forget-me-not on their door".

We were told by the management that one of the end of life champions had won an organisational award for 'Caring Excellence' having been nominated by people, relatives and colleagues. The staff member had now progressed to be a finalist in the 'National Care Awards' in the category of registered nurse.

Amberwood House employed 'Colten companions', they were staff who supported people to enjoy activities within the home and access them outside.. They arranged and provided people living at the service a variety of activities to participate in and enjoy. Colten companions told us that they identified people's hobbies and interests during care planning meetings and through conversations with people and their families. A person told us, "I went on an outing in the mini-bus yesterday, which I thoroughly enjoyed and we stopped off for afternoon tea at a lovely tea shop". A relative said, "My loved one joins in all activities, table top gardening is their favourite as they used to be a gardener. They also like skittles which is put on weekly". A health professional told us, "The service is exceptional with activities and letting people know what is on". Another professional said, "People who come here for short stays often come back for lunch, coffee mornings and activities. This is mainly because they love the home and the social side of things".

We met with colten companion who told us activities included, indoor golf, gentle movement, music, singers

and bus trips every Wednesday. We read that recent days out included trips to local towns, garden centres and lunches away from the home. The chef told us that there was a cooks club for people at the home and Christmas cakes were currently being made. The coordinator said that the home is very keen to advertise events outside of Amberwood House which in turn promoted the home and encouraged community engagement. We noted that there was an upcoming Halloween event which was open to people in the home and community.

We read that people met with activity coordinators regularly and completed a "My Time" questionnaire. These asked people questions such as; how the home could make their stay better and what is your ideal destination and would they like the service to make it happen. We found that people had recorded several different destinations however, no actions had been set to fulfil these. We discussed this with the registered manager and clinical lead. Following the inspection, we received an action plan on how these would be reviewed and acted upon.

The service was meeting the requirements of the Accessible Information Standard (AIS). The AIS is a law which requires providers to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. People's communication needs were assessed and shared with others as and when required. For example, hospital admissions.

The registered manager told us that they welcomed complaints and saw these as a positive way of improving the service. The service had a complaints system in place; this captured the nature of complaints and steps taken to resolve these. The last complaint was recorded on 28 September 2018. The steps taken to address this included meetings with staff, raising awareness and a follow up meeting with the complainant. We were told that this was now resolved and closed.

Outstanding ☆

Is the service well-led?

Our findings

The service had a registered manager in post. 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.

Quality monitoring systems and processes were in place and up to date. These systems were robust, effective, regularly monitored and ensured improvement actions were taken promptly. We met with the clinical manager who explained that clinical leads completed a four-weekly audit at the home which covered areas such as accidents, medicines, care plans, infections and wounds. We found that the audits were completed on an on-line system which was kept live and meant that the clinical manager could access and oversee findings at any time. We found that one safeguarding incident had been investigated by the home and reported to the local authority however, a notification had not been sent to us. The clinical manager told us that learning from this would be that all safeguarding incidents and notifications would be reviewed in detail by them.

The management told us that they promoted an open-door policy. The registered manager's office was located on a main corridor on the ground floor. The registered manager told us they recognised good work which was positive and promoted an open culture. Support was tailored to the individual support needs of staff members to enable them to carry out their role. A staff member said, "I feel listened to by the management and am able to put my views and opinions across".

Staff, relatives' and people's feedback on the management at the home was positive. A person told us, "I do know the manager and can talk to her any time". Staff comments included: "The registered manager is really good at everything. If there is someone who needs help she is always there". "[Clinical leads name] is very friendly, approachable and great. If you feel something needs changing they will do it there and then. The registered manager is good too. Door is always open". "[Clinical leads name] is very knowledgeable, an amazing nurse. They have tried to bring Amberwood up to date with current best practice guidance like wound care. They are always trying to improve the practice here. Management are brilliant with people and staff here". A health professional said, "I would say the management is really good. Organised and friendly".

The service worked in partnership with other agencies to provide good care and treatment to people. Professionals fed back that they felt information was listened to and shared with staff. A social care professional said, "We work well in partnership with Amberwood House. The home listens to advice and takes it on board". A health professional told us, "Partnership work is good. They are open to mistakes and want to learn. I certainly recommend the home". Another professional said, "I really appreciate the working relationship I have with the registered manager and customer support advisor it makes such a difference to people's lives".

The home had made strong partnership links with the community. A health professional said, "I do talks here for people and families. Amberwood House arrange these and promote them. Recently I did one on Parkinson's to raise awareness and the feedback was good". The customer support advisor told us that one of their passions was to reach those who maybe isolated in the community. They told us, "We have an open door to the community like open coffee mornings and no booking is necessary. These are open to people, families and carers. These are a good way to introduce people to a care home informally". They went onto tell us that they held breakfast networking groups monthly for health and social care professionals. One thing that had come out of this was a new initiative with Prama care called 'Colten Prama Chat'. A professional said, "This will involve telephone befriending. The idea is to start with people in three local Colten Care homes to reach out to those who maybe isolated". The customer support advisor said that a meeting with people living at Amberwood House had been arranged to identify exactly what they wanted to get from this.

We were told that the home manager and customer service advisor had attended the 'Ferndown Conversation' which was a large event hosted by Ferndown Council. The purpose of the event was to establish priorities in the local area for groups including the elderly. The home also supported 'Ferndown Fete on the Field' by sponsoring refreshments at the end of the 10k run and hosting a stall. People who had lived in the area attended in the minibus.

The registered manager and clinical lead understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They fulfilled these obligations where necessary through contact with families and people.

We were told that lessons from CQC inspections were shared at home manager's meetings. Nurses forum meetings also took place where information was shared in an open and transparent way.

People, relatives, and staff told us that they felt engaged and involved in the service. Relative's told us they were aware of the quarterly relative's meetings and had attended them when they could. We were told that these were informative and worth attending. We found that people had requested more opportunities to have access to the community and in response the customer support advisor had teamed up with the local council to hire transport.

Meetings with people, staff and relatives took place. Actions from these were updated, reviewed and actioned. We were told one example was that people were involved in a 'Caring without plastic' initiative aimed at reducing the amount of plastic in use in the home. The provider told us people had highlighted the large number of aprons used by staff. As a result, biodegradable aprons had been sourced for trial.

Several people and relatives said that they would recommend Amberwood House to others. One said, "As it is of the highest quality".