

Amberwood 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

About the service: Amberwood Care Home is a residential care home providing personal care and accommodation for up to 44 people. There were 41 people living at the service at the time of our inspection.

People's experience of using this service: People felt safe living at Amberwood Care Home. Staff knew how to keep people safe whilst caring for them. People were supported to take their medicines in a safe way. There were systems and procedures in place to ensure staff administered medicines in a timely and safe manner. People felt there were enough staff overall to support them, risks associated with people's care were assessed and managed correctly.

People were supported with their eating and drinking requirements and support from healthcare professionals was sought by staff when required. People were supported by staff who were appropriately trained in line with best practice, national guidelines and legislation.

People felt they were cared for by kind and respectful staff. We observed staff speaking in caring manner with people and treating them with respect.

People's plans of care were individualised and gave staff the information to care for people in a personalised way. People had the opportunity to engage with a variety of activities and make suggestions to improve the service.

People and their relatives felt the service was well-led, that staff and management were approachable, and any concerns were dealt with appropriately. The registered manager had comprehensive monitoring systems in place, they were aware of their duties and worked together with other agencies to ensure people received quality care and support.

Rating at last inspection: Requires Improvement – last report published 09 May 2018.

Why we inspected: At the last inspection in February 2018 we found three breaches of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The service was rated overall Requires Improvement with a Requires Improvement rating in the Safe and Well led domains and a Good rating in the Effective, Caring and Responsive domains. Requirement notices were served.

Following our inspection, the provider informed us what they would do to meet the regulations.

We carried out this comprehensive inspection to check if they had now met the regulations. Our visit was unannounced. This meant the staff and the provider did not know we would be visiting. During this inspection we found the provider had implemented the necessary improvements. At this visit we found evidence to demonstrate and support the overall rating of Good.

Follow up: We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Amberwood Care Home Limited

Detailed findings

Background to this inspection

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

Inspection team: The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

Service and service type: Amberwood Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The Inspection was unannounced.

What we did: The provider completed a Provider Information Return (PIR), this is information the provider is required to send us at least annually that provides key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about.

We sought feedback from the local authority who monitor the care and support people received and Healthwatch Leicestershire, the local consumer champion for people using adult social care services. We

used all this information to plan our inspection.

During inspection: We spoke with five people living there and three visitors. We also spoke with the registered manager, four members of the care staff team and four other members of staff. A visiting healthcare professional was also spoken with.

We observed support being provided in the communal areas of the service. We reviewed a range of records about people's care and how the service was managed. This included four people's care records. We also looked at associated documents including risk assessments and medicine records. We looked at records of meetings, both for the staff team and the people using the service, staff training records and the recruitment checks carried out for new staff employed at the service. We also looked at a sample of the providers quality assurance audits that the management team had completed.

After inspection: The registered manager provided us with copies of documents requested to demonstrate compliance with the regulations.

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 1 and 2 February 2018. At that inspection we found risk assessments relating to basic health and safety measures were not in place. People's risks assessments were not always reviewed as their needs changed. There were not always enough staff deployed to meet people's needs. People could not always be assured that staff followed safe medicines management procedures. This meant this was a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014; within Regulation 18 - Staffing and Regulation 12 - Safe care and treatment.

At this inspection, we saw improvements had been made. The provider was no longer in breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations.

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Amberwood Care Home. People said "Oh yes I do [feel safe], they are lovely people. I know they are always there", and "If you need them[staff] in the night they're there."
- Staff received training in the safeguarding of adults. Staff knew how to escalate any potential risks and how to keep people safe from avoidable harm.
- The management team understood their responsibilities for keeping people safe from harm and abuse including reporting concerns to the local safeguarding team and the CQC. There were safeguarding policies in place and staff were aware of these.
- People were safeguarded by the systems and processes in place.

Assessing risk, safety monitoring and management

- The provider had systems in place to keep people safe from harm.
- People's risks had been assessed, identified and reviewed regularly or as their needs changed. They included risks associated with eating and drinking and the risk of falls. Where people were at risk, appropriate action had been taken to reduce risks and keep people safe. Furniture alarms and sensor mats were used to alert staff when people at risk of falls were mobilising. The registered manager explained that they do try new equipment to further reduce risk for people.
- Appropriate regular checks had been carried out on the environment and the equipment used to ensure people's safety.
- Staff had received training in what to do in the event of a fire and fire drills were carried out on a regular basis.
- People were kept safe by the monitoring and management of risk at the service.

