

Mr & Mrs M Shaw

# Amber House Residential Home Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection was completed over two days. The first day was unannounced and second day was announced due to the registered manager being out the country on the first day. The service was registered to provide accommodation for up to 18 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 16 people were using the service. At our last inspection in September 2015, the provider was rated good. At this inspection we found some areas which required improvement.

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. The registered manager was also the provider of the service.

The provider did not always notify us of events which reflected when people were at risk of harm. Not all the staff were able to provide us with the assurance they understood how to protect people from harm and the reporting process. Audits had been completed in some areas, however they had not always identified areas of concerns and therefore the improvements had not been made.

Medicines had been managed safely; however some documentation was not available to provide information to support people who had 'as required' medicine. There was not always enough staff to support people's needs and respond when they required support. The provider had not considered the risks to people at certain times of the day, when other people were having their care needs met.

People's capacity had been considered, however there was no formalised assessment to reflect how the decision had been made. The information had not considered how the person could contribute to their decision making. Best interests decisions had not been made with the relevant people to ensure the decision was the least restrictive. Some people were deprived of their liberty and the authorisations had been sought from the local authority.

People were able to make their preferences known, which had been documented in the care records. People were encouraged to make choices about how they spent their day. There was a complaints procedure and people felt able to raise any concerns.

People had established relationships with staff and felt cared for. People told us staff treated them with dignity and respect. Relationships and friendship that were important to people were maintained.

Risk assessments had been completed and guidance provided. The provider ensured appropriate checks before people worked at the service. The fire procedures and maintenance had been completed and each person had their own evacuation plan.

We saw people had a choice of food and when required support and advice around health and nutrition had been considered. Support from health professionals was requested and available when needed. We saw that the previous rating was displayed in the reception of the home and following our visit also placed on the website as required.

We found 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 the 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?

The service was not always safe  
Staff were not always aware of all the areas which could be considered as a safeguarding concern. There were not always sufficient staff in the evenings to ensure peoples safety, whilst other people needs were being supported. . Medicines were managed safely, however documentation relating to 'as required' medicine needed to be implemented. Risk was managed well and guidance provided to reduce the risk. There was a clear process for safe recruitment of staff.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective  
  
People were supported to make choices, however assessments had not been completed to reflect the person's level of understanding or how decisions had been made. Staff received ongoing training for their role. People enjoyed the food and when required specialist diets were supported. Referrals were made to health professionals when needed.

**Requires Improvement** ●

### Is the service caring?

The service was caring  
Staff knew people well and had positive caring relationships with them. They encouraged people to make choices about their day. Staff respected peoples wishes and supported them to maintain their dignity. People were supported with relationships which were important to them.

**Good** ●

### Is the service responsive?

The service was responsive  
Staff knew people and their preferences and these were reflected in the care plans. People had the opportunity to participate in activities if they wished. There was a system in place to manage concerns or complaints

**Good** ●

## Is the service well-led?

The service was not always well led

The provider had completed audits however these had not always identified where improvements were required. The provider had not always informed us about significant events as required. Staff felt supported however there was no formal process in place to provide them with guidance for their role. People's views had been obtained, however there was no information available to show how this had been used to influence improvements. The provider's rating had been displayed in the home and following our request, also placed on the website.

**Requires Improvement** 

# Amber House Residential Home Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection visit 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. Our inspection was completed over two days. The first day was unannounced and second day was announced. We returned to the service as the registered manager and provider was out of the country on the first day. The inspection was completed by one inspector on both occasions.

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 checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We also spoke with the local authority who provided us with their current monitoring information. We used this information to formulate our inspection plan.

We spoke with three people who used the service and two relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We also spoke with four members of care staff, the cook, and the registered manager who is also the provider and owner of Amber House. We looked a range of information, which included the training records to see how staff were trained, and care records for four people who used the service. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. After the inspection we contacted two health care professionals and two

relatives to obtain their views on the care and other aspects of support offered to people who use this service.

