

A M Care Home Limited

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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

A M Care Home is a service owned by A M Care Home Ltd. The service provides accommodation and support for up to eight adults with learning disabilities, autistic spectrum disorder or other mental health conditions.

The service had a registered manager. 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.

At the last inspection the service was rated as Good. At this inspection the service remained Good.

The service was safe. Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to protect people. People were kept safe and risk assessments had been completed to show how people were supported with every day risks. The service had a recruitment process in place, which required certain checks to be carried out before staff started work. It was noted that this had not been correctly followed on one staff file and had gaps in employment history that the registered manager had not followed up. Confirmation has since been received from the registered manager that appropriate systems have been put in place to ensure this does not occur again. There were sufficient numbers of staff on duty to meet people's needs. People's medication had been well managed and people received their medication as prescribed.

The service was effective. Staff had been offered training to help ensure they had the skills and knowledge required for their role as a care worker. They also received regular support and felt well supported by the management team. People were supported to be able to eat and drink sufficient amounts to meet their needs. People were supported to maintain good healthcare and had access to a range of healthcare services. The service kept clear records about all healthcare visits.

The service was caring. People had agreed to their care and had been asked how they would like this to be provided. They were treated with dignity and respect and staff provided care in a kind, caring and sensitive manner. Meetings had been held for the people living at the service and for the staff. People's views and opinions had been sought and the service had listened and made the appropriate improvements.

The service was responsive. Detailed assessments had been carried out and care plans were developed around people's needs and preferences. The service had a clear complaints procedure in place which was clearly displayed. This provided information on the process and the timespan for response.

The service was well-led. Staff, relatives, healthcare professionals and those living at the service spoke positively about the registered manager and felt the service was well managed. There were systems in place to regularly assess the service and ensure it was providing a quality service and keeping people safe.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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.

The inspection was an unannounced comprehensive inspection and took place on the 17 May and 22 May 2017. The inspection was undertaken by one inspector.

Before the inspection we reviewed the information we held about the service. This included notifications, which are documents submitted to us to advise of events that have happened in the service and the provider is required to tell us about. The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan what we were going to focus on during our inspection.

We spoke with the registered manager and also deputy manager during the inspection and four members of the care team. Not everyone who used the service were able to communicate verbally with us, so we spent time observing care in the communal areas. We also spoke with staff, reviewed records and looked at other information which helped us to assess how people's care needs were being met. Feedback was gained from those who were able to communicate verbally to find out what it was like living at the service and we also spoke with two relatives. Health care professionals provided feedback and this has been added in the report where relevant.

As part of the inspection we reviewed three people's care records. This included their care plans and risk assessments. We looked at the recruitment documentation of the last two staff employed and their inductions. We looked at staff support records and also a sample of the service's policies, their audits, the staff rotas, complaint and compliment records, medication records and training.

Is the service safe?

Our findings

At this inspection we found the same level of protection from abuse and risks to people's safety as at the previous inspection and the service's rating continues to be Good.

Staff we spoke with knew what action to take if they had any concerns and how to protect people from abuse and avoidable harm. Care staff had received regular safeguarding training and were aware of their responsibilities and how to take appropriate action if they had any concerns. Information on who staff could contact was also available on the information board which staff, relatives and people who lived at the service had access to. The service had systems in place to help protect people from potential harm and included a whistle blowing procedure for staff. Staff stated that they felt people were 'safe' and they would speak out if they had any concerns about people's welfare. Relatives also felt people were safe and one added that the service had, 'Taken the stresses and strain away' and told us, "[Person's name] is well looked after and they are safe and well cared for."

People's care plans included assessments of risks and how these could be reduced to help keep people safe. These had been reviewed on a regular basis and updated when needed. People were supported to take risks and where possible encouraged to make choices and decisions during their daily lives. Systems were in place to record and monitor incidents and accidents and these had been regularly monitored and reviewed by the registered manager and provider, so as to ensure people's safety.

Regular checks had been completed to help ensure the service had been well maintained and that people lived in a safe environment. Appropriate monitoring and maintenance of the premises and equipment had been on-going and the building had been well maintained. Regular decorating had been completed to ensure the environment was of a very high standard. The service had an on call system in place, which ensured that staff had access to senior management in emergencies.

The service had systems in place to monitor people's level of dependency and to identify the number of staff needed to provide people's care. They were aware that assessing staffing levels was an on going process and provided examples of where extra staff had been recruited, so people could have allocated one to one time. The registered manager advised us of work that was in progress to increase one person's one to one hours to enable them to have a more active role within the community. During our inspection we noted that there were sufficient care staff available to meet people's individual needs. People were seen to be well supported and we saw good examples from care staff where people were encouraged or assisted with their care promptly.

