

Dove Care Homes Limited

Amberley House Care Home - Truro

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 27 October 2015 and was an unannounced comprehensive inspection.

The last inspection took place on 7 August 2014. There were no breaches of the legal requirements however the service was given a rating of Requires Improvement due to some areas of concern regarding the deployment of staff and the condition of the premises. At this inspection we found the service had sufficient numbers of staff to meet people's needs, although there was a regularly occurring issue with some staff repeatedly taking short notice sickness absence at weekends which was putting

pressure on the staff team. The service had taken action to improve the condition of the premises which had been re-carpeted and redecorated. There were new furnishings due to arrive at the service in the coming weeks.

The service is a care home which provides nursing care and support for up to 26 predominantly older people. At the time of the inspection there were 22 people living at the service. Some of these people were living with dementia. The building is a detached house over three

Summary of findings

levels. Stairs in the service had stair lifts to support people, with mobility problems, to access all areas of the service. A passenger lift was planned to be installed in the coming months.

The service had 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.

We walked around the service which was clean and comfortable and bedrooms were personalised to reflect people's individual tastes. People were cared for by staff who were kind and patient. People's dignity was not always respected as people were required to share slings, used for moving and handling. This was also a potential infection control risk. The registered manager told us they had enough slings to be able to allocate the correct size sling to a person for their sole use and this would be done immediately.

We looked at how medicines were managed and administered. There were some gaps in the medicine administration records, where staff had not signed to show if people had received their medicine as prescribed. Regular medicines audits were carried out and where gaps were noticed in records, staff were reminded of the importance of recording. Medicines that required stricter controls were managed safely. Nurses monitored when people had their prescribed creams applied.

Risks were identified and assessed. There was detailed information for staff on how to reduce risks. However, some information required updating to accurately reflect the current situation for some people.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. The morale of the staff was low. The short notice absences of staff at weekends, put staff under pressure to cover the workload and increased stress levels. The service was finding the recruitment of new nurses to fill vacant posts challenging.

New staff were supported by a system of induction. Training was provided, monitored and updated appropriately. More specialised training specific to the needs of people using the service was being provided such as dementia care. Some supervision was being provided to some staff. Staff told us they felt well supported by the registered manager who was always available to them if needed. Staff had not received appraisals.

Staff meetings were held. These allowed staff to air any concerns or suggestions they had regarding the running of the service. Some catering staff felt they were not part of the staff team and did not attend all care staff meetings. The registered manager told us the service held separate meetings for nurses and care staff. There were combined meetings held to which all staff were invited.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

Care plans were well organised and contained accurate and up to date information. Care planning was reviewed regularly and people's changing needs recorded. Where appropriate, relatives were included in the reviews.

Activities were provided during the week. There was a varied programme of planned activities and people were involved in events such as a planned Bonfire Party and preparations for Christmas festivities. People's views were sought at residents meetings and action taken in response to issues raised.

The registered manager was supported by a team of nurses. There was not a deputy manager but an area manager supported the registered manager on a regular basis. The service was well maintained. A system of quality control audits ensured the registered manager was aware of all aspects of the service provision, that may need addressing and strived to continuously improve it.

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 not entirely safe. There were some gaps in the medicine administration records where staff had not always signed to show people had received their prescribed medicines.

Risks were identified and assessed. Detailed information was provided to staff to help reduce risks, however some information required updating.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. However, repeated short notice staff absences at weekends was putting pressure on the staff team.

Requires improvement



Is the service effective?

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff told us they felt supported by the registered manager. Some staff received supervision. Staff did not receive appraisals.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Good



Is the service caring?

The service was caring. People who used the service and relatives and a healthcare professional were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect. Staff respected people's wishes and provided care and support in line with those wishes.

Good



Is the service responsive?

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to. People were consulted and involved in the running of the service, their views were sought and acted upon.

Good



Summary of findings

Is the service well-led?

The service was well-led. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Equipment was regularly checked to ensure it was safe to use.

People were asked for their views on the service. Staff were supported by the management team.

Good



Amberley House Care Home - Truro

Detailed findings

Background to this inspection

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

The inspection took place on 27 October 2015. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the home. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with two people who lived at the service, two visiting relatives, and seven staff. Not everyone we met who was living at Amberley was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices.

We looked at care documentation for two people living at Amberley House, medicines records for 22 people, four staff files, training records and other records relating to the management of the service.

Following the inspection we spoke with five more staff, two relatives and a visiting healthcare professional.

Is the service safe?

Our findings

People and their families told us they felt it was safe at Amberley House. Comments included; “Oh yes I never need to worry about anything” and “I feel perfectly safe here.”