## Is the service safe?

### Our findings

There was not always sufficient staff to support people's needs. One person said, "Sometimes we could do with more staff, they are often a bit pushed." On the first day of the inspection there was one staff member less than the agreed numbers on the rota. One staff member told us, "We have a staff member off sick, one on holiday and a person on bereavement leave. ." We saw that two people did not get up until after 11.00am and that this was due to the reduced staffing levels. One staff member said, "We usually have everyone up by 10.00am, but it takes longer when we are one staff member down." The home had an activities person who also worked as part of the care team. They provided activities support on a Monday for a two hour session. We saw that this staff member stayed past their agreed hours to support the midday meal. They said, "I am staying to assist people as we are a staff member down." Another staff member said, "The home does not use agency staff, people like the continuity." The registered manager confirmed they had not used agency staff, to support the staff when regular staff are not available. Additional concerns were raised around staffing levels between the hours of 5.00pm and 10.00pm. The rota confirmed that two staff members were employed to work this shift. During this period, staff told us they were expected to provide support with the supper, medicines, assist people with baths and settle people into bed. One staff member said, "It's hard with two staff, we need another staff member." Several people required two staff to assist them with their personal care needs. During this time, the staff relied on pagers. A pager is a small radio device, emitting a series of bleeps or vibrates to inform the wearer that someone wishes to contact them. People who had been at risk of falling when they moved independently had equipment to alert staff if they moved. Staff told us this meant that the lounge was frequently unsupervised by staff during this period. A relative told us, "I think a staff member early evening would be helpful as staff are not in the lounge, whilst they help others." We discussed the staffing concerns with the registered manager. We asked them how they calculated the levels of staff they required to support people. They told us, "I talk to the staff and ask how they're managing and what they feel works best for people." The registered manager did not use a system which reflected each person's individual support needs. This would reflect the availability of staff at certain times or identify if staff would be able to respond to people's needs. The registered manager agreed to review the number of staff available and consider the use of a dependency tool to support their rationale for the levels of staff required.

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

Staff we spoke with were not always aware of the different situations which could be considered a safeguarding concern. For example, we saw that one person had tipped hot tea over another person's hand. This had been recorded as an incident and the appropriate first aid applied, however it had not been reported as a safeguarding referral. Another person had an unexplained bruise, which had not been reported. Staff we spoke with felt they would benefit from further training and understanding in this area. One staff member said, "I don't know much about safeguarding, I would like to receive more training." We discussed this with the registered manager. They told us and we saw that staff had received training in safeguarding. However they agreed they needed to review their training provider and complete follow up



competencies to ensure staff understood the information which they had received.

People received their medicines as prescribed and we observed the senior care staff administer these to people. They treated people with respect and kindness and explained the medicines they gave to them. One person told us, "The staff always makes sure I receive my medicine." Where people needed medicines 'when required' rather than every day (known as PRN), for example if they experienced pain, we saw the staff member discussed this with the person. However there was no documentation to reflect how the person would express their pain and what action to take if this continued. On the second day of the inspection, the provider had obtained some PRN forms and these were being completed to show this. We saw medicines were ordered and delivered on time to meet people's needs. They were stored securely and disposed of safely. Temperature checks of the fridge storage had been undertaken daily, however there was no room thermometer to ensure medicines were stored at the correct temperatures to maintain their effectiveness. The provider told us they would have one installed and commence the recording on a daily basis.

Within the care plan people's risks had been assessed. These assessments covered all aspects of the person's care and environment. One person said, "The hoist is not comfortable, but I need it. The staff make it as comfortable as they can." Where the person required equipment, this was available and it had been serviced in line with the manufacturer's guidance. We observed staff using equipment to transfer people; this was carried out safely and staff explained the process and offered reassurance to the person. One piece of equipment enabled the person to be supported to transfer without the use of a full hoist. The staff member said, "This is a good piece of equipment as it enables the person to use their legs. It's a great alternative to the hoist for those who can still weight bear a little." The care plans identified a specific assessment for the use of equipment which identified the type of equipment to be used and guidance on how and when to use it.

Some people were at risk of damage to their skin. We saw the guidance provided the details of how to support people to maintain their skin integrity. For example, the application of creams, repositioning charts or being seated on pressure relief equipment. Where these had been required for people, there were records to show the appropriate care had been given to that individual. A health care professional told us, "Staff have been very thorough with barrier nursing and ensuring the correct procedures have been followed." This meant we could be confident people's skin was protected.

The staff knew about the procedure to follow to ensure people's safety in the event of an emergency such as a fire. Each person had an evacuation plan which specified their individual needs. This demonstrated the provider considered risk in all areas of the home and for the person.

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to work with people. These included references and the checks of the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. One member of staff told us that they had to wait for their DBS check to come through before they started working. This demonstrated that the provider had safe recruitment practices in place.

## Is the service effective?

### Our findings

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. 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 Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

People's capacity had been considered, however there was no formalised assessment to reflect how the decision had been made. We saw that where people were unable to consent, mental capacity assessments and best interest decisions had not been completed in accordance with the Act. We saw that several people using the service were living with dementia. The registered manager confirmed these people had not received an assessment from them; any assessment had been completed by social care professionals. These assessments had been completed to support a referral for a DoLS. Staff understood the importance of giving choices, however were unaware of the processes for people to be supported with their decisions in relation to the Act. The registered manager acknowledged the need to complete their own assessments for people who required support with decisions. On our second visit to the home they had commenced this process and were considering training to support this process.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw people were offered choices throughout the day. One person said, "The staff are always asking. Whatever it is they ask you and listen to you."

