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Amadeus

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This unannounced inspection was carried out on the 18 September 2017.

Amadeus is a private residential care home providing accommodation for up to 39 people, requiring personal care only. The home is a detached property located in Eccles, Salford, Greater Manchester. At this inspection, there were 34 people were living there.

At the last inspection on 17 February 2015, the service was rated overall as 'Good,' with safe rated as requires improvement. At this inspection we found the service retained its overall rating of 'good.' The service continued to meet all relevant fundamental standards including 'safe, which was now rated as 'good.'

People consistently told us they felt safe living at the home. There were systems in place to protect people who lived at the home from abuse by ensuring appropriate referrals were made and action taken to keep people safe. Risks to people were managed in a way that protected them and kept them safe from harm. People were supported safely and their needs were met by sufficient numbers of staff. People told us there was always enough staff to support their needs and respond to them in a timely manner. People continued to receive their medicines safely.

People were confident in the abilities of staff to meet their individual needs. Staff received training and support that was specific to the people they supported. They were encouraged to undertake any training that was relevant to their role. People were supported by staff to make their own decisions. When people lacked mental capacity to take particular decisions, staff took the required action to protect people's rights and ensure people received the care and support they needed. People's dietary requirements were assessed and people were provided with sufficient food and drink.

People continued to receive support from staff who were kind, caring and compassionate. Staff were respectful of people's privacy and dignity. People were listened to and felt able to voice their opinions. People were actively involved in determining the care and support they received.

People received care and support that was individual to them. Their support needs were kept under review and staff responded when changes in these needs were required. People were able to give feedback and make complaints about the care and support they received.

People told us they were cared for by a team of staff that were well-led. Staff told us that there was an open culture within the home and they would be confident to raise concerns directly with the registered manager. There were systems in place, which continued to monitor and assess the quality of the care provided.

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 ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well-led.	Good ●

Amadeus

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 was a comprehensive inspection, which took place on 18 September 2017, and was unannounced. The inspection team consisted of one inspector and 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We took this information into account during our inspection.

We reviewed information we held about the service, and looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on any statutory notifications we had received from the provider. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted representatives from the local authority and Healthwatch for their views about the home, which would aid our inspection.

As part of the inspection, we spent time with people in the communal areas of the home and spoke with 12 people who used the service and four visiting relatives and friends. Many of the people we spoke with were living with dementia and therefore conversations were not in-depth. We spent time observing interaction between staff and people who used the service. Some people were unable to speak to us, so we used the Short Observational Framework for Inspections (SOFI) to help us understand their experiences of the support they received. We also spoke with a visiting health care profession and a visiting hairdresser.

We reviewed a range of records about people's care and how the home was managed. These included five care records, eight medicine administration record (MAR) sheets, staff training records, quality assurance audits and minutes from resident and staff meetings.

As part of the inspection, we spoke with the registered manager, the deputy manager, the care coordinator, the cook, one senior member of care staff and seven care assistants.

Is the service safe?

Our findings

We asked people if they felt safe living at Amadeus. People consistently told us they felt safe living at the home. One person told us, "I feel safe as I am mixing with people and if anything was wrong I would speak to one of the bosses. We all get on I can't complain." Another person said, "Yes everyone is so friendly. At first I was unsure and it took a while for me to settle in, but I am ok now. If I did have any concerns I can go to the deputy manager. I like them and I can go to them with anything." A third person told us they felt safe and comfortable living at the home. One relative told us, "My relative is definitely safe here and they feel secure and happy." Another relative said, "People are very safe here in my view. I have no worries on that front."

Staff were able to describe confidently what action they would take if they had any concerns and showed a good understanding of the different types of abuse. There were systems in place to protect people who lived at the home by ensuring appropriate referrals were made and action taken to keep people safe. The registered manager understood their responsibilities in reporting any potential concerns in line with local safeguarding procedures. One member of staff told us, "I would never hesitate to report any concerns to the manager. If it involved the manager I would contact external agencies like the social services or the police. I'm confident management would deal with my concerns appropriately." Another member of staff told us they were confident in reporting any concerns of abuse to the registered manager as they knew they would take the appropriate action to ensure people were safe.

Staff confirmed the provider had requested references from previous employers before they started work at the home. Criminal records checks on their background had also been completed to ensure they were suitable to work with people who lived at the home. These checks were called disclosure and barring service checks.

Risks to people continued to be managed in a way that protected them and kept them safe from harm. Staff were aware of the risks people faced and the action required to minimise the risk and keep people safe. One relative told us, "When my relative first came to the home, they had a couple of falls, trying to get out of bed in the night, due to confusion caused by their condition. So they [staff] put an alarm mat by their bed to alert them to the fact that they were trying to walk around at night." They explained that helped reduce the risk of falls for their relative. A member of staff told us how they [staff] minimised risks of people falling by they use of alert mats, which were placed by people's beds and chairs. They would also support people using walking aids and ensure the environment was free of trip hazards.