The service had a recruitment policy in place to help ensure that correct checks would be completed on all new staff. The files of two recently employed staff were viewed and these contained application forms, references and a check from the Disclosure and Barring Service, to ensure they were suitable to work in care. Although there was a section on the application form and interview form to record any gaps in employment, one file viewed had not been fully screened and had gaps. This was discussed with the registered manager and they were advised that under Schedule 3 of the Health and Social Care Act 2008 that they must ensure a

full employment history is gathered and satisfactory written explanation of any gaps in their employment gained. The registered manager has since submitted written confirmation on their recruitment process to ensure Schedule 3 is adhered to. The service also had a probationary period in place and a disciplinary procedure, which could be used when there were concerns around staff practice which would help to keep people safe.

Since being in post the registered manager had introduced new systems and audits which staff stated they felt made processes clearer and safer. People had received their medicines safely and as prescribed. Medication had been administered, stored safely and recorded in line with the service's medication policy. Regular audits had been completed and staff had attended medication training. The registered manager and deputy manager were in the process of completing competency checks on those staff who administered medication. Regular medication checks and audits had been completed by the service and also by an external pharmacist and no concerns had been found.

Is the service effective?

Our findings

At this inspection we found staff had the same level of skills, experience and support to enable them to effectively meet people's needs as we found at the previous inspection. People continued to have freedom of choice and were supported, where appropriate, with their health and dietary needs. The service's rating continues to be Good.

Newly recruited staff had completed an induction which was relevant to the service. This helped new staff to understand how the service worked and also gain information about the people who lived there and their care needs. The registered manager was in the process of organising for new staff to complete the Care Certificate, which is an industry recognised qualification and induction process into care. All the staff present during the inspection had worked at the service for a number of years, so it was not possible to get feedback about the induction process.

Staff had received support through one to one sessions, meetings and appraisals. Regular audits had been put in place to help ensure staff received supervision in line with company policy. Staff confirmed they had received regular supervision and felt that they could ask for support and advice at any time from the management team. They were positive about the new registered manager and felt they were very supportive and they could speak with them at any time. It was noted during the inspection that staff were comfortable coming into the office to speak with both the registered manager and deputy.

Staff confirmed they had received regular training and felt they had the knowledge and skills to carry out their roles and responsibilities as a care worker. Some training was provided by e-learning, but they also received face to face training for specific topics. Looking at the training completed by staff it was clear that the service had a good mix of skills and knowledge on each shift. Staff had also been provided with specialist training which was relevant to the people they provided care and assistance too. A number of staff had also completed either their National Qualification Vocation (NVQ) or Qualification Credit Framework (QCF) two or three, which are recognised qualifications in care.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. The procedures for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). We checked whether staff were working within the principles of MCA and DoLS. We found that the management team had a good understanding of MCA and DoLS and had made appropriate referrals to the Local Authority. Staff demonstrated an awareness of MCA and DoLS and confirmed they had received training and information about protecting people's rights and freedoms. People's capacity to make day to day decisions had been assessed to help ensure they received appropriate support.

Staff had knowledge of people's behaviours and what may trigger these. They were also aware what may help to change the person's behaviour and help make them to be calm and relaxed.

People's nutritional requirements had been assessed and their individual needs were well documented.

Staff had a very good understanding of each individual person's nutritional needs and how these were to be met. There was a clear list of people's likes, dislikes, dietary or cultural needs. The service ensured people received a good balanced diet. People received sufficient to eat and drink and were seen going into the kitchen to make drinks and get snacks. People stated that the food was good, they were offered a choice and that they received enough to eat. A meeting was held each Sunday with those living at the service to work out the menu for the week. People's choices and likes and dislikes were taken into consideration. People told us the menu was flexible and if there was anything else they wanted then this would be provided. It was noted at lunchtime that people were offered choice of food and staff also provided support and assistance for people to prepare this. There was a selection of fruit available and squash for people to help themselves. One person needed assistance with eating and staff were seen working with a relative to prepare a meal, offering them choice and making the meal time experience pleasant for those involved. The service had gained regular feedback on the food provided and the registered manager advised that this was an area that was on going and being developed. Comments received included, "The new menu has improved, but there is still room for more variety," "I like all the food being served" and, "I like my food."

People had been supported to maintain good health and had access to healthcare services and received on going support. Referrals had been made to healthcare professionals when needed and this showed that staff supported people to maintain their healthcare whilst living at the service. Health care professionals commented on the communication with the service and this included, "I have always found the staff to be welcoming and supportive to my client, and they have updated me when my client has had appointments that they wish for me to attend" and, "Staff are responsive to the client's health care needs by identifying the need for them to receive medical attention and not just arranging for it, but also accompany them to the appointment."

Is the service caring?