Staffing and recruitment

- People told us there were enough staff to meet their support and care needs. One relative said, "There seems to be a hub of activity, there's always a lot of staff around coming in as a visitor." Another said, "If they want to go to the toilet they don't have such a wait here. They don't wait long at all."
- Appropriate pre-employment checks had been carried out on new staff members to make sure they were safe and suitable to work at the service.
- Staff felt current staffing levels were good and that they had enough time to speak with people. Staff explained, "We have time to sit and talk with people most days." One person said, "They are never too busy, they will stop and speak."
- The provider had increased the staffing levels since our last visit and levels were regularly monitored to ensure appropriate numbers of staff were available to meet people's care and support needs.

Using medicines safely

- People were supported to have their medicines in a safe way at the right times.
- Medicines were kept securely in a dedicated medicines room.
- Staff administering medicines had appropriate training and their competency was checked regularly.
- Staff completed records to show medicines were administered regularly. Protocols were in place for people prescribed medicines 'as and when required' such as pain relief, these gave clear guidelines for when and why the medicines were to be given.
- Medicines systems were organised, and the provider was following safe protocols for the receipt, storage and disposal of medicines.

Preventing and controlling infection

- People told us that their rooms were clean. One person said, "They clean my room every day."
- Staff had received training on the prevention and control of infection.
- The management conducted regular infection control audits, any concerns found were actioned in timely manner.
- Staff used Personal Protective Equipment (PPE) which we saw was readily available throughout the service.

Learning lessons when things go wrong

- Staff knew how to report incidents and accidents. The registered manager was developing a comprehensive system to analyse these.
- Lessons learned were being shared with staff at meetings. The registered manager shared an example which had led to extra training and a new documenting system.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual support and care needs were assessed before moving into the care home and were regularly reviewed when needs changed. A relative explained, "We phoned, and they came out straight away."
- People were supported daily by staff to make choices about the support and care they received.
- Staff were supported by management and other healthcare specialists to provide support and care in line with national guidance and best practice guidance.

Staff support: induction, training, skills and experience

- People felt that they received care and support from staff that had the skills and knowledge to meet their needs. One person said, "The staff are very good. If there's anything wrong, they see to it straight away."
- All new staff, including work experience placements, completed a comprehensive induction before they started supporting people independently. Following induction staff had regular competency checks; for staff that had no previous care experience extra competency checks were in place.
- The registered manager had a system in place to identify training that had been completed and training that needed to be scheduled.
- Some people at the service needed help with their mobility. Staff had received training in moving and handling however we observed one staff member manoeuvring a wheelchair not in line with best practice. We brought this to the attention of the registered manager who addressed this with all staff and had arranged for spot checks to be carried out.

Supporting people to eat and drink enough to maintain a balanced diet

- People had access to food and drink throughout the day and could choose to have meals in their rooms if they wished to. A person said, "The food is lovely, it is good, as I say I can't find any fault really."
- People's likes, dislikes, allergies and cultural needs when it came to food and drink were sought on admission and reviewed regularly.
- We saw that menus were displayed so people knew the options available, however the cook explained that they were happy to make alternatives if people didn't fancy what was on the menu. A relative explained, "If [family member] asks for something to eat they will get it for them. In fact, I would come here myself."
- The provider had nutritional risk assessments and plans of care in place for people's eating and drinking needs. Systems to monitor people's fluid intake and weight were used when required. A relative said, "At times [family member] has a poor appetite, so they bend over backwards. They don't just say what you want to hear, they are very very good."

Staff working with other agencies to provide consistent, effective, timely care

- Staff and management worked efficiently together and with other external agencies including other healthcare professionals to provide effective care.
- Staff recognised changes in people's health and sought advice and assistance from relevant healthcare professionals such as the GP and district nurse. A visiting healthcare professional explained "I have been coming here every three weeks for 15 years, it is excellent care here, the requests are very good. They will contact me between scheduled visits if they notice a change in someone and they sometimes get me in after a new admission. I leave instructions and I am confident the staff follow my guidance."
- People's plans of care included an Emergency Grab Sheet and Integrated Care Plan to ensure that they get the right care and treatment in an anticipated future emergency.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a range of healthcare services in both the community and within the service including speech and language therapists, general practitioners, district nurses and chiropodists.
- A relative explained, "If [family member] needs the doctor they will always send for the doctor."
- The provider had processes in place to ensure that people received the correct healthcare in a timely manner.