We asked staff about how they reported incidents and accidents and what happens as a result. Staff told us that if anyone was involved in an incident or accident, they would seek assistance and support them. They would complete an incident log and submit to the registered manager. The registered manager told us, and we saw, that incident and accidents were reviewed to identify patterns as a means of reducing further incidents.

During our last inspection staff raised concerns about staffing levels. On this occasion we found people were supported safely and their needs met by sufficient numbers of staff. One person said, "I think there are

enough staff and they do their best and get you anything you want." Another person told us, "There are plenty of staff and once you get to know them they are the same as us." One relative said "I have no concerns about staffing levels, Anything I ask for, they [staff] are quick to respond and are excellent." Some staff told us that between 6am and 8am was a very busy period with a number of people choosing to get up. They felt an additional member of staff at this time would be helpful. We spoke to the registered manager who stated that they closely monitored staffing levels and had already deployed extra staff to cover this period. However, they were still reviewing whether this amounted to the effective deployment of staff.

We looked at how people were supported to take their medicines. People told us they received their medicine when they needed them. One person said, "I always get my medicines when I need them." We saw staff checked each person's medicines with their records before administering them. Records were accurate and completed correctly. Staff told us that they received training and were subject of competence assessments by the provider. Medication audits were also undertaken to ensure medicines were administered safely. Some people were prescribed medicines to be given 'when required,' such as pain relief, however additional information was not always available for staff to help ensure they gave these medicines in a safe and appropriate way. It is important that clear guidance is recorded about when and how to give medicines prescribed in this way. We spoke to a senior member of care staff, who assured us this issue would be addressed in consultation with the local pharmacy.

Is the service effective?

Our findings

We found people continued to receive care and support from staff who had the skills and knowledge to meet their needs. The rating continues to be Good

People told us they had confidence in the abilities and training of staff to meet their individual needs. One person told us, "The staff are well trained. My relative was a carer and she said that they most definitely have good staff to look after me." Another person said, "I think the staff are very well trained and know what they are doing, especially the one in charge in the office." One relative, who was a health care professional told us they were confident with the quality of care delivered by staff. Another relative said, "The staff are well trained and competent."

Staff told us they continued to receive training and support that was specific to the people they supported. They were encouraged by the provider to undertake any training that was relevant to their role and felt supported and valued as part of a team. Most staff we spoke with had either obtained or were studying to obtain nationally recognised qualifications in social care. Staff told us their induction training and shadowing experience was individually geared to their previous experience in care. Training involved attending external courses or in house training. One member of staff said, "I found my initial training really good. It met my needs and involved a six month probationary period, based on my previous experience. I attended training in Manchester and I'm currently doing a national vocational qualification at level three here. I spent time shadowing more experienced staff as part of my induction. It all fell into place well and I really felt confident when I started working on my own."

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

People were supported by staff to make their own decisions. When people lacked mental capacity to take particular decisions, staff took the required action to protect people's rights and ensure people received the care and support they needed. Staff told us they had received training in the Mental Capacity Act (MCA). We saw staff seeking people's consent before providing any care. Staff confirmed they understood the importance of obtaining people's consent and were able to explain the principles of the MCA. One member of staff told us, "I will always offer choices to help people make decisions. We get to know people's body language and emotions and I would never do anything unless I was sure people were happy with it. People who can't communicate well will normally give you plenty of signs if they are not happy." Another member of staff told us they would not provide any care without consent. If people refused they would return later, reassure and try again. If people continued to decline, they would speak to senior staff to discuss alternative approaches.

People's dietary requirements were assessed and people were provided with sufficient food and drink. We asked people if they like the food provided. One person said, "I like it very much, we get a choice of two different meals and they encourage you to drink lots of water and I have my own cordials in my room." Another person said "The food is alright here, you are never hungry here." We spoke to the cook who was able to tell us about people who were on special diets. This included diabetic, fortified and pureed meals. People's weight were regularly monitored and appropriate referrals made if concerns were identified.

People were supported to regularly consult other healthcare professionals to meet their specific health needs. One person said "If I am poorly the GP comes to see me and they also call in and check on me. They ask how I am feeling." Another person explained that they saw a doctor and the chiropodist who visited the home. They were also supported to visit the optician outside the home. A visiting health care professional told us, staff reported medical problem appropriately and knew their residents well. They felt there was a stable team of staff at the home, who received good leadership from the registered manager.

Is the service caring?

Our findings

People continued to receive support from staff who were kind, caring and compassionate. The rating continues to be Good.

We asked people if staff were caring. One person told us, "Oh yes, they take time to talk to you and listen. The two managers are very good." Another person said, "Yes if you have something you want they will do it for you, they do their best to help you." A third person told us, "Very much so, the staff are very polite, what you see is what you get." One relative told us, "Staff seem very nice and always make me a cup of tea. They are very welcoming. This is the first place I been to without staff moaning." Another relative told us they had complete confidence that their relative was receiving good care.

Staff continued to be respectful of people's privacy and dignity. We saw personal care was delivered behind closed doors and staff knocking on bedroom doors before entering. One person told us, "Staff are always respectful and kind, I can't thank them enough. They are very polite and will always ask for my permission before doing things." Another relative told us that their loved one was showered often and was always clean with clean clothing and that the home was spotless. A third relative said, "They [staff] treat everyone with respect."

