

A & L Care Homes Limited

Amberley House - Plymouth

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

About the service

Amberley House is registered to provide accommodation for up to 42 older people who require personal care. The majority of people living at the home were living with dementia. Some people required nursing support and this is provided by the local community nursing team. At the time of the inspection, 40 people were living at the home, one person was in hospital.

People's experience of using the service

People using the service benefitted from caring staff. People and their relatives told us they were treated with kindness, compassion and respect.

People were placed at the heart of the service and where possible, involved in decisions. People and staff told us they were listened to and care was individualised.

People's care was provided safely. The staff team were consistent, staff knew people well and staff supported people to move safely around the service. People's risks were known and managed well, promoting independence as far as possible. People were protected from discrimination because staff knew how to safeguard people.

People lived in a service which had a positive culture and was led by a dedicated senior team of staff including the registered manager, a manager and the deputy manager. Amberley House had good relationships with local healthcare professionals supporting people's care.

Rating at last inspection:

At the last inspection, the service was rated as Good (The last report was published 31 March 2017).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained Good.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned based on the rating. If we receive any concerns, we may bring our inspection forward.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Amberley House - Plymouth

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one adult care inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who lives with dementia.

Service and service type:

Amberley 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.

The care home accommodates up to 42 people in one adapted building.

The service has a manager registered with the Care Quality Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced on the first day.

The inspection took place on 25 April 25, 1 May and 7 May 2019.

What we did:

Prior to the inspection we reviewed information we held about the service such as provider notifications. A notification is information about important events such as incidents, which the provider is required by law to send us. The service had not been requested to send us a Provider Information Return (PIR) prior to this

inspection. The Provider Information Return is key information we request from providers about what they are doing well and improvements they plan to make. We therefore talked to the senior staff team about these areas.

During the inspection we spoke with 14 people and nine relatives. We reviewed six people's care records and checked people's medicine.

We reviewed the quality assurance processes in place which included audits and checks conducted, the complaints process and a review of accidents and incidents.

We checked four staff files and spoke with three staff and the provider who was also the registered manager.

We spent time in the communal areas observing people's dining experience and the activities they enjoyed.

During the inspection period we received feedback forms from seven relatives.

We received feedback from two district nurses.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us, "I'm nice a safe here" and another said, "The staff keep an eye on me which makes me feel safe." Relatives shared, "Mum is safe here because staff do a good job" and, "We go away knowing he is safe."
- There were effective systems in place to protect people from the risk of abuse. Staff were aware of when and how to report concerns and were confident they would be dealt with. Staff had received training in protecting people from harassment, discrimination and harm.
- Staff meetings, handovers, reviews with external professionals and one to one meetings with staff were used as an opportunity to discuss any safeguarding processes. Staff told us what they might look for in people who were unable to express their views and experiences or say they were worried, "I check residents are being cared for in a proper manner, respect their needs and requests, check other staff treating them well. I'd report anything that isn't right; behaviour changes, body language may change, the way they are acting; I'd try and talk to them, ask them if everything is alright. Reassure them."
- Staff supported people to make informed choices in their personal lives if possible. People, where possible, were encouraged to discuss how to keep themselves safe and recognise when they might be at risk. Family and relevant others were involved in these discussions where required.
- People we met in the communal areas of Amberley House looked relaxed and were comfortable approaching and talking with staff.
- People told us they felt able to talk to any of the staff if they were concerned and knew they would get the help they needed

Assessing risk, safety monitoring and management

- When people had been assessed as being at risk, staff had clear guidance on how to minimise the risk while allowing people to remain as independent as possible. For example, people at risk of falls had the equipment they required, and staff knew how to support them to move safely. People at risk of skin damage were known and if required had special mattresses and cushions to alleviate pressure.
- People, if required, had safety devices so they could call for help in an emergency, for example there were call bells located in communal areas. On person told us, "If you ring your bell – the staff come quickly."
- The front door was locked at Amberley House for people's safety. Staff checked people's identity when they arrived, and they were asked to sign in to the visitor's book.
- Risk assessments relating to the environment were in place and precautions taken to minimise the risk of falls on the staircase. For example, there were stair gates in place.
- Other potential risks had been considered, for example window restrictors were in place to support people's safety. Radiators were covered to protect people from harm and water temperatures were checked

before people bathed. This helped reduce the likelihood of scalding. Evacuation plans were in place in the event of a fire.