Adapting service, design, decoration to meet people's needs

- People's bedrooms were personalised and could be decorated to suit their tastes. A person explained, "My room is my little haven."
- People had easy access to an enclosed garden from the dining room and their bedrooms on the ground floor, two lifts were available for people who lived on the first floor.
- People had a choice of quiet and communal lounges and conservatories to meet visitors or participate in activities in during the day. A relative explained, "What I like is there are so many little places you can just sit in quietly, everything about it I just think is lovely."
- We saw solitary wheelchairs and hoists in the corridor as there was insufficient storage space for all equipment. However, the registered manager had plans in place to create additional storage for equipment.

Ensuring consent to care and treatment in line with law and guidance

- 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.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We saw DoLS had been submitted appropriately and conditions on authorisations were being adhered too.
- Staff understood the MCA, people's consent to their care and support was always obtained. One staff member said, "We are trained to obtain people's consent before doing personal care." One person explained, "They always say is it all right if I do so and so."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt they were supported with kindness and respect by staff at Amberwood Care Home. People said, "All of them seem so patient, it's just lovely", "They are lovely all of them" and "There are two that seem to be the managers and they are wonderful."
- Staff spoke with people in a caring way. We observed kind and friendly interactions between staff and people.
- Staff had the information they needed to be able to support people in the way they wanted as they had access to people's plans of care that had been developed with people themselves.

Supporting people to express their views and be involved in making decisions about their care

- People felt involved in the decisions about their care and the support they received. One person said, "I can go to bed when I want."
- People and their relatives had the opportunity to go to regular resident meetings to discuss any feedback or suggestions they may have, for example about menu options, activities and laundry. There were also suggestion boxes around the service for people to submit their ideas.
- Staff encouraged people to be involved in their care and express their views. Staff explained "I always ask people what they want, for example we offer a choice of clothes".
- For people who could not make their own day to day decisions, either by themselves or with support from family or friends, advocacy services were available. This meant that people had access to someone who could speak up on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People felt that they were treated with respect and their privacy and dignity was maintained.
- Staff received training in Dignity and Equality and gave us examples of how they put this into practice. One said, "We always knock on the door before we enter although most people have their doors open by choice."
- The service has a dignity lead and a dignity tree. A dignity tree is for people to write on a leaf their own ideas of what respect and dignity means to them.
- Staff promoted people's independence, one person explained, "They do try and encourage you [to be independent] but they do help you. They help you a lot."
- Relatives and friends could visit any time meaning people could maintain important relationships. Staff regularly supported people to go out, for example for walks or on bus trips, meaning people stayed connected to the community.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had plans of care that had been developed on admission. They contained personalised knowledge so staff could meet the needs of people in a way that suited the person.
- Staff had access to specific information about the individual from a clear 'All About Me' page which contained things that made people sad or happy and their likes and dislikes. Records also contained people's spiritual and wellbeing needs, a Sunday service was held for those that wished to attend.
- People were involved in their plans of care. The plans of care we saw were personalised and had been reviewed regularly with people and where appropriate their family. People and their family also received a bi-monthly newsletter keeping them up to date with what was happening in the service, including new members of staff.
- Staff explained that they learn about people from care plans and develop activities based on people's hobbies. For example, people who had pets had visits from pets, or if they were interested in floristry or sewing this was arranged. We also saw that a spare room was being used for a person who had a particular interest in jigsaw puzzles, so that they would have a dedicated space to do this.
- Staff understood the need to give people control of their care. One explained, "It's about respecting their choices, and it's centred by the person and not about all the residents as a group, for example people have completely separate mealtimes."
- People's communication needs were identified, recorded and highlighted in care plans. The registered manager understood the Accessible Information Standard. We saw the use of pictorial cues to help communicate with people that were non-verbal and the use of items such as a talking clock for a person with visual impairment.
- People had wi-fi access which they used to skype family and friends, there were also computers available in quiet lounges. Where people needed support with using the equipment, staff assisted them.