At our last inspection in August 2014, we found there were sufficient levels of staff available to meet people’s needs, but people told us the service was sometimes short staffed. At this inspection people and their families confirmed they felt there was enough staff to meet people’s needs, however they did say they had been aware of shortages at weekends. During this inspection we saw people’s needs were usually met quickly. Staff responded in a timely manner to people who required assistance during the inspection. We saw from the staff rota there were sufficient numbers of staff to meet people’s needs. However, some staff had recently left the service and night staff had been moved to cover day shifts, with agency staff being used to cover night shifts. The service was finding recruiting to vacant nursing posts challenging. Staff told us that morale was very low and stated; “It’s been dreadful, it’s a little better now but we still have people going off sick every weekend they are on, it puts us all under such pressure, and we can’t cover the shifts at short notice” and “There have been weekends when we have been left with only three of us on duty because staff go off sick and leave us to struggle. We just got really organised and got our heads down, we managed by it was exhausting and it’s not fair on everyone.” Some staff had cancelled planned leave to work to cover staff shortages. Some staff told us they did not feel part of a team and they did not feel appreciated or recognised for when they worked hard to cover staff absences.

Accidents and incidents that took place in the service were recorded by staff in people’s records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was not reduced. The accident records relating to many people living at the service, were held together in one file, this did not protect people’s confidential information as such information should be stored in people’s individual care files. The registered manager assured us they would address this immediately.

People told us they received their medicines when required. We checked the medicine administration records (MAR). There were some gaps where staff had not always

signed to show that people received their medicines as prescribed. The registered manager was aware of this concern and was working with staff to address it. Some medicines had been transcribed by nurses on to the MAR following advice from medical staff. These entries were not always signed by two staff to help ensure the risk of any errors would be reduced. This was discussed with the nurse on duty and addressed immediately. Some people had been prescribed creams and the nurses monitored the application of such creams. The service was holding medicines that required stricter controls by law. The service was recording the stock held of these medicines in two different record books. This made it difficult to do an effective audit of all the medicines held in stock. There were a large amount of these medicines awaiting disposal since July 2015. The registered manager and the nurse took action during the inspection, to help ensure these medicines were stored and recorded appropriately. We were assured the medicines that were no longer required would be disposed of immediately. An audit trail was kept of medicines received into the home and those returned to the pharmacy for destruction.

The service were storing medicines that required cold storage. There was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored regularly which helped ensure any fault would be noticed in a timely manner. Medicines that require cold storage should be stored between 2 and 8 degrees centigrade consistently and we saw this was the case.

Care plans contained risk assessments for a range of circumstances including moving and handling and the likelihood of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately. This was in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example how many staff were required, and what size equipment should be used to move someone safely. However, one person had sustained an injury following an accident, two days prior to this inspection, and required to be taken to hospital for treatment. Staff were aware of the increased monitoring needed for this person when having hot drinks and this was discussed at the staff handover. However, the risk assessment for this person had not been updated to reflect any action staff should take to help ensure the risk of such an accident happening again was reduced. This care plan stated; “Can

Is the service safe?

drink from a cup and saucer.” The family told us this was not the case and that the person had their drinks in a beaker with a lid. The service was using agency staff to cover shifts and it was therefore important that care plans were up to date to inform staff who may not be familiar with the people living at the service.

People who required equipment to move them safely were required to share slings. This was a potential infection control risk and did not respect people’s dignity. The registered manager told us they had enough slings to be able to allocate the correct size sling to a person for their sole use and this would be done immediately.

One fire door was not alarmed or secured and opened easily with a push bar out on to concrete steps leading to a path which led around the building and out on to the street. We asked the registered manager and staff if there were any people living at the service who were independently mobile and may lack capacity to manage their own safety outside of the building as people may be at risk of leaving the building without staff knowledge. We were told there was no one at the service who would do this. A further fire door at the end of the lower floor corridor was alarmed. This was due to having had a person living in the corridor in the past who was at risk from an unsecured door. The registered manager was aware of the risk of this unsecured fire door and assessed regularly to ensure people were not at risk of leaving the service via this door without staff knowledge.

Each person had information held at the service which identified the action to be taken for each person in the

event of an emergency evacuation of the home. However, relatives told us they had found information in their family members room a few weeks ago, which stated the person would be able to walk out of the service with two sticks. We were told this was inaccurate information and the person was no longer able to walk unaided. The sign was removed by staff who agreed it should not have been present. Staff were aware of the current abilities of this person.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Staff had received recent training updates on safeguarding adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the County. There were “Say no to abuse” leaflets displayed in the service containing the phone number for the safeguarding unit at Cornwall Council which supported staff should they need to raise any concerns.