Our findings

At this inspection we found people were as happy living at the service as they had been during our previous inspection. The service's rating continues to be Good.

People were seen to be relaxed with staff and given the time and support they needed. Care was provided with kindness and compassion and people had regular contact from staff during our inspection to ensure they did not need anything. People were observed with care staff and they showed through their body language that they were happy and comfortable with the care being provided. Staff were seen responding to people's needs quickly and they were kind and caring in their approach. Staff were also seen encouraging people to take control of their lives and being involved in decisions about what they wanted to eat, how they wanted to spend their time and supporting them to help within the service. One relative stated that staff were 'caring and thoughtful' and that the service provided a 'friendly and homely atmosphere.' They added that they could 'pop in' whenever they wanted to and that they could not have chosen any better for their relative.

We saw that people's privacy and dignity was respected and care staff were polite and courteous when interacting with people. Doors were always shut when personal care was provided and staff knew the people they were looking after very well. We heard staff addressing people in an appropriate manner; clearly choosing the most appropriate form of address by either using their first name or the name they preferred. One health care professional added, "Clients that we have seen are always happy and appear in a good state of health and wellbeing, combined with the respect that the carers give them. All in all this is a care home that I would not hesitate to place a family member if the need arose and it is a joy to visit."

People were encouraged to be part of their care and the care staff were observed providing support and encouragement when needed. The service was very 'homely' and it was clear that staff were there for the people they supported and to improve their quality of life. Each person living at the service was clean, tidy, dressed appropriately for the weather and looked comfortable. Feedback from one health care professional included, "It is a very caring, well run home and they are always friendly, efficient and most importantly the residents are their top priority." During the inspection people were seen getting up when they wanted and staff respected their wishes and assisted them with meal preparation when they got up. One person told me they were just having their breakfast at 12:00 o'clock.

Where possible people were supported to express their views about their care and support. Most people at the service had relatives involved in their care and regular contact and visits were made. The management and care staff advised that they did their best to ensure relatives were involved in any reviews and decisions on care. They added that if someone did not have access to family or friends that could support them, the service would arrange for an advocacy service to offer independent advice, support and guidance to individuals. Feedback from a health care professional included, "Through my liaison with some of the staff members I note that they display good care and support towards the client and seem to have taken on board what the client wants to achieve; there by acting as their advocate and representing their views."

Is the service responsive?

Our findings

At this inspection we found people continued to receive responsive care which was person centred and met their needs. The rating of the service continues to be Good.

We found care staff assisted people with their care and were observed being responsive to people's needs. It was clear that the staff were there to ensure people were well cared for and their quality of life improved. Each person had a key worker and staff knew how each person wanted their care to be provided. People were seen being treated as individuals and received care relevant to their needs.

People's needs had been fully assessed before they moved to the home. The assessment forms were easy to read and quickly helped to identify each person's needs and assisted the service to identify whether they could provide the care required. Systems were in place to encourage people to be involved in the care planning process where possible. The care plans we reviewed were very in-depth and contained a variety of information about each individual person, including their physical, psychological, social and emotional needs. Any care needs due to the person's diversity had also been recorded and when speaking with staff they were aware of people's dietary, cultural or mobility needs. Staff confirmed they had been given time to read each person's care folder and they felt they contained sufficient information for them to be able to provide appropriate care.

People's care files were very person centred and contained information relevant to each person. These provided a 'pen picture' and included their favourite belongings, important people in their lives, important dates, things that make them happy, things that make them sad and any activities that they liked to take part in. There were also behaviour charts to record how people were feeling and any triggers that staff needed to be aware of; this information enabled staff to monitor people's behaviour. It also provided staff with information to help them have a better understanding. Each file viewed had a key worker's monthly report which provided an update and progress on key areas such as health, activities, relationships, support needed and risk assessments. Through reading these it was clear what each person had achieved during the month and also areas that they may need further support to achieve.

One health care professional advised how the service worked with one person and their relative before admission, to ensure all the information and equipment they needed was in place to make the transition as smooth as possible. The service also visited the person at their day centre and accessed specialist occupational advice to develop a person centred care plan. They also regularly met with the relative to discuss and observe best ways to care in relation to feeding, drinking and any moving and handling needs. The health care professional added that the service supported the relative during the transitions to ensure a smooth admission, which had been very successful.

The service supported people to follow their interests and hobbies and access the local community through day trips and events. Activities were individualised and staff were seen speaking with people to see how they wanted to spend their time. There was a list in the communal dining area of who was doing what each day of the week, to help both staff and people who lived at the service plan their days. This included outings,

health care visits and visiting professionals or relatives. People took part in activities they chose and the service also arranged for an annual holiday. One relative told us, "[Person's name] never had a holiday before they moved in to AM Care Home, but now they have one every year, the care is wonderful, it is five star."