Improving care quality in response to complaints or concerns

- People knew who to talk to if they had a concern or complaint but said they did not have any complaints. One person explained, "Anything you ask they just do it. It's not a complaint you just mention it."
- A complaints process was in place and a copy of this was in the service user guide.
- Management had a system in place to record both formal complaints and concerns. Although no formal complaints had been received, actions had been taken to improve the service where concerns had been raised.

End of life care and support

- Staff supported people and their families in a caring way at the end of their life. One relative explained, "Staff were very good, they looked after my [family member] and me. I was touched by how many staff came to see my [family member]. They really liked and looked after them."

- People's wishes at the end of their life were included in their plans of care, as well as DNAR and an advanced care plan. A relative explained, "They [staff] are amazing, [family member] is end of life but they do get them out of bed every day."
- The service also developed an end of life care needs folder which documented specific needs and family requests, as well as a daily summary. The management also put together an end of life packs for people and their families, with toiletries and other bits for them to use.
- Most staff had received relevant training and knew how to support people at the end of their life; additional training was booked in for those that had not yet received this.
- We saw a thank you cards from relatives whose loved ones had passed away that were complimentary of the staff at a difficult time. One said, "Thank you for making the last months of [family members] life so happy, safe and content."

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 1 and 2 February 2018. At that inspection we found the provider did not have sufficient systems in place to monitor the compliance and quality of the service to take action to improve where necessary. This meant this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014; Good Governance.

At this inspection, we saw improvements had been made. The provider was no longer in breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations.

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager in post and people spoke positively about them and the management team. One person said, "I think they are doing a brilliant job."
- Staff understood their duties and responsibilities. Staff received regular supervisions; they knew the leadership structure and felt supported by management. One said, "Supervisions are very helpful, seniors and managers are very approachable and helpful." Another explained, "We have supervisions every three months and an annual appraisal. But we can have additional meetings if we want. We talk about progress and development, we can also raise any issues. I think staff are motivated."
- Effective monitoring systems were in place to check both the safety and the quality of the service. Audits had been carried out regularly. Checks on the environment and equipment used to maintain people's safety including fire checks had been carried out regularly.
- The registered manager understood their responsibility for reporting deaths, incidents and injuries that affected people using the service. Notifying the Care Quality Commission of these events is important so that we are kept informed and check that appropriate action has been taken.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff and management worked as an effective team to deliver high standards of care and support.
- The registered manager and the staff we spoke with were committed to providing person-centred care. One said, "It's always resident first", another explained, "We are very flexible, we really care about the residents, we work where they live."
- The registered manager worked in an open and transparent way when incidents occurred in line with the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People felt comfortable to contribute their views on the service and felt that the management acted on feedback. The service ensured they had many opportunities to do this with 'make a difference' boxes, open evenings and regular residents' meetings.
- Relatives could attend the resident's meetings, complete quality assurance surveys and receive email updates if they wished to.
- Members of the public were encouraged to attend open evenings and join the 'Friends of Amberwood' volunteer program. At the time of the inspection one volunteer attended the service regularly to support service users in the evenings by painting their nails. There was also someone on a work experience placement.
- The registered manager was working with a local school to arrange for regular visits, this was due to positive feedback from people after the school children had visited at Christmas time.
- Staff felt involved in the service, one said, "There is always someone to speak to, I always feel listened to, [manager] will always act on what I say."

Continuous learning and improving care

- The registered manager demonstrated a commitment to improving the service and providing high quality care. They actively sought new ideas and tried new things; for example, using new technology to assist people's mobility and new computer systems to record care plans and train staff.
- Staff understood that the service was continually learning; one said, "The last inspection gave stepping stones to improve."
- The registered manager said, "We are always trying to do better...always moving forward, as long as the residents are happy with what we are doing."
- The registered manager also attended the local safeguarding network, to talk through situations with other professionals in order to learn and improve.

Working in partnership with others

- The registered manager worked in partnership with healthcare professionals, commissioners and the local safeguarding team to ensure people received the care and support they required.
- The registered manager was part of 'Emcare'; a local care home association where providers come together to support each other and share information and ideas to improve services for people.