

Mr & Mrs M Shaw







Amber House Residential Home Limited

Inspection report

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Ratings

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

Overall summary

We inspected this service on 18 September 2015. The inspection was unannounced. At our previous inspection in July 2013, the service was meeting the regulations that we checked.

Amber House provides accommodation and personal care to 18 older people. They are not registered to provide nursing care. There were 18 people who used the service at the time of our visit.

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.

Staff understood how to protect people from abuse and were responsive to their needs. People were protected against the risk of abuse, as checks were made to confirm staff were of good character to work with people. Sufficient staff were available to meet people's needs.

Summary of findings

Risk assessments and care plans had been developed with the involvement of people. Staff had the relevant information on how to minimise identified risks to ensure people were supported in a safe way. People had equipment in place when needed, so that staff could assist them safely. Processes were in place to ensure people received their medicines in a safe way.

Staff understood people's needs and abilities and were provided with training to support them to meet the needs of people they cared for. Staff knew about people's individual capacity to make decisions and supported people to make their own decisions. People's dietary needs and preferences were met.

Staff treated people in a caring way and respected their privacy. Staff supported people to maintain their dignity. People's needs were assessed and care plans were in

place to support staff to meet people's needs appropriately. People were supported to maintain good health; we saw that staff worked with health care professionals to maintain people's health.

The management of the service was open and transparent. People knew how to make a complaint and were confident that their complaint would be investigated and action taken if necessary. Arrangements were in place to assess and monitor the quality of the service, so that measures could be put in place to drive improvement. There were systems in place to supervise and manage all staff, to ensure staff's practice was monitored and to identify when additional support or training was required. Positive communication was encouraged and people's feedback about the support provided was sought by the registered manager to further develop the service and drive improvement.

Summary of findings

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.

People felt safe and staff understood their responsibilities to keep people safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded and implemented in people's care plans. People were supported to take their medicines as prescribed. There were sufficient staff to support people and recruitment procedures were thorough to ensure the staff employed were suitable to support people.

Good



Is the service effective?

The service was effective.

People's needs were met by staff that were suitably skilled. Staff felt confident and equipped to fulfil their role because they received the right training and support. Staff understood the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) so that people's best interests could be met. People were supported to eat and drink enough to maintain their health, and staff monitored people's health to ensure any changing health needs were met.

Good



Is the service caring?

The service was caring.

Staff were kind and caring and treated people respectfully. Staff supported people to maintain their dignity and privacy. People's personal preferences were met and they were supported to maintain their independence. People were involved in discussions about how they were cared for and supported.

Good



Is the service responsive?

The service was responsive.

The support people received met their needs and preferences and was updated when changes were identified. People were supported to maintain their interests. The complaints policy was accessible to people who lived at the home and their relatives.

Good



Is the service well-led?

The service was well led.

People were encouraged to share their opinion about the quality of the service to enable the registered manager to identify where improvements were needed. Staff understood their roles and responsibilities and were given guidance and support by the management team. Systems were in place to monitor the quality of the service provided.

Good



Amber House Residential Home Limited

Detailed findings

Background to this inspection

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

This inspection took place on the 18 September 2015 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider 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. As part of our planning we reviewed the information in the PIR. We also reviewed the information we held about the service. We looked at information received from the public, from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important

events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with eight people who lived at the home and a visiting professional. We also spoke with three care staff, the housekeeper, the cook and the registered manager.

We observed how staff interacted with people who used the service and looked at four people's care records to check that the care they received matched the information in their records. We observed the lunch being served to ensure that people were provided with food that met their needs and preferences.

We observed the lunch time medicines being administered, and checked four people's records to ensure that people were given their medicines as prescribed and in a safe way. We looked at other records that related to the care people received. This included the training records for the staff employed, to check that the staff were provided with training to meet people's needs safely.

We looked at evidence of staff supervision to see if staff were provided with support. And the recruitment records of three staff to check they were safe to work with people.

