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Amersham Park House Limited

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

Amersham Park House is a care home providing accommodation and support with personal care for up to three people who have learning disabilities and need support to maintain their mental health.

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.

The service was calm, relaxed and had a homely atmosphere. The environment was clean and well maintained. We observed that staff were kind, caring and knew people very well.
Risks relating to people's support needs were identified and strategies were in place to mitigate those risks. Staff knew what to do if they had concerns about abuse. There were enough staff to meet people's needs safely and recruitment procedures were robust. Staff were well supported through training, regular supervision and annual appraisal.

Staff supported people to maintain good health through facilitating access to healthcare professionals when required. People were supported and encouraged to take part in activities outside of the service. The service paid for people to go on holiday or to have days out with family instead of a holiday if that is what people wanted.

The registered manager responded to feedback about the service and kept relatives involved and informed. The registered manager had systems in place to regularly check the quality of the service and the environment to ensure that people had high quality care that met their needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff had a good understanding of how to keep people safe and their responsibilities in reporting any concerns about safety.

Care plans reflected risks and supported positive risk taking and learning new things. Risks to people were regularly reviewed in order to protect people from avoidable harm.

Medicines were stored and administered safely.

There were robust systems in place for infection control and maintaining a high standard of the environment.

Is the service effective?

Good

The service was effective. People told us they were supported by staff who knew them.

Staff had qualifications relevant to their roles and were supported to regularly update their training and knowledge.

Staff were supported by regular supervision and appraisal.

Staff encouraged people to eat healthily and were involved in shopping for and choosing food.

People were supported to access their GP, dentist, optician and other health professionals to maintain their good health.

Is the service caring?

Good

The service was caring. People were treated with kindness, dignity and respect. Staff were aware of people's individual needs, personal histories, likes and dislikes and supported people in making choices and decisions.

People's privacy was respected.

Is the service responsive?

Good

The service was responsive. People's needs were reviewed

regularly and care was adapted as people's needs changed.

Because this is a small service people could say if there was anything wrong on an informal basis and this was addressed straight away.

Is the service well-led?

Good

The service was well led. The registered manager had systems in place to check the quality of the service, the safety of the environment and support for staff.

The care was planned around the person who used the service and adapted as their needs changed.

There was effective partnership with other health professionals involved in supporting people's specific medical and health needs.

Amersham Park House Limited

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 took place on 20 May 2016 and was unannounced.

The inspection was carried out by two inspectors. We talked with the person living there, one member of staff and the registered manager. We observed the interactions between the person and the staff. We looked at the person's care records, two staff files and records relating to the management of the service such as policies and procedures, maintenance records, complaints records, accident and incident records and records of checks and audits.

After the inspection we spoke with a professional involved with the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at Amersham Park House. One person said, "I talk to the staff if I have a problem."

People were protected from bullying and avoidable harm through a sensitive and well thought out approach to risk. The service did this consistently so that people felt safe in the service and outside in the community. For example, one person was accompanied by staff when collecting money as they were identified as being vulnerable to risk of abuse but at other times went out without staff support.

The service had systems in place to protect people from abuse. Staff told us, and records confirmed, that all staff had been trained in safeguarding adults and knew what to do if they had concerns about a person. Information about abuse, and local authority contact details to report abuse, were displayed for staff on the office noticeboard. We saw crisis, relapse and contingency plans in personal folders so that when people behaved in a way that may challenge others staff were able to manage the situation in a positive and planned way to protect people's dignity and rights. Staff gave examples of how they recognised triggers and then calmed the person and the approach they used to manage anger or potentially harmful behaviour.

Risks were well managed and balanced the person's rights proportionately. Risks to the person had been carefully identified and plans were in place to mitigate those risks. Plans had developed over time and changed as risks changed. We saw examples of positive risk taking with an example of this being smoking safely. The person who used the service smoked cigarettes and their smoking was a fire risk so staff never left them alone in the service and had set up a smoking room for them which they could check throughout the day. There had been past incidents of burns from cigarettes in furniture and having the smoking room which was monitored helped reduce any fire risk whilst supporting people's freedom to smoke. Staff had also worked to support the person to cut down the number of cigarettes smoked in line with current advice on smoking. There were risks associated with specific medical conditions which were managed safely and well with clear guidelines for staff to follow. Staff explained how they had made a plan with the person to listen out for them whilst using the bath and this balanced the person's right to dignity and independence with safeguards in case of a problem related to a specific health condition.

The registered manager monitored incidents and accidents that occurred within the service to ensure risks were managed and learning from incidents occurred. Incidents and accidents were recorded and reported to the appropriate authorities when required.

