

Ashamber Homes Limited

Amber House - Didcot

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?	Requires Improvement ●

Summary of findings

Overall summary

We inspected Amber House on 23 and 25 August 2016.

Amber House is a care home for up to six people who have been discharged from hospital and who require care, support and accommodation for mental health issues. At the time of our inspection four people were using the service.

There was not a registered manager at the service. The home had a manager in place who was in the process of registering with the Care Quality Commission to manage the service. 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.

We carried out an unannounced comprehensive inspection of this service on 15 July 2015. We found the provider was not meeting the legal requirements of four of the fundamental standards. After the comprehensive inspection, we issued requirement notices to the provider to meet the legal requirements of the four fundamental standards.

This inspection in August 2016 was to check they had met the legal requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which relates to people's safe care and treatment. We also checked they had met the legal requirements of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which relates to staffing. Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which relates to person centred care and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which relates to governance.

Since July 2015 the provider had made significant changes and improved their practices in relation to mitigating the risks associated with people's care. The service had improved its practices in relation to the deployment of staff and safe recruitment procedures. The service sought feedback from people using the service in order to evaluate and improve their practice. Staff were deployed effectively and people received person centred care. However we identified further concerns in relation to good governance and record keeping.

Accidents and incidents were recorded. However incident forms did not always contain information on what steps had been taken by the service following the incident.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager of the service had not always informed the CQC of reportable events. The manager had not reported concerns to the local safeguarding

team.

Services are required to display their most recent ratings on their website and at the provider's principle place of business. Ratings of the July 2015 inspection were displayed at the location of the service. However we noted that the most recent ratings were not displayed on the service's website.

People's care plans contained risk assessments which included risks associated with their mental health and the environment. Where risks were identified plans were in place to identify how risks would be managed.

Since July 2015 the provider had made significant changes to how they deployed staff. We observed, and staffing rotas confirmed, that there were enough staff to meet people's needs. Staff rotas confirmed planned staffing levels were consistently maintained. Records relating to the recruitment of staff showed relevant checks had been completed before staff worked unsupervised.

People told us they were safe. People were supported by staff that could explain how they would recognise and report abuse and staff were also aware they could report externally if needed. Measures were in place to mitigate the risk associated with infection control.

Staff we spoke with knew the people they were caring for and supporting, including their preferences and personal histories. People were involved in their care.

People had their medicines as prescribed. The staff checked each person's identity and explained the process before giving people their medicine. Medicines administered 'as and when required' included protocols that identified individual strategies to try before administering medicines.

People were supported by staff who had the skills and training to carry out their roles and responsibilities. People benefitted from caring relationships with the staff who had a caring approach to their work. Staff spoke positively about the support they received from the manager. Staff had access to effective supervision.

The manager was knowledgeable about the Mental Capacity Act (MCA) and how to ensure the rights of people who lacked capacity were protected; this included Deprivation of Liberty Safeguards (DoLS). People were supported by staff who understood the principles of MCA. Records showed staff had been trained in the MCA.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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. People told us they felt safe.

People had risk assessments in place to manage their risks.

Measure were in place to mitigate the risk associated with infection control.

Staff had been trained and understood their responsibilities to report safeguarding concerns.

People had their medicines when required

Is the service effective?

Good ●

The service was effective. Staff had the training, skills and support to care for people.

People were supported by staff who had been trained in the MCA and applied it's principles in their work.

The service worked with other health professionals to ensure people's physical health needs were met.

Is the service caring?

Good ●

The service was caring.

Staff were kind and treated people with dignity and respect.

People benefited from caring relationships.

Staff were friendly, polite and compassionate when providing support to people.

Is the service responsive?

Good ●

The service was responsive. Staff understood people they cared

for and knew their preferences and personal histories.

The service responded to peoples changing needs.

People knew how to raise concerns and were confident action would be taken

Is the service well-led?

The service was not always well led.