We looked at the systems the provider had in place to monitor the quality of the service, this included satisfaction questionnaires, audits and the maintenance and servicing of equipment.

Is the service safe?

Our findings

People were supported to keep safe told us that they felt safe. We were told, "I feel safe, I am well looked after." And "I feel safe here and very comfortable." Staff were knowledgeable about safeguarding and whistleblowing procedures. They were aware of what signs of abuse to look for and who to report concerns to and knew how to take their concerns to external organisations if they felt appropriate action had not been taken. The manager told us how they had protected someone from discrimination and that the staff were aware of their responsibility to protect people from bullying and took action.

We saw staff supported people in a safe and reassuring manner. They took time to explain what they were about to do and why this was necessary. They explained how to one person was reluctant to move and staff spent time talking with them and encouraging them until they agreed to transfer to a chair. This demonstrated that people were moved safely and that the risk of harm was reduced because they weren't rushed but participated in their own time.

We saw that people's needs had been assessed and risk assessments were in place where risks had been identified. These assessments included the actions required to reduce risks. For example, there was a risk assessment to reduce the risk of falling for one individual and we saw that the correct staffing ratio and equipment was used to reduce the risk and keep this person safe.

We saw there were enough staff to meet people's needs. There were a mix of managers, senior carers and carers who had a range of skills and experience to meet people's needs. We observed that people's needs were met in a timely manner. One person told us "If you use a buzzer they come straight away". Staff told us, "There are always enough staff. We work regular shifts and help cover each other's absence so that we don't use agency staff." We observed a member of staff left their pager with another staff member and explained that they would be

unavailable while they supported someone with a medical appointment. This meant that staff were aware of ensuring that responsibilities were clearly assigned so that someone was always available to answer requests for assistance.

Recruitment procedures were thorough. The manager checked staff's suitability to deliver care before they started work. Staff confirmed that this was done before they started work. This included gaining references from previous employers and staff being vetted to ensure they were safe to work with people. References from previous employers and a disclosure and barring service (DBS) check were obtained prior to employment offers being made. A DBS check allows employers to ensure an applicant has no criminal convictions which may prevent them from working with vulnerable people. We also saw good risk management procedures in place such as a night worker health questionnaire, which took account of the particular stresses of those shift patterns.

We saw people were supported to take their medicines. They were told what the medicine was and they were supported at their own pace to take it. People told us, "I always get my medication on time and I can have painkillers if I want them." We saw a good system was in place to assess people's pain which included body maps to isolate where the pain was felt. This supported staff to administer pain relief on an as required basis and it included information about the dose and frequency.

The staff we spoke with told us they had received training to enable them to administer medicines safely. We saw their competence was regularly re-assessed through observation by the manager and the deputy manager to ensure they were supporting people with their medicine in the correct way. We looked at a sample of medicine and administration records (MAR) and saw the record and amount of medicines at the home matched. This showed medicines were available and had been administered as prescribed. We saw medicines were stored securely and were not accessible to people who were unauthorised to access them.

Is the service effective?

Our findings

One relative said, "The staff are always helpful and understanding." We saw that staff had the right skills, knowledge and experience to meet people's needs. Staff told us that they had been supported through an induction period which included mentoring and shadowing until they were assessed as competent. We saw that new members of staff completed the new Care Certificate. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Staff told us that they received the necessary training as well as the opportunity to complete distance learning courses for their own development. One person had completed diabetes training and said, "The training was very informative. It helped me to understand the needs of people with diabetes and to monitor blood sugars." Staff were offered the opportunity to gain recognised qualifications, this demonstrated staff were supported to develop and keep their learning up to date.

There was a system in place to provide staff with support sessions and an annual appraisal of their work. One member of staff said, "The registered manager is very approachable and I get regular supervision from [name] who is also very supportive. "If I have any concerns or queries I can go to either of them." This demonstrated that staff were supported to care for people effectively.