The service employed sufficient staff with skill and experience relevant to the needs of the service. As there was only one person using the service at the time of our visit, staff supported them whenever they were home and when they needed support to access the community safely. There were enough staff on duty to ensure people were safe at night. Staff told us that if the night staff phoned in sick they would not leave but would let the registered manager know and stay until cover could be arranged.

Recruitment processes were safe and in accordance with good practice. We looked at staff personnel

records and saw that each contained checks, such as a criminal record check, professional references and proof of the applicant's identity and right to work in the United Kingdom, undertaken before they started work.

Medicines were well managed in the service. They were appropriately stored in a locked cabinet. There was a system in place for medicines storage and management which ensured that medicines did not run out. There was a risk assessment and plan in place to enable the person to self administer their medicine safely with contingencies in place for staff to check that medicines were taken. There were guidelines in place, developed by the person's GP, for staff for medicine prescribed to be taken when needed (PRN) and these were followed. This detailed the circumstances when the medicine could be administered and steps to be followed by staff. Records showed that this was only used when absolutely necessary and not used for excessive control of behaviour. We saw a notice outlining the "five Rs" for medicines on the wall, "right patient, the right drug, the right dose, the right route, and the right time", to remind staff of good practice techniques to reduce the risk of medicine errors. Controlled medicines were stored, administered and recorded according to requirements. Staff told us, and records confirmed, that they had been trained to administer medicines safely and their competency was assessed.

Staff supported people in an environment that was spotlessly clean and well-maintained. There was a comprehensive system for infection control which addressed issues of legionella, food hygiene, fridge temperature, cleaning and laundry. Food was prepared according to good food hygiene standards and we saw colour coded chopping boards to reduce the risk of cross-contamination. Cleaning materials were kept safely and appropriately in a locked shed. There was a cleaning checklist for staff and staff completed lists of tasks they had done throughout the night and the week. We saw notices reminding people how to wash hands safely in the bathroom. Staff told us how the taps in empty rooms were run each week, to reduce the risk of legionella, and the whole house was cleaned every Saturday.

The registered manager had a fire safety risk assessment and emergency evacuation plan in place. Records showed that fire drills were conducted regularly, and people and staff knew what to do in the event of an emergency. Fire extinguishers and other fire-related safety equipment were checked and tested according to guidelines. Records showed that other equipment used in the service, such as small appliances and the gas boiler, were checked and tested regularly and according to guidelines.

Good

Is the service effective?

Our findings

People told us,"There have not really been any staff I haven't liked.Staff help me when I need to see the doctor" One person told us,"I have never had any problems living here."

People were supported by staff who had the necessary skills and experience for their roles. Staff held relevant qualifications such as the diploma in health and social care to level two and three. The registered manager and staff all had ongoing training in topics such as managing challenging behaviour, supporting people to maintain their mental health and epilepsy awareness to keep up their skills and knowledge. Staff had regular supervision, annual appraisals and training plans. Staff told us, and records showed, that supervision meetings were used to discuss any issues relating to the person who used the service, staff performance and development. Staff told us these meetings were useful.

New staff had a six week induction and didn't work alone until the person was happy with them. The induction period consisted of training and shadowing more experienced staff. Staff understanding and knowledge of policies and the people they were supporting was tested by the registered manager.

Staff demonstrated that they understood the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and the impact of these on the people they supported. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Staff sought assessments of capacity appropriately. Staff were respectful of consent and knew what to do when consent wasn't given. Staff knew what to do if people needed to be deprived of their liberty for their own safety.

Staff enabled people to make choices about food and drink and tried to encourage more healthy eating. Shopping was done together to enable choices and encourage healthier options such as choosing vegetables and fruit.Staff supported people to be as independent as possible with eating and meal preparation and one person told us,"I put my meals in the microwave." People chose if they wanted to eat in the service or to eat out in local cafes.

We saw evidence of involvement from other health professionals and that there had been recent visits to the optician and the dentist. There had been a flu vaccination and records were kept of specific medical issues to report to the consultant and CPN. Staff knew people's routine health needs and preferences and supported people with this.The staff engaged proactively with health and social care agencies and acted on their guidance and recommendations to best support people. The health professional we spoke to confirmed that staff always contacted them if there are any issues and told us,"They know the person very well."

People's preferences were taken into account and the service premises had been adapted and arranged to support people's freedom to smoke. The service had set up a designated smoking area to ensure safety and comfort.This was a double glazed conservatory overlooking the garden with a television and music centre and people enjoyed spending time there.

Good

Is the service caring?

Our findings

People told us, "Staff are kind to me, pretty good."