The garden had recently been updated and included areas of grass, planting areas and seating for people to use. During our inspection the garden was used by staff and people at the service as a meeting point for conversation, hot drinks and a designated smoking area.

The service had been pro-active in trying to meet people's activity needs and had arranged for a punch bag to be placed in the garden for those who attended boxercise classes. They had also arranged for one person to meet up with a friend at the local swimming pool each week and they would then have lunch out together. They had assisted another person to use their mobile phone so they were able to keep in touch and communicate with relatives and friends when they wanted to. People were keen to tell us about the party they had attended at the weekend at another care home. Both people who lived at the service and staff were heard talking about the good time they had and the music that was played.

The service are also very proactive in meeting people's diversity. Appropriate equipment had been sourced to assist with people's mobility and the service were pro-active in supporting people's sexual orientation and chosen relationships. People's cultural needs had been well met and this included the service arranging for an interpreter to attend health care visits, cooking culturally appropriate food and having the care plan written in the person's first language. Staff had also been encouraged to have a translator application on their phone, so this assisted with communication needs.

The service supported those who wished to vote and each person had been issued with an 'inside politics' leaflet, which provided guidance and advice on voting. The registered manager advised that not many people chose to vote, but they made sure they were given the information they needed to make this choice.

The service had effective systems in place for people to use if they had a concern or were not happy with the service provided to them. People had been provided with information on how to make a complaint and this was also available within the service in a format suitable for them. The service had set forms to record details of any complaints they received and this included how these were investigated and also the outcome. A complaint log was in place so management could identify any trends or reoccurring issues and complaints had been monitored as part of the monthly audit. Management were seen to be approachable and they listened to people's experiences, concerns or complaints. Care staff stated that they felt able to raise any concerns they had and relatives said they would be able to speak with management if they had any concerns.

Compliments the service had received included, "The staff are very friendly and the environment very clean and homely. I would not hesitate to recommend my relatives or anyone to live here as it is a beautiful place," "I was very impressed by the helpful, friendly and professional attitude of the staff and [deputy manager's name]" and, "The AM Care Home is very understanding and know how to meet all needs and that each case is very different."

Is the service well-led?

Our findings

At this inspection we found the service was as well-led as we had found during the previous inspection. The service's rating continues to be Good.

The service had a registered manager in post. There were clear lines of accountability and the registered manager had access to regular support from senior management when needed and was aware of their responsibilities. Regular management meetings had taken place and these had been used to discuss issues relating to the running of the service and to also monitor and revisit the action plan in place.

Staff were complimentary about the management team and all stated that they had seen an improvement since the new manager had been in post. They said that they had received supervision and attended regular staff meetings. They told us that they felt listened to and that ideas and suggestions discussed at team meetings were listened to and acted upon. Staff felt they were kept up to date with information about the service and the people who lived there. They added that there was a good team spirit and that everyone worked together and was valued. This meant that people benefitted from a consistent staff team that worked well together to deliver good care. Feedback from health care professionals included, "I observed that the management displayed commitment, leadership and shown keen interest in their service users well-being" and, "There seems to be clear management and care systems in place, as when requested I was shown the client's well organised records."

Staff were aware of their responsibilities. The registered manager stated that having a deputy manager in place had helped to improve the structure in the home and it had been really helpful. They added that they had found that all the staff were willing to learn and they had the right approach. Staff spoken with stated they felt there was now clearer accountability and support with one adding, "Things have really improved since the new manager has been here. We now have more direction and we know what we have to do. The paperwork has increased but we know why we need to do it." This meant that people living at the service benefitted from a cohesive staff team, who worked together to deliver good care. The service had clear aims and objectives and also a 'service user's charter', which included dignity, independence and choice. The ethos of the service was made clear to people through the service's aims and objectives and staff had a good understanding of the standards and values that people should expect.

People received a good level of care and the service had a number of systems in place to help monitor the standard of care received. The registered manager was committed to delivering a high standard of care and carried out regular checks and audits such as health and safety, medication and fire systems to ensure people's health and welfare. Environmental and equipment checks had been carried out to help ensure people and staff's safety. Records seen showed that the registered manager and provider had completed regular audits to assess the quality of the service and to drive continuous improvements.

People who lived at the service and their representatives were provided with opportunities to provide their views about the care and quality of the service. There was an open culture and people and their families were involved with the running of the service and there were systems in place to gain people's views.

Regular meetings had taken place with the people living at the service and it was noted that people were actively encouraged to be part of the inspection process and tell the inspector what it was like to live at AM Care Home. One compliment the service had received from a health care professional included, "[Manager's and deputy's names] have made great improvements from my last visit. They were also really receptive to keep improving."