Staffing and recruitment

- Comments from people and their family included, "Plenty of lovely staff here"; "Always lots of staff around" and, "When I visit mum I always see staff around and everyone helpful."
- There were enough staff available to support people according to their changing needs and individual preferences. Some people had complex needs and they were supported by staff who knew them well.
- The staff team was stable. Some staff had worked at the service for many years.
- Recruitment was values and skills based.
- Background checks were completed before new staff started working at the service to check staff were safe to work with people and of good character.

Using medicines safely

- Medicines were stored, recorded and administered safely. Medicine Administration Records (MARs) were completed in line with best practice guidelines.
- If people were able to self-administer their medicines to encourage and maintain their independence, this was risk assessed.
- Staff were able to describe the action they would take if they identified a medicines error.
- Staff were trained in medicine management and their competency checked.
- There were PRN protocols (as required medicine sheets) in place. These are instructions detailing when people may require these medicines and how people liked to take their medicine.
- No one at the service had their medicines given without their knowledge.

Preventing and controlling infection

- People and relatives told us the service was clean, "My room and ensuite are cleaned everyday"; another said, "It's nice and clean here." A relative shared, "There are no nasty smells here and they clean the carpets regularly."
- Personal protective equipment such as aprons and gloves were available for use when supporting people with personal care tasks. Staff had training in infection control and food hygiene.
- People lived in a clean home.
- We spoke with the registered manager about increasing the cleaning checks in some areas, particularly the toilets and dining tablecloths and they agreed to action this.

Learning lessons when things go wrong

- Any accidents and incidents were recorded and highlighted to the deputy manager or manager. These were audited for themes to identify any trends or patterns so preventative action could be taken to prevent a reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: □ People's outcomes were consistently good, and people, relative and professional feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- □ People's needs were assessed before they started using the service to help ensure their expectations could be met.
- □ Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when people's needs changed. People told us, "I need quite a lot of help and staff do that for me." Another said, "The girls look after me really well." A relative shared, "Mum is so much better since she has been here and that is because she is looked after really well."
- □ Equipment available for use at Amberley House supported people's health needs to be met, for example equipment such as sensor mats and lifting equipment was available to support people's needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- □ The staff team worked across organisations to ensure people received effective care. Regular reviews with health and social care professionals were arranged. Professionals told us staff followed instructions and asked questions if they were unclear.
- □ People had routine health checks and were supported to attend hospital appointments if required.

Staff support: induction, training, skills and experience

- □ Before starting work at the service new employees completed an induction. Staff new to care were required to complete the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards which staff complete during their induction.
- □ All new staff shadowed more experienced staff before starting to work unsupervised. Staff competencies and confidence were observed by the senior management team to assure high standards were maintained.
- □ Staff training covered those areas identified as necessary for the service and included moving and handling, safeguarding and dementia care. The training was updated as required and staff told us they could request extra training if necessary. Training was monitored by the manager.
- □ Regular supervision (one to one) sessions were embedded. Staff were able to discuss any training needs as well as raising issues around working practices. Staff told us they were well supported and received annual appraisals of their performance.