The manager of the service had not always informed the Care Quality Commission of reportable events.

Records relating to incidents were not always accurate or complete.

The service sought feedback from people using the service in order to evaluate and improve their practice.

Requires Improvement 

Amber House - Didcot

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 was 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 23 and 25 August 2016 and was unannounced on the first day of the inspection. The inspection was carried out by one inspector and an Expert by Experience (ExE). 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 we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. The provider had not completed and returned the PIR.

We reviewed the information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

We spoke with four people, six care staff, the manager, the area manager and two professionals. We reviewed four people's care files, six staff records and records relating to the management of the service.

Is the service safe?

Our findings

At the previous inspection on 15 July 2015 we found the provider was not always doing what was practicably possible to mitigate the risks associated with people's care. We observed poor standards in relation to infection control and food hygiene. These findings were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found that the provider had made significant improvements to address these areas of concern by taking reasonable actions to mitigate the risks associated with people's care.

People's care plans contained risk assessments which included risks associated with falls, behaviour that may challenge others, nutrition, medication, environment and mental health. Where risks were identified plans were in place to identify how risks would be managed. Risk management plans were broken down into different levels of strategies that would be used to mitigate the risks. Guidance for staff on how to support people through each strategy was detailed. For example, people's plans highlighted the use of deescalating techniques such as listening to certain music, watching the television. Additionally guidance was in place on how staff should remove themselves from the situation and which professionals to contact either during or following people's change in behaviours.

Kitchen cleaning schedules were in place to ensure that the manager could monitor that the appropriate measures were in place to mitigate the risk associated with infection control. We looked at the previous four weeks of schedules which confirmed that staff were carrying out their responsibilities in ensuring a good standard of hygiene was maintained. We also noted food stored within the service was labelled and systems were in place to ensure the food provided to people was in line with safe storage practices.

At the previous inspection on 15 July 2015 we found the provider was not always deploying staff effectively. Safe recruitment procedures were not always followed to ensure staff were of good character. These findings were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found that the home had made significant improvements to address these areas of concern and bring the service up to the required standards.

During the day we observed staff were not rushed in their duties and had time to engage in meaningful conversations with people. Throughout the inspection there was a calm atmosphere and staffing levels were maintained when staff had to leave the service to support people to go out into the community. We observed, and staffing rotas confirmed, that there were enough staff to meet people's needs. The records reflected planned staffing levels were consistently maintained.

People told us there were enough staff to meet people's needs. Comments included: "Yes there is always enough staff", "There is always a staff member here" and "There are always enough staff". The manager told us they were planning on admitting two more people to the service. We spoke with them about the impact

that this would have on existing staffing levels. The manager told us that this had been reviewed and they were in the "Process of recruiting two additional staff members, one full time and one part time" and "The staffing levels were matched to the individual's needs".

Records relating to the recruitment of staff showed relevant checks had been completed before staff worked unsupervised. These included employment references and Disclosure and Barring Service checks (DBS). These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people.

People told us they felt safe. Comments included; "I feel safe here", "If I felt unsafe I would speak to a member of staff" and "I do feel safe".

People were supported by staff who could explain how they would recognise and report abuse. They told us they would report concerns immediately to their supervisors and the manager. Staff comments included "I would let my seniors know immediately", "I would discuss it with my manager and inform the person's social worker" and "I would go straight to [manager] or [team leader]".

Staff were also aware they could report externally if needed. Comments included; "I would call the police if I had to, or even an ambulance if it was necessary" and "I would go directly to the safeguarding team or the CQC (Care Quality Commission)".

People had their medicines as prescribed. The staff checked each person's identity and explained the process before giving people their medicine. Staff were trained to administer medicine and their competency was regularly checked by the manager. We observed a medicine round and saw correct procedures were followed ensuring people received their medicine as prescribed.