Staff told us they had access to a range of training to support their role. One staff member said, "We go to Derby for the moving and handling and we have other training. I like the face to face training, you learn a lot more and can get an instant reply to any query you might have." Another member of staff said, "We have regular training, the senior monitors that." New staff with little or no care experience was encouraged to complete the Care Certificate. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

People told us they enjoyed the meals. One person said, "The cook always makes the food look nice. You cannot help but eat it." The staff had recorded people's meal preferences and this information was shared with the cook. People had a main meal choice, however alternatives were available. We saw how the cook had altered meals based on feedback from people. For example, they had tried lasagne, which had not been a success, so it was changed to mince and onion pie. The cook said, "People prefer the traditional meals." As

the home was small and family based, the cook had the opportunity to get to know people and their families. They told us, "It's nice to get to know people and on occasions I have been able to ask family about the meals their relative liked or the reasons why they don't like things which helps with understanding people's choices." We saw that staff understood people's dietary requirements and were able to identify people at risk. Those at risk had been referred to the speech and language therapy team (SALT). This advice was recorded and we saw it was followed. For example, some people require supplements to support their meal intake. We saw these people received these. One person had a small appetite we saw this person was encouraged throughout the day to ensure they ate and drank sufficient amounts in line with guidance provided by the SALT recommendations.

We saw that referrals had been made to health care professionals in a timely manner. A relative told us, "Staff know when to raise a health concern and ensure the right medical attention is received." We saw when advice was given, it was followed. For example, one person was being nursed in their room and measures had been put in place to ensure their care was delivered in accordance with guidance. A health care professional said, " People are well looked and any little niggles are corrected straight away." They also added, "They always engage with everything we ask them to do." This meant people's health needs had been considered and responded to.

## Is the service caring?

### Our findings

People told us staff knew them well and had established relationships with them. One person said, "I am alright here, the staff are good to me." Another person said, "I get on with all the staff, they are friendly. We have a giggle and a bit of fun." A relative said, "The care is very good, the important things are always covered." Another relative said, "Staff are very familiar and know [name] better than I do now." They added, "There is a lot to be said, having that familiarity." We saw throughout the day that people were responded to in a positive manner. For example, staff made eye contact with one person and knelt to the same level when they spoke with them.

People felt able to make choices about their day. One person said, "Staff look after you, if you want anything you can have it." Another person said, "Whatever you need, you just ask for it and they get it or do their best." We saw that all the staff including the cook knew people and showed an interest in them. For example, one person had been unwell, the cook asked about how they felt and if they could make them something different for breakfast. Staff told us they encouraged choices, one staff member said, "I always give people a choice and tell them what I am doing."

Relatives told us they felt welcomed and relaxed at the home. One relative told us, "We are welcome anytime. They keep you informed of things too." Another relative said, "The staff are always quick to contact me with any concerns." A staff member said, "We have relatives coming at different times. Some come in the evenings or weekends." We saw that people who mattered to the person had been included in discussions and decisions at their request.

We saw that people's privacy and dignity was respected. People had chosen the clothes they wished to wear and had been asked about their day to day decisions. One person said, "I get asked all the time about what to eat or what to do." Another person said, "They take care in what they do. They speak to me respectfully. We do get respect." We saw staff responded to people's needs and requests. For example, one person requested a blanket and this was found quickly for them. Another person requested the music to be changed, they were given a choice of CD's and their chosen one was played. One staff member said, "I always knock on the door and say who it is before entering." This meant people were supported by staff who respected their wishes and ensured their dignity was maintained.

## Is the service responsive?

### Our findings

People and those important to them had been involved in identifying their needs. One person said, "They talk to you and ask so that you can be included." The care plans provided details which reflected the care that was required. For example, we saw that one person required specific support due to an illness, this information was documented in their care plan and all the staff had signed to say they had read it.

The care plans provided a summary of the persons health needs and their 'story', which reflected the reason for them now residing at Amber House. This meant staff could understand about the person's life and relate to things which could impact on how they responded. For example, one person had never eaten a midday meal. The person was encouraged to have a meal, however if they declined the staff knew the person would eat later and this was acknowledged. Staff told us, "The care plans are useful and have all the information we need." We saw that information from family was used to support people in helping them settle. For example, one person whilst living at home had developed their own system of placing notes around to help them remember things. The home had continued this practice within the person's bedroom. The person had notes to help them remember things or directions. For example, the note on the inside of their bedroom door directed the person to the lounge. The staff told us, "Initially we had some notes in other parts of the home, but now they have settled it's not needed it is just in their bedroom. It made a real difference to them as they were less anxious." This showed that the staff were responsive to supporting people in ways that met their individual needs.