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged to eat a varied and healthy, homecooked diet. People were able to choose their meals with staff giving verbal explanations and showing pictures of the meal options.
- The dining tables were laid with condiments, cutlery and a flower arrangement. Comments we received from people and their family / friends included, "The food is really good here – like being in a hotel" and, "The roast chicken today was really good." A relative told us, "Mum can have some toast and a cup of tea at 2am if she's hungry."
- A cook was employed at Amberley House and food was freshly cooked. People were given a choice of foods and alternatives were available if they did not like the main meal. Likes and dislikes were known by staff and respected.
- People's nutritional risk was assessed. Referrals to professionals were made promptly when people's needs changed, for example if they had lost weight or their health had declined, and they were at risk of choking. Staff monitored people's dietary intake and checked people's weight regularly where indicated.
- We observed people being supported to eat by staff in an unhurried, patient way. Those people who had a poor appetite were encouraged to eat. Staff offered support discreetly where required for example offering people to cut up their food.
- We observed one person being asked if they would like to eat in a different area when they were reluctant to eat. We saw they then enjoyed their lunch.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised, and whether any conditions on such authorisations were being met.

- Some people had restrictions in place to keep them safe, for example bed rails and sensor mats. These were care planned and there was evidence to show how decisions to impose restrictions had been made in people's best interests in line with the legislation.
- Any restrictions were regularly reviewed and removed when it was considered safe to do so.
- Staff asked people for their consent and explained care procedures to them.

Adapting service, design and decoration to meet people's needs

- Signage was in place at the service to support people's orientation. The management team were considering further signage in areas to help orientate people and visitors further.
- Ongoing maintenance occurred, staff told us any maintenance issues were quickly addressed.
- Amberley House was an older style property and we spoke with the service about considering research related to dementia environments as they undertook refurbishment. They told us they were keen to look at a café style area in one of the dining areas. One person shared, "It's nice to have a choice of lounges and to go out in the garden when you want." We saw there was ample room for people in the three lounges and

dining areas. If people wanted a quieter area without a television, this was available.

- An ongoing refurbishment programme ensured bedrooms were being decorated according to people's choice and style.

Is the service caring?

Our findings

Caring – This means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Everyone we spoke with confirmed they were well treated and cared for. Comments included, "The staff are lovely, they know me and stop and have a chat and joke with me"; "The staff are nice and friendly" and, "The staff are fantastic!"
- Relatives told us, "When I visit mum I feel like I am part of an extended family" and, "Mum has told me she is very happy here and never wants to leave."
- Staff were positive and affirming when they spoke to us about individuals who used the service. They recognised that people could sometimes find it difficult to express and manage their emotions and were empathetic and understanding in their approach.
- We observed the staff approach was gentle and patient for example when encouraging people to eat or engage in social interaction.
- People looked comfortable, warm and cared for in the lounge and those who were now cared for in bed.
- People benefited from the care and attention of staff. We observed people and staff sharing a joke together.

- Care plans contained information about people's abilities, skills and backgrounds. Staff knew people's likes and dislikes for example one person liked
- People's birthdays were known and celebrated with a cake and party if they wished.
- Staff had undertaken training on equality and diversity and the provider told us everyone was welcomed and respected at Amberley House.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence, for example washing the areas they were able to reach, managing their own medicines if possible, and mobility was encouraged where safe to do so.
- Staff were mindful of people's privacy and dignity. One person told us, "The staff always knock on my door before coming into my room." Staff supported people if required to make sure they were dressed appropriately for the weather if they were going out. Staff confirmed they knocked on people's door before entering their room. Staff knew to close curtains, shut doors and to cover people up to maintain their dignity when providing personal care.
- Care was delivered in line with people's religious needs and staff respected people's beliefs.
- People confirmed they were addressed in the way they wished.

Supporting people to express their views and be involved in making decisions about their care