Medicines administered 'as and when required' included protocols that identified individual strategies to try before administering medicines. Staff had a clear understanding of the protocols and how to use them. Some people received medication that could only be administered following a monthly review. Records confirmed that people were attending these appointments. Medicines were stored securely and in line with manufacturer's guidance.

Is the service effective?

Our findings

People we spoke with told us staff were knowledgeable about their needs and supported them in line with their support plans. Comments included: "The care workers know and understand my needs. When I start to struggle they take me for a walk to help me calm down", "They know what is important to me" and "We have key workers who can speak for us at meetings".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. Training included, diet and nutrition, challenging behaviour, diversity and equality, fire awareness, food hygiene, first aid, safeguarding, Mental Capacity Act and person centred care.

Staff comments included "The training is good", "The trainings alright, I prefer the face to face training over the online training" and "I enjoy the training it supports me in what I do". Staff told us and records confirmed that staff had access to further training and development opportunities. For example, staff had access to national certificates in care.

Staff told us, and records confirmed they had effective support. Staff received regular supervision (one to one meetings with their manager). Staff we spoke with told they felt supported by the manager. One member of staff we spoke with told us "Yes of course we are supported, you can always go to [manager] with a problem". Another staff member told us "Yeah sure they are giving me a lot of support with my practice and my NVQ".

Care Quality Commission is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. We discussed the MCA with the manager who was knowledgeable regarding the act. 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 were supported by staff who had been trained in the MCA and applied it's principles in their work. All staff we spoke with had a good understanding of the Act. Comments included; "It's there to protect the rights of individuals who may, for whatever reasons lack capacity to make decisions", "We need to make sure that people are not making decisions that are unsafe and that decisions are made in their best interests" and "It is there to protect our service users in making the right choices".

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). We found the home was meeting the requirements of DoLS. At the time of our inspection no one was subject to DoLS.

People had sufficient amounts to eat and drink. People who needed assistance with cooking and meal planning told us they were supported appropriately. Comments included "The food is very good. They sometimes cook a Sunday lunch for us", "You have a key and go to the larder and make yourself food", "There is a choice for what we eat. We have barbeques", "We cook our own food and we have our own drinks, apart from tea and coffee which is supplied" and "If you're hungry you have your own food in the larder, staff members encourage having a piece of fruit".

People had regular access to other healthcare professionals such as, G.P's, community psychiatric nurses, occupational therapists and other professionals. Where healthcare professionals provided advice about people's care this was incorporated into people's care plans and risk assessments. For example, one person's care records contained guidance for staff on how to promote the importance of exercise. Staff we spoke with were aware of this guidance and followed it. The person told us "I feel that my health needs are being met".

Is the service caring?

Our findings

People were complimentary about the staff and told us staff were caring. People's comments included; "The care is excellent. There is always someone to talk to, even at night they offer advice", "The staff are very caring, all good listeners" and "The staff try their hardest to care for us all".

People told us staff were friendly, polite and respectful when providing support. Comments included "The staff are polite when they talk to me" and "The staff are polite and they treat you with respect". People told us they were treated with dignity and respect. Comments included, "The staff do treat me with dignity and respect" and "They talk to us about what we like, they treat us with dignity and respect". We saw staff call out to people if their room doors were open before they walked in, or knocked on doors that were closed. Staff told us when they provided personal care, people's doors and curtains were closed.

People told us they were supported to remain independent. Comments included, "I have enough support to feel independent" and "I have enough support be independent". Staff we spoke with told us how they supported people to do as much as they could for themselves. One staff member described how they had recently supported a person to maintain their attendance at a local self-help group. We spoke with this person "They encourage me to go to (self-help group)".

Throughout our visit we saw people were treated in a caring and kind way. The staff were friendly, polite and respectful when providing support to people. Staff took time to speak with people and reassure them, always making sure people were comfortable and had everything they needed before moving away. For example, one person's clothing became loose whilst they were preparing to visit the community. A Staff member noticed this and went to support the person appropriately, the staff member then made sure the person had everything they needed for their visit.

