

Emerald Care Ltd

Amber House - Coventry

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

Amber House provides accommodation with personal care for up to 15 older people. There were 14 people living at the home at the time of the inspection. At the last inspection on 25 January 2016, the service was rated Good. At this inspection the service remained Good.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's safety was supported by care staff that knew and understood how to protect and reduce the risk of harm. People were happy that their home was safe and the care staff helped to keep them safe. We saw people had their needs met during our inspection from care staff who were available to offer guidance or care. People told us they received their medicines at the same time daily. If needed extra pain relief or other medicines were provided on request or as assessed by care staff.

Care staff were supported to look after people with training and were supported by the management team. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us they enjoyed the meals and always had a choice of meals and drinks they enjoyed and kept them healthy. We saw that where people needed additional support from healthcare professionals the treatment was supported by the care staff who followed any advice and guidance.

People told us and we saw that their privacy and dignity was promoted and care staff were respectful and kind with people. People's choices and decisions were listened to and respected by care staff when providing care and support in the communal areas.

People's care needs were assessed, including their views on how their care was planned and delivered to meet those needs. Where needed to aid planning, people's relatives felt they were involved in the care and were asked for their opinions and input. People told us staff offered a variety of things to do and had entertainers visit which included music and exercise.

People were confident to approach the manager if they were not happy with the care. The provider had reviewed and responded to all concerns raised.

People's views and opinions of the care they had received had been sought and reviewed to look at how improvements could be made. The management team ensured people and their relatives were kept informed of any changes or improvements planned. People and care staff told us the management team were easy to talk with and always available within the home which people and relatives liked.

Further information is in the detailed findings below²

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	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.

This inspection took place on 19 April 2017 and was completed by one inspector. 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. We reviewed the information we held about the scheme and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. The inspection considered information that was shared from the local authority who are responsible for commissioning people's care.

During the inspection, we spoke with seven people who lived at the home and one visiting relative. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with two care staff, two team leaders, the home manager and a district healthcare worker. We reviewed a number of risk assessments and plans of care for two people and their medicine records. We also looked at provider audits for environment and maintenance checks, 14 Deprivations of Liberty authorisations, two staff recruitment files, compliments, incident and accident audits, two staff meeting minutes and one 'residents' meeting minutes.



Our findings

People we spoke with told their safety had improved since coming to live at the home. One person said, "I'm not anxious here, I don't worry". This was reflected in our conversation about the home offering a safe environment and care staff supporting them to remain safe with them always being there.

Care staff we spoke with made sure people were kept free from the risk of harm, knew the signs and types of abuse to look for and knew how to respond and report any concerns. Care staff told us any concerns about people's care was immediately actioned to keep a person safe.

The provider had checked care staff's previous employers and with the Disclosure and Barring Service (DBS) before employment began. The DBS is a national service that keeps records of criminal convictions. This information supported the registered manager to ensure people were not placed at risk through recruitment practices.

People spoke with us about some of their day risk and how care staff supported them if needed. People were reminded or had any aids close by, such as walking frames. Care staff we spoke knew the type and level of assistance each person required and we saw that people were assisted when walking about or provided with vocal prompts to remain safe. One person told us that care staff, "Are just there when you need them".

Care staff were also able to refer to each person's care plan as these detailed individual risks and the expected actions for care staff to take to minimise the risk of harm. These risk assessments had been reviewed and updated regularly. Care staff knew it was their responsibilities in reporting changes to a person's risks to the management team for review and action.

People told us and we saw that care staff were available for people to offer assistance and care from their bedrooms and in the communal areas. People received immediate assistance or answers to questions. The manager demonstrated how they matched the needs of people as they were knowledgeable about the level of care people needed. This was reflected by the care staff we spoke with who told us they had time to meet people personal care needs along social interactions.

People were supported by care staff to ensure they were given the opportunity to take their medicines every day and one person said, "I get medicines every day as I am not able to remember what they are for". We saw people were supported to take their medicine by care staff who checked the medicines were correct. Medicines for managing people's pain were given on request which we saw during the day. The manager

recognised that additional guidance for care staff would better support people who were not able to tell care staff when these medicines may be needed. The medicines were stored securely and unused medicines were recorded and returned to the pharmacy.



Our findings

People told us about how the care staff understood the care and support they needed and considered were confident in the staffing team. Care staff told us they were supported in their role with regular training that provided them with the relevant skills to care for people living at the home. Care staff told us their supervision from management and team meetings ensured a consistent and embedded learning style within the home.

The Mental Capacity Act 2005 (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. Where people had been unable to make a choice or decision, a decision had been made in the person's best interest and recorded in their plan of 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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had submitted application under the DoLS and these had been authorised. The management team and care staff were complying with any conditions applied to the authorisation and knew who these were for and what the restriction were for. All staff had received training and understood the requirements of the Mental Capacity Act in general, and the specific requirements of the DoL.