Staff had received training in the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Where people cannot make decisions for themselves, the MCA sets out the actions that must be taken to protect people's rights. The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. At the time of our inspection there were no DoLS applications in place. We observed staff asking people if they were happy to receive care. Two people were able to tell us that they were consulted about the gender of the person giving them care

and told us they were asked if they consented or if they would prefer somebody else. Staff were able to describe how they worked with people to assess capacity. They told us how one person had been supported by family, health professionals and staff to support them to make decisions.

People had access to healthcare services, one person said, "A chiropodist visits, in fact they were here yesterday. I am diabetic so I see the chiropodist regularly." We saw referrals had been made to specialist health care professionals for example, mental health professionals, dieticians and physiotherapists. This showed that people had the right support to maintain good health. A healthcare professional we spoke with told us, "The staff are very helpful and follow my guidance. They are caring and have a nice nature with the residents." Staff also told us, "We get a lot of support and guidance from the district nurses."

People told us that they were satisfied with the quality and quantity of the food and that they could choose an alternative if they did not want the planned meal. Their comments included, "I have plenty to eat" And "If I don't like a meal they find you something else". We saw that people were given a choice between two cooked meals at lunchtime. There was a menu in the dining room to let people know what the meals were to help them to make a choice. We saw people were asked what they would like for their evening meal and a some people asked for something different which was organised for them. One person explained that they had fruit and yoghurt at lunch to manage their diabetes but looked forward to a slice of cake in the evening with sugar free custard. This showed that specific dietary requirements were planned into the menu

We saw meal times were not rushed and were a relaxed experience for people. One person who was tired, required assistance to eat their food. A member of staff sat next to them and offered positive reassurance, explaining what the food was and provided support at a pace that was manageable. Another person spent a long time eating their meal and staff told us this person did not like assistance and would stop eating if assistance was offered. This demonstrated that staff supported people in relation to their individual needs and preferences.

Is the service caring?

Our findings

People told us that they liked the staff and said that they were caring. One person said, "I feel safe here and very comfortable. The staff are very good here." Another person said, "The staff are lovely, I can't fault them." This showed us that people felt they were treated with kindness and compassion in their day to day care.

Staff offered people choice about their daily routine, for example we saw that staff asked people what they wanted to eat and where they preferred to take their meals. Staff told us they offered people choice, for example what time people wanted to go to bed and get up in the morning. People we spoke with confirmed this, one person told us, "I can get up when I want and the same with going to bed."

We saw that staff were attentive to people's needs and spent time explaining any care tasks before supporting them. For example when supporting people into the dining room at lunch time we heard staff explaining to people that it was lunch time and asking them if they wanted to go into the dining room. One person preferred to spend some of their time in the smaller lounge. We saw that staff were able to respond to this because they understood this person's needs. They supported the person to move into

the quieter area during the afternoon. This demonstrated that staff treated people respectfully. We saw that people were supported to maintain their dignity. For example some people who were unable to mobilise independently used equipment that enabled them to maintain their dignity whilst ensuring they were supported in a safe way.

Discussions with people showed that the registered manager supported people to celebrate their lives and maintain their sense of self-worth. One person told us, "When it's your birthday the cook makes a special cake." Another person told us about their new born great-grandchild who had been with their family to visit. People told us that when their relatives and friends visited, they were made to feel comfortable and welcomed by staff. We saw that people were supported to have access to belongings that were important to them, for example taking a handbag and purse to the dining room for lunch.

People told us they were involved in the planning of their care. One person told us that they had a care plan and the staff kept their family informed of any changes in their health. This showed that staff worked in partnership with people in making decisions about the way they received their care.

Is the service responsive?

Our findings

People confirmed that the support provided to them met their needs as an individual. One person said, "Can't complain, everything is good, the manager does the garden, we can give her a hand if we want to. I can go outside when I want." Another person told us, "I like any sport and watch it on the television." People were supported to go out of the home when possible to maintain their independence. One person told us, "I have been to the opticians in town a carer came with me."