•People were encouraged to make decisions about their day to day care and routines where possible. Those with close family, friends or those with the legal authority to make decisions on behalf of people were consulted and involved appropriately. Questionnaires, informal discussions, and individual meetings with people and their relatives' staff were used to gather people's views.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were assessed prior to their move to Amberley House. The assessment checked people's needs could be met by the service and their preferences for care were known.
- Care plans were electronic and detailed information which was specific to people's individual needs and the routines they liked.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Each person's care plan included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.
- The service provided an individualised service able to flex as people's needs changed. For example, as people's health deteriorated the service worked closely with people's district nurses and people's doctors so they could continue to live at Amberley House.
- Staff noted people's needs and arranged reviews when required. Family were invited to be involved and professionals where required.
- People took part in the local community and used nearby facilities if they wished. Some people enjoyed attending the day centre at the providers other service.
- Most people enjoyed activities within the service. Staff spent time talking with people, played games and watched films. External entertainment was arranged, for example musicians. Some staff took key roles in arranging activities for example, Easter celebrations or arranging quizzes. People told us, "The music man is wonderful" and, "I enjoyed doing the exercises today." We observed staff skilfully engaged with people during the afternoon activity and saw people smiling and laughing.
- Daily notes were kept and these detailed what people had done during the day and information about their physical and emotional well-being. When people needed additional monitoring, this was recorded for example repositioning charts and food and fluid records were kept.
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. Staff knew people well and adapted their communication style accordingly. For example, if people were living with dementia staff knew to keep information and choices simple to support their understanding.

Improving care quality in response to complaints or concerns

- There was a complaints policy and process. This was visible to people who used the service. Any complaints were taken seriously, investigated thoroughly and the complainant involved. Relatives confirmed if they had any concerns, "I'd go to the office and everything gets sorted" and, "Every member of

staff here is approachable and I know they will follow up on any issue you have."

- We asked people what they would do if they were worried or unhappy and they told us they would speak with staff. Some people were able to name particular members of staff they would be comfortable talking to.

End of life care and support

- People and / or their relatives had discussed and planned their end of life wishes with staff and their doctors.
- End of life plans care were being developed to reflect the compassionate care provided. The service worked closely with people's health care professionals to ensure people were comfortable and pain free.
- Staff had undertaken training in end of life care.

Is the service well-led?

Our findings

Well-Led

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives told us, "The manager pops in and sees how we are doing" and, "The manager has built a good relationship with my family and communication between us is good."
- Staff were positive about the management of the service. They told us the senior management team and the registered manager who was also the provider was honest, approachable and always available for advice. We found the senior management team were knowledgeable about all the people they supported.
- The culture and atmosphere at the service was warm, welcoming, friendly and inclusive. All staff put people first. One person said, "I didn't want to come in here but I'm happy now as everyone is so kind" and another told us, "Several staff have worked here for many years which says a lot to me."
- Staff told us, "It is a good team; we support each other; get the job done and giving the care the residents need" and, "Provider is here almost every day; the manager and assistant manager are here all the time. They are approachable, listen to you, organised and the door is always open."
- The provider was visible and known to people, professionals and staff at the service. They visited the service most days to support the manager.
- The values of the service included ensuring people felt listened to, valued, cared for and involved. The staff also told us they felt listened to and valued.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Roles and responsibilities were clearly defined and understood. The registered manager was also the provider. The provider was well known and often at the service talking to people, family and staff. They were supported in running Amberley House by a manager and deputy manager.
- Systems had been developed to ensure quality remained good. For example, there were regular checks of the environment, medicines, bedrooms and care plans. Quarterly audits were in place also. The provider conducted their own checks when they visited to ensure compliance with the regulations.
- The registered manager was aware of their regulatory responsibilities. For example, the requirement to submit notifications, display their rating and, when requested submission of the Provider Information Return.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views and that of their relatives, were sought out and encouraged.
- Family and significant others were invited to special occasions being celebrated, for example Christmas.

Continuous learning and improving care

- Links with the local community, for example schools and colleges were continuing to be built to continue to provide the range of new and on-going opportunities. Children had visited to sing carols at Christmas and work experience opportunities were offered to young adults.
- The provider and senior management team attended local provider forums where possible. The Commission's website and other best practice websites supported the provider and registered manager to stay up to date.
- The manager was planning to complete their leadership course with the local authority to support their development and enhance care at Amberley House.
- Inspection feedback was listened to and acted upon promptly.

Working in partnership with others

- The service had close working relationships with the local primary care service.
- Local authority forums were attended where possible to develop links with other managers and remain abreast of changes.
- The service had a good working relationship with the pharmacist supplying medicines to the home and staff training.