People enjoyed their meals which were provided at a time that suited them, so where a person had a late breakfast they were offered the option to eat a later lunch. People had been able to provide feedback about the quality of the meals. We saw that when people needed assistance, care staff were considerate and sat with them during the meal and were not rushed. Where needed care staff monitored people's food and drink intake to ensure people received enough nutrients in the day.

People had seen opticians and dentists and regular check had been completed. The GP visited the home regularly when required to check people's health and medicines. Other professionals had attended to support people with their care needs, for example district nursing team to support with diabetic care needs. Care staff supported people to maintain their health and arranged visited and appointments for external professional support.



Our findings

People were complimentary about the care staff who they knew well and were caring. People were able to chat and engage with all staff, including the manager who responded with kindness, and were considerate to people's needs. Care staff had developed friendly relationships with people living at the home and we saw staff sharing jokes and laughing with people.

People were comfortable in the home and one person we spoke with said, "They (care staff) are lovely, that one is my favourite though". People were relaxed and happily chatted with staff about their lives and families and care staff understood who was important to the person, their life history and background. One person we spoke with was holding a member of staffs hand and told us, "I love her like my daughter".

Care staff told us they had time to spend sitting and relaxing with people and were able to provide people's support. Where people were unable to voice their needs, care staff would sit; make eye contact to see a person's visual or physical responses. Where people become upset or disorientated, care staff responded quickly to help, guide and reassure them.

People were able to choose how they spent their time, and were free to relax in their bedrooms or in the communal areas. We saw that people were able to have late breakfasts and choice of when then got up and how much support they needed from care staff. People were able to maintain their independence within in the home and care staff asked if people wanted to be involved in everyday tasks such as preparing the tables for lunch. Care staff also offered encouragement and guidance if needed and were considerate not to take over. Care staff told that people's independence could vary day to day, depending on how well people felt and had offered support accordingly.



Our findings

People were pleased that they received support in the way they preferred, which varied day to day on account of their feelings and well being. People's plans of care were structured and developed around their own needs and requests. Care staff told us they also reflected that people changed their minds and the support needs were flexible around these so the care and support was individualised.

We saw that care staff listened and responded to people's choices and requests and management told us that they regularly spoke with people about their care and support. People's families had helped to support their relative and had given a lot of information to the registered manager about their relative's personal history and lifestyle. Some relatives continued to take an active role in ensuring that their family members received the support they required.

In conversations staff knew about the person they were supporting and how they knew people well. We saw that information was shared to ensure staff understood how to support someone. For example, at the care staff shift change, people's support needs were discussed in detail, so they would know the care and support needed.

People told us they were living a fulfilled and relaxed life and care staff were observed supporting people with things to do. We saw that people were happily reading or watching television on their own, or supported by care staff in conversations. Care staff told us that they worked as a team and had regular discussions about ideas for activities or events that people may enjoy.

All people and relatives we spoke with said they would talk to any of the staff if they had any concerns. The registered manager took a proactive approach and regularly spoke with people to see if they were happy. They told us that they welcomed the opportunity to learn from complaints or to let staff know they were doing a good job. This reflected the views and opinions of people, their relatives and care staff we spoke with.



Our findings

People told us they were comfortable and relaxed in the home. They were able to tell staff their opinions and had the opportunity to voice ideas or suggestions. We saw people seek advice and look to the manager and care staff who responded with answers to questions about what was happening in their home. The manager said they saw people regularly, provided care and support and knew them well. This was evident in interactions we saw and the conversations we heard.

There was a registered manager in post who was supported by a home manager, team leaders and care and ancillary staff. Care staff we spoke with told us the home was well organised and to offer the best care for the people living there. They told us the management team was supportive and felt able to approach the registered manager with any concerns they may have. Team meetings also provided opportunities for staff to raise concerns or comments about people's care.

The service was regularly audited by the management. We saw the latest audits that had been carried out by the manager which showed how issues, and areas of good practice, were identified and then actions identified to make improvements. We saw how actions were delegated to individuals who had responsibility for completing them and timescales were set. The registered manager spoke of the value of audits and was keen to ensure continuous learning and improvement. Audits seen reviewed areas such as health and safety, medicines, care plans and the input from external agencies.

The registered manager and care staff sought advice from other professionals to ensure they provided good quality care. The registered manager felt they were supported by other professionals locally, such as GP surgeries and district nurses. The management team and care staff had also included schemes from the local authority, through self-assessment tools and accredited training to ensure current best practice, such as dementia care and infection control. Resources were available for the on going maintenance to the home.