We asked staff how they promoted people's dignity and respect. Staff comments included; "You should always ask people what their support needs are, it's about treating people as individuals", "We have to knock on people's doors before we enter, this is important as it promotes people's privacy" and "We treat everyone as an individual". We noted that the language used in care plans and support documents was respectful and appropriate.

Staff we spoke with told us the importance of informing people of what was going to happen during care. One staff member said, "We have to let them know what's happening it's in everyone's best interest that we keep people informed". Information relating to people and their care was held in the office. The office had a door lock ensuring people's information remained confidential.

We saw how staff spoke to people with respect using the person's preferred name. When staff spoke about people to us or amongst themselves they were respectful. People's relatives could visit whenever they wanted to. One person told us "My friends and relatives can come at any time".

People had access to information on advocacy services should they need this support. An advocate is a

person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf and when they are unable to do so for themselves.

We looked at people's records and where there were instructions on 'Do Not Attempt Cardio Pulmonary Resuscitation'. The correct form was in place stating that they did not want to receive active treatment in the event of their health deteriorating. It was also evident within people's care records that discussions had taken place with healthcare professional. Care records demonstrated people's wishes regarding end of life care. We saw records about a person's burial wishes and funeral plans.

Is the service responsive?

Our findings

At the previous inspection on 15 July 2015 we found people's care records were not always legible and did not always contain up to date information. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found the provider had made significant improvements to address these areas of concern and bring the service up to the required standards.

People's needs were assessed prior to admission to the service to ensure the service could meet their needs. People had contributed to assessments. Prior to moving into the home people were encouraged to visit. We saw evidence of how one person had been invited to visit the service on two occasions to support them with their transition into the service. The manager also carried out visits to see people prior to admission. We spoke with a professional who was supporting this person during a visit on the day of our inspection. They told us "The manager has been in regular contact with us throughout and attended meetings".

People's care records demonstrated they were supported to avoid social isolation by engaging in a range of meaningful activities. For example, attending self-help groups, shopping trips and holidays to the seaside.

Records confirmed that one person who was at high risk of social isolation had been supported to increase their time away from the service by carrying out a task that they enjoyed within the community more frequently. "We know [person] like to (task), therefore we encouraged (them) to do this weekly instead of fortnightly, at the minute it's working well and they are getting out more". All care records that we looked at were legible and contained up to date information.

At the previous inspection on 15 July 2015 we found that people did not always benefit from a service that was person centred in its approach to supporting people. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found that the home had made significant improvements to address these areas of concern and bring the service up to the required standards.

We saw evidence that people had been involved in the planning of their care. Care plans contained 'My plan' documents which detailed people's history, likes, dislikes and preferences how they liked to spend their time and things that were important to them.

For example, we saw one person's plan included details on their favourite football team, favourite seaside destinations and the person's preferred types of music. Another person's care records highlighted a person's preferences and how these helped them to feel safe. We spoke with this person who told us that staff followed this guidance. We spoke with a staff member about this and the information shared with us by the staff member matched the information in the person's care records. This demonstrated that people received personalised care from staff who were knowledgeable about the people they supported. One

person told us "The staff talk to me about my life and my past".

Care records contained details of people's medical histories, allergies and on-going medical conditions. Care plans had been developed from the information people provided during the assessment process. Care plans were updated regularly to ensure the information was accurate.

The home had a well maintained garden which people had unrestricted access to. One person we spoke with took us into the garden to show us the lettuces, carrots and tomatoes that they had been encouraged to grow. The person told us "I love growing these". The person also told us "We get out here a lot, we had a BBQ last weekend".

People knew how to raise concerns and were confident action would be taken. The services complaints policy was visible within the service. Staff told us they knew how to assist people to raise a concern. One person we spoke with told us, "If I had any complaints I would tell [manager]". The service had received no complaints since our last inspection.

Is the service well-led?