People were encouraged to be independent, express their views and make choices about the care and support they received. People moved independently around their home on their own or with the assistance of staff. Staff were able to explain to us the importance of people retaining their independence to support their well-being. One member of staff said, "I'm very hot on encouraging people to be independent. I will explain the importance of retaining their quality of life they have and improving it. So the more they do, the better. I will encourage them all the time." Another member of staff told us about the positive outcomes for people by being independent resulting in self-belief and increased confidence. This included tasks, like walking and washing.

People told us they were listened to by staff and felt able to voice their opinions. They also felt actively involved in decision-making about their care and support needs. They told us they had been fully consulted and involved in reviews of care. One relative said, "I have been fully involved in my relative's care and support needs. Importantly they listen and you feel very involved."

Is the service responsive?

Our findings

People continued to receive care and support that was responsive to their needs. The rating continues to be Good.

People received a responsive service that reflected their assessed care and support need. People told us they had been consulted about their individual needs and were aware that this information was contained within their individual care plans. One person said in reference to their care plans, "It says how they treat you, do you feel clean, are they dressing you, have you got plenty to eat and how you look after yourself." One relative told us how their loved one had been admitted to the home as an emergency admission. They described it as a massive upheaval for their relative, However, the service they received was 'fantastic'. The registered manager and staff were wonderful. They undertook an initial assessment of their relative's needs and determined the care and support they needed to deliver. They also said, "Anything I have asked for, they are quick to respond to, they are excellent." Another relative told us, "I'm really impressed. The registered manager spent a lot of time with us initially. It was absolutely lovely as they made us feel very welcome. My relative had an assessment of their needs. They [staff] seem very responsive and helpful."

Care files we looked at were complete and had been reviewed and discussed with the people themselves. People's needs were then regularly reviewed. Staff told us people's care plans included information about their personal backgrounds and preferences, together with guidance on how to meet individual's specific care needs. This enabled them to get to know and understand people needs professionally and personally.

People continued to be involved in activities and stimulation of their choice. One person said, "They do my nails, we have quizzes, do exercises and play bingo and we go on trips out. We are going to Blackpool soon to see the illuminations." Another person told us, "I love sport and there is a lot of sport here, we play indoor football and bowling. I love quizzes and we play bingo and singers come in." The provider employed an activities coordinator, who was on leave during our inspection visit. However, we saw staff engaging with people throughout the day and playing various games in the main lounge.

The provider continued to routinely listen to people's experience, concerns and complaints. The provider had a complaints policy and procedure in place. This provided information about how people could inform staff if they were unhappy about any aspects of the service they received. People told us that if they had any concerns they would approach staff or the management. They were confident such issues would be addressed.

We looked at annual surveys that were sent out to people to comment on the quality of services delivered. The findings had been analysed by the provider to identify where improvements could be made. We also looked at minutes from resident meetings, where feedback was provide on items such as menus, mealtimes, cleanliness and activities. The provider also produced a regular 'newsletter' for people and relatives. This included information on trips out, people's birthdays, music workshops and upcoming events.

Is the service well-led?

Our findings

At this inspection, people continued to be cared for by a team of well-led staff. The rating continues to be Good.

People told us the registered manager led by example and was a very visible presence in the home. One person said, "The home seems very well organised and run. Staff know what they are doing." One relative told us that when they first made enquires about the home, they spoke with the registered manager who was open and transparent. They were made to feel very welcome and were invited to make an announced visit of the home and were told to 'take us as you find us.'

Staff told us that there was an open culture within the home and as a result they would be confident to raise concerns directly with the registered manager. Staff knew about the whistle blowing policy and said they would be confident to use it if necessary. The whistle blowing policy enabled staff to report any concerns or poor practice. Staff told us they felt well-led and valued by management. One member of staff said, "This place is really amazing. I can't see me leaving here. I really do feel supported and valued. I feel I could go to the management team with any issues here. Communication is really good. I have complete confidence in management." Another member of staff told us, "You can be open and speak your mind, [registered manager's name] is a really great manager and is always there for you. They are prepared to listen and help."

There continued to be systems in place, which continued to monitor and assess the quality of the service provided. These included regular meetings, where people were able to feed-back what they wanted and any concerns about the quality services provided. We looked at annual surveys that were sent out to people to comment on the quality of services delivered. The findings had been analysed by the provider to identify where improvements could be made. We also looked at minutes from resident meetings, where feedback was provide on items such as menus, mealtimes, cleanliness and activities. The provider also produced a regular 'newsletter' for people and relatives. This included information on trips out, people's birthdays, music workshops and upcoming events. Regular checks were undertaken, which included medication, the environment, equipment and fire safety. The registered manager monitored falls that may have occurred, and took action to minimise further occurrences. This included consultation with other health care professionals. There were regular staff meetings, which discussed issues such as safeguarding, health and safety, and staffing.

The registered manager had been in post since October 2010 and was present throughout our inspection. 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.