One member of staff was employed to support people with social pursuits. One person was supported to go shopping in the town centre. People we spoke with said there were enough activities available to meet their needs. Another person told us, "I think there are enough activities on offer. Some of us are going on a trip to Blackpool Illuminations next week, the manager is driving a minibus, not everyone wants to go but I'm going, I love it".

People's views on the activities provided were sought from the registered manager. A questionnaire had been completed by people who used the service in September 2015. The questionnaire asked people what activities they enjoyed and what recreational activities they would like the home to provide. We saw that people had confirmed they enjoyed the activities that were provided by staff. This showed us that the registered manager was proactive in ensuring people's social interests were met.

People were supported to maintain relationships with people that mattered to them. One person told us their family lived some distance away and said they were supported to stay in touch with their family by telephoning them. We saw one person was a little anxious and the staff responded by supporting them to contact their relative on the telephone for reassurance.

The support people received was personalised to meet their health care needs. Specialised cushions were used for people who required relief to their pressure areas and footstools were used to reduce the risk of swelling. Aids were available for people as required to maintain their independence, such as walking aids. Plate guards were used at meal times to help people to maintain their independence with eating.

We found staff's descriptions of how they cared for and supported people matched what we read in their care plans. One member of staff told us, "There is a nice family environment here. We all communicate really well with each other, so if someone appears unwell we make sure that information is passed on and the person is monitored. The people that live here are like family to me and I want to ensure they are all happy and well." Care plans we looked at included information about people's interests, likes, dislikes and preferences. People's preferred name was recorded in their care records and we heard staff addressing people by their preferred name. This demonstrated that staff understood people's needs and preferences. Information in care plans demonstrated that people were involved in reviews of their care and this was confirmed by the people we spoke with.

People told us they felt comfortable speaking to the registered manager about any concerns or complaints. One person said, "If I had any complains I would talk to the manager, or any of the staff. They will sort anything out. I see the manager most days." Another person said, "If I had any concerns I would talk to the manager but I have no concerns about anything." We saw the providers complaints policy was accessible to people as it was on display within the home. A system was in place to record any complaints, this ensured the action taken and outcome was recorded.

Is the service well-led?

Our findings

The registered manager had been in post for more than twenty years (A registered manager is a person who has registered with the CQC to manage the service). During our visit the atmosphere was calm and relaxed and we saw both staff and people who used the service were interacting with each other and with the registered manager. The staff we spoke with told us that the culture of the home was open and inclusive. One staff member said, "You can speak to the manager or the deputy anytime." Several people told us, "It is like a family."

We saw that people were supported to go out individually and as a group. There were links with the local church who provided spiritual support once a month and the local school who came in to read to people. People's views about the service were sought through surveys and individual meetings. We saw that people's ideas were acted upon, such as menu planning. The registered manager told us they encouraged open, two-way communication from people that lived at the home as well as staff.

People had a good relationship with the registered manager and we saw the registered manager interacting with people. They knew people's personalities well and the people we spoke with told us they liked the registered manager and confirmed that that they was at the home a lot.

Staff told us the registered manager led by example and had a 'hands on' approach to running the home. Staff told us that she made contact at the beginning of every shift to ensure and check everything was alright and feedback to staff. Staff knew about the whistleblowing procedures at the home and said they would have no hesitation in using it, if they needed to. Staff told us that they were given responsibilities such as administering medicine and were knowledgeable about who to report to if they had any concerns. This meant that there were clear decision making structures in place.

Staff told us that they felt confident speaking with management on an informal basis. The registered manager ensured the staff had regular supervision and there were meetings to enable staff to have their view and be consulted on any changes in the home.

There were systems in place to monitor the quality of the service provided. Audits were carried out internally covering areas such as medicine administration and a review of incident records. This enabled the manager to identify if any issues occurred. Records about people's care and staff records were kept up to date and stored securely. This meant that there were systems in place to manage people's private information. The manager understood the responsibilities of CQC registration. They reported significant events in accordance with registration requirements.