Our findings

At the previous inspection on 15 July 2015 we found the system in place to monitor the quality and the safety of the service was not always effective. The service did not always seek regularly feedback from people using the service in order to evaluate and improve their practice. Staff files were not up to date and not all actions were fully recorded. These findings were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found that some improvements had been made by the service to address these areas of concerns. For example, the service sought feedback from people using the service in order to evaluate and improve their practice. Regular 'residents meetings' were held which gave people the opportunity to feedback on things they would like to happen within the home. For example, one person had requested additional kitchen equipment to support them with their cooking. Records confirmed that this request had been actioned by the manager and the equipment was in place. We spoke with this person who told us "The manager talks to us about things that happen in the home, he is very good, he is easy to talk to". Another person said "We have a group meeting monthly where we talk about trips, outings and things that need doing".

Accidents and incidents were recorded. For example one person demonstrated behaviour that may challenge. The incident report noted the person was referred to their care manager and the service updated this person's risk assessment. Another incident highlighted that a person had gone through an episode of emotional distress. The incident report noted the person received additional support from staff. The service had put measures in place to ensure that there were increased welfare checks in place for this person.

However we identified further concerns in relation to record keeping. We noted that incident forms did not always contain information on what steps had been taken by the service following the incident. For example, the incident report form used by the service included sections in which to capture important information on whether the incident was 'investigated by the home's manager', 'What remedial action has been taken to remove the hazard or prevent recurrence' and an 'action check list'. However 14 of the 17 incident forms we looked at were incomplete and these important sections were left blank. This had not been identified by the provider's quality monitoring system. We also noted that these sections of the incident form should have been completed by the manager.

Services that provide health and social care to people are required to inform the local safeguarding authority team of safeguarding concerns they have about a person they are supporting. We noted five incidents that involved a person who presented a significant risk to themselves. These incidents had not been reported to the local safeguarding team. This meant the provider did not act in the best interest of the person by not reporting these incidents to the relevant body. This had not been identified by the service quality monitoring system. In the absence of a system to mitigate the risk associated with the health and safety of this service user the provider failed to ensure that joint plans could be established in order to ensure the relevant support packages were in place. We were satisfied that this concern related to the providers systems and processes and not the immediate wellbeing of people using the service.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager of the service had not always informed the CQC of reportable events. For example, we noted 10 incidents that were reported to the police, one incident that resulted in a hospital admission following a person becoming unwell and one incident involving medication. These were reportable event in which the CQC should have been informed about in order to support plans to mitigate future risks.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2014.

Services are required to display their most recent ratings on their website and at the provider's principle place of business. Ratings of the July 2015 inspection were displayed at the location of the service. However we noted that the most recent ratings were not displayed on the service's website. We spoke with the manager about this and they were not aware of this requirement. We spoke with area manager about this and they gave their reassurances that this would be addressed. We requested that this information be added to the service's website within 21 days of the inspection.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. The manager had not completed the PIR. We asked the registered manager why this had not been completed. However the manager could not supply us with a satisfactory explanation.

Staff spoke positively about the manager. Comments included; "I have confidence in [manager] and [manager] is approachable. People we spoke with told us "The manager is [name]. He works nine to five every day and is easy to talk to" and "I know who the manager is".

There was a positive and open culture in the home and the manager was available and approachable. People knew who the manager was and we saw people and staff approach and talk with them in an open and trusting manner.

The manager told us that their visions and values for the home were, "About supporting a positive culture and promoting the wellbeing of our service users. We respect their wishes and the choices they make. It's also about ensuring people are treated with the dignity and respect they deserve". Throughout our visit we observed staff displaying these values.

Staff understood the whistleblowing policy and procedures. Staff told us they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice.

The service worked in partnership with visiting agencies and had links with GPs, the pharmacist and mental health professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The service was not always well led. The manager of the service had not always informed the Care Quality Commission of reportable events.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not always accurate or completed.

The enforcement action we took:

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