On the first day of the inspection we saw people participate in an activity called the 'feeling bag' game. This was done in a subtle way, asking one or two people initially if they wished to join in. One person said, "I will give it a go." The staff member replied, "That's very sporting of you." We saw the activity involved the person taking an item from the bag and this was used to initiate conversation. For example, one item was a boxing glove, this led people to discuss their own sporting achievements and knowledge about famous boxers. It was relaxed and informal and people joined in spontaneously. There was music playing and some people broke into song. The home had not got a formal approach to activities. The registered manager told us, "There is no structured programme, we tried that and people did not want it. We aim to be flexible and tailor things for people's needs. It's more purposeful that way." People we spoke with felt there was enough things for them to do. One person said, "We can do whatever we wish, when it's nice we go in the garden, have music on, it's very relaxed." This meant people engaged in activities at their own pace.

People felt able to raise any concerns. One person said, "I have not had a need to raise a complaint, I would feel able to speak up if needed." A relative said, "I have no complaints, however if needed to, I would say something." There was a complaints procedure in place; however the provider had not received any complaints.

## Is the service well-led?

### Our findings

We found that systems were not always in place to monitor the quality of the service. The providers audit in relation to accidents and incidents identified the numbers of events, however this did not identify trends or ongoing concerns to prevent these from reoccurring. Medicine audits had been completed, however they had not identified where improvements were required. For example, protocols to reflect individuals needs for medicine on an as required basis. When the medicines were delivered from the pharmacy there was an overlap of one day, and so the stock levels available were incorrect.

An infection control audit had been completed. This had only identified the potential hazard of a walking frame being left in a bathroom. It had not identified that in two bathrooms there were toilet seat raiser frames which had peeling paint and rusty legs. Both bathrooms also contained a bin which was rusty. We discussed the audits with the provider and they confirmed they needed to review their auditing tools to reflect how they identify areas of concerns and manage them to make improvements.

The staff team we spoke with all felt supported by the registered manager, however this support had been provided on a verbal basis, not through formal supervision process. One staff member said, "I feel supported, we work as a team. I have not had supervision, not this year." We saw from the records that supervisions had not taken place for over 12 months. We discussed this with the registered manager, they told us, "I am aware these have not been done, we discuss lots of things daily, but it needs to be formalised. I plan to complete the senior's supervision and then the carers will have their supervision with the seniors." This had not yet been implemented. This meant we could not be sure staff received the support they required for their role.

We discussed with the registered manager the staff members limited understanding relating to safeguarding. They told us they had not been completing competency checks to reflect on staffs understanding following any training. However they planned to do this as part of their ongoing practice for all areas of training.

The provider had previously asked for feedback from the people who used the service and relatives through a formalised survey however this had not been very responsive. The provider told us, "We ask people for their feedback and if people ask we do it." The provider acknowledge there needed to be a system to record how they obtain feedback from people and to show how they had responded to any requests made.

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

The provider had completed notifications for some incidents; however when we checked the records relating to the number of possible safeguards and health conditions, not all of these had been reported to us. We discussed the notification requirements with the registered manager and it was acknowledged they had not sent us this information and they would review the guidance from us in relation to future

notifications. This meant we could not be sure that we had been notified of all the events that are required as part of the registered managers registration with us.

This demonstrates a breach of Regulation 18 of the Care Quality Commission (Registration) Regulation's 2009.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. We saw the rating was displayed on the front door of the home.

It is also a requirement that the latest CQC report is published on the provider's website, we found there was no reference to the inspection report on their website. We discussed this with the provider and we saw this was rectified afterwards.

People told us they found the service to be kind and friendly. One person said, "I enjoy being here." A relative said, "It's very friendly like my relatives house was, more like a family." Staff felt there was a relaxed atmosphere at the home. One staff member said, "It's like a family here, you get to know people." The provider told us they had an ongoing improvement plan for the refurbishment of the home. They planned to decorate and re-carpet the lounge areas; they were sourcing a decorating company who could accommodate them at night to reduce the disruption to people using the home. This meant the provider considered the environment people lived in and aimed to make improvements.

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 provider had not always reported significant events that occurred in the home. We had not received notifications from them for important information affecting people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider not ensured when people were unable to consent, mental capacity assessments and best interest decisions had not been completed in accordance with the Act.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not ensured there were effective systems in place to assess, monitor and improve quality of care. Staff had not received formalised supervision to support them in their role.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider did not use a dependency tool to reflect individuals level of need. There were not always sufficient staff to keep people safe at all times.