We saw staff relate with positive regard and good rapport. They clearly knew the person well and facilitated a relaxed and caring environment. The approach was definitely not task led and was responsive to the person's needs and wishes, for example, staff knew how to respond if the person became angry. The person spoke positively about past members of staff as well as present staff. Staff told us that new staff were selected with care as they had to be a specific type of person to fit in and understand that they needed to spend time with people to be caring. People who used the service were involved in new staff interviews and were supported to express their views about candidates. When new staff had started they spent time visiting the service, getting to know the people and other staff. One member of staff told us they were, "Like a little family." Staff had developed trusting relationships and understood and respected confidentiality. When we first arrived one person hadn't wanted us to see their room and this was respected.

We observed staff involving the person throughout the time of our inspection with a number of choices. For example, deciding how much money to take out with them and what to do with the money. Staff knew the time the person was supposed to take their medication and after consultation with healthcare professionals had agreed an approach that let the person get up when they wanted to whilst ensuring that medication was taken within time limits. Staff supported people in the nightime when they were restless and respected that people went to bed at a time that suited them.

Staff asked if we could look in the person's room and at their personal information and respected their wishes. There were no restrictions to friends and family visiting and staff welcomed friends who visited with a cup of tea. We saw information about advocacy services on the notice board and staff told us of how an advocate had been involved in supporting someone in the past. Staff had built good relationships with family and kept them up to date in person as they saw them every week and on the phone when needed.

Good

Is the service responsive?

Our findings

People told us,"Staff help me to learn the things I would need for my own flat, washing and hoovering."

Staff had assessed the person's needs before they came to the service when they were in hospital and assessments had been reviewed and adapted as their needs changed. Changes in care needs had been identified promptly. We saw that there were a number of care plans for different aspects of support which were detailed, comprehensive and reflected the person's preferences and wishes. They were reviewed regularly and other professionals and family were involved in reviewing the care and support provided and this was balanced with ensuring the person's own views about their care were known, respected and acted on. The plans described what actions staff needed to take to make sure the support they gave was personalised. A member of staff of the same gender had been identified as the key worker as the person responded to them well.

Staff encouraged the person to try new things and take up new interests. They tried to encourage activities other than watching the television of an evening. The service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and companionship by encouraging the person to invite friends to the service and to maintain regular contact with family. They encouraged the person to have a holiday each year and in the past had invited the person's family to join them. At times the person hadn't wanted a holiday but days out instead and the service paid for this.

Staff had involved the person in identifying goals for their life and worked to facilitate a level of independence with practical housework and supported the person with keeping their room hoovered and their bed changed. Staff had managed the service sensitively around the person's need for routine. The person had been empowered to make choices and have as much control as possible, for example the person had their own key to the service and to their own medicines cabinet.

Staff had constantly adjusted the service based on persons wishes. There was a pictorial complaints form in the residents' guide. Staff had regular contact with family which had enabled any concerns to be discussed. The person was able to tell staff if something was wrong or make their feelings known and staff responded to this. The times when the person had wanted to be in their own company were fully respected and staff knew the person very well and identified non- verbal signals and responded to these.

Good

Is the service well-led?

Our findings

People, staff and other professionals were positive with regards to the registered manager. A member of staff told us,"I love working here, you can talk to the boss."

The service had developed and evolved with the people using the service. There was good staff support and staff told us they are confident to raise any issues with the registered manager. Staff told us there were staff handovers in lieu of team meetings as due to the size of the service it was unnecessary to have more formal systems of team meetings. People who used the service were involved in interviewing new staff and this meant that they were involved in the service in a meaningful way.

The registered manager had set up the service "to give people a good life" and staff were clear about responsibilities and accountability. The service had a positive culture that was person centred and very much framed around the individual needs of the people who used the service. The registered manager had an appropriate qualification for the role and undertook the same training updates as the staff group. Staff were motivated and knew what was expected of them.

The service had a positive culture, staff were motivated and communication between staff was open and effective. Staff told us there was plent of time at handovers to talk.They told us they could always talk to the registered manager or the deputy manager for advice or to check things if they needed clarification. The service was inclusive and empowering and staff had a well developed understanding of compassion, dignity, respect, privacy, independence and choice and these values underpinned their working day.

The staff had developed a good working relationship with the community psychiatric nurse, consultant psychiatrist and pharmacist. We asked one healthcare professional how well they thought the person was looked after and were told, "Staff know them very well, they are very caring. It suits them well"

There were governance systems in place to ensure high quality care was delivered. We saw robust records, weekly health and safety checks and timetables for regular checks which were carried out and actions taken. One member of staff had been designated the lead health and safety person for the service and this had ensured a robust and consistent approach to care delivery such as infection control and safety of the premises.