We recommend that the service follows the guidance regarding the safe management of medicines in care homes.

We recommend that the service follows the guidance from the Health and Safety Executive regarding Health and Safety in care homes

Is the service effective?

Our findings

People living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. So we observed care provision to help us understand the experiences of people who used the service. People and their relatives told us they felt the staff were competent and knew how to meet people's needs in an effective manner.

Following the inspection we spoke with visiting healthcare professionals who told us; "They (staff) following any advice or guidance given, and I have no concerns."

At our previous inspection in August 2014 there were concerns regarding the condition of the premises. At this inspection we found the service had taken action and it had been re carpeted throughout and redecoration had taken place. New furnishings were due to arrive in the coming weeks.

There were some people at the service who were living with dementia, but none of them were independently mobile. The staff told us people only used the bathrooms with assistance from staff. However, there was little assistive signage for people with dementia throughout the service, such as pictures rather than words explaining what a room was used for. People's bedroom doors were marked with their name and a number rather than any personalisation which may assist recognition for some people. One family member told us; They (the service) are not really geared up for dementia."

The premises did not have a lot of storage space for moving and handling equipment when it was not in use. Hoists and slings were stored together in bathrooms when they were not in use. When bathrooms were in use this equipment was left in corridors making access difficult for people with walking aids and wheelchairs. In one bathroom we found a number of unnamed walking frames. The registered manager was not clear who they belonged to. We were assured these would be removed.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good. One commented; "We do some on-line training and some packs which we send off for marking, we have been given a load recently and we are all working through them."

Training records showed staff were provided with updates where appropriate. Staff had also undertaken a variety of further training related to people's specific care needs such as stroke care and dementia care.

The registered manager admitted they were 'not on top' of staff supervision and that no appraisals had taken place. Nine staff had received supervision in the last month while other staff had not had any for some time. However staff told us they felt well supported by the registered manager and were able to ask for additional support if they needed it. We were told the registered manager had an 'open door' policy and was available if needed at any time.

Newly employed staff were required to complete an induction before starting work. Plans were in place for any new staff to undertake the new Care Certificate which replaced the Common Induction Standards. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector.

Care files contained some signatures of family who had been asked to sign on behalf of people living at the service, to agree to their care. The registered manager and the staff were aware of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make specific decisions, at a specific time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The home considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A provider must seek authorisation to restrict a person for the purposes of care and treatment. Following a recent court ruling the criteria for when someone maybe considered to be deprived of their liberty had changed. The provider had taken the most recent criteria into account when assessing if people might be deprived of their liberty. Applications had been made to the local authority for authorisation of potentially restrictive care plans in line with legislative requirements.

Mental capacity assessments had been carried out and where people had been assessed as lacking capacity for

Is the service effective?

certain decisions best interest discussions had been held. Staff had received training for the MCA and DoLS were aware of respecting people's rights. The service held a policy for the MCA and DoLS which was available to staff.

In the day room there was a white board displaying the menu for the day. People told us; "The food is good, they (cook) will always ask what we like and try to provide it for us" and "They (cook) comes every day to ask us what we want to eat from a choice of things." We observed the lunch time period in the day room. Staff sat with people around a table, enjoying the social atmosphere and chatting about plans for their forthcoming Bonfire party and the making of the Christmas cake. The food looked appetising. People were provided with a choice. One person did not like their meal, this was recognised quickly by staff and this was changed for something else which the person enjoyed and ate.

We spoke with the cook who was knowledgeable about people's individual needs and likes and dislikes. They made a point of meeting new residents in order to identify their dietary requirements and preferences. Where possible they tried to cater for individuals' specific preferences. They told

us; "We have been short staffed recently and it has been hard, you get no thanks or recognition when you work hard on your own to do all the meals, and the care staff don't come in to help."

Care staff had access to the kitchen so people were able to have snacks at any time of the day even if the kitchen was not staffed.

Care plans indicated when people needed additional support maintaining an adequate diet. Food and fluid charts were kept when this had been deemed necessary for people's well-being. For example one person had lost weight recently and their meals were being fortified with cream and butter in order for them to gain some weight. Food and fluid charts were kept by care staff. These were monitored by the night nurses, totalled and recorded each night in their files. This meant it was easy to see if their intake was adequate.

People had access to healthcare professionals including GP's, opticians and chiropodists. Care records contained records of any multi-disciplinary notes. One person was supported to receive consultations via Skype and this was greatly appreciated by the person and their family. People received visits from their GP and specialist nurses and therapists.

Is the service caring?

Our findings

Not everyone at Amberley House was able to verbally tell us about their experiences of living at the service due to their healthcare need. People told us; “Very good” and “Lovely place.” Relatives told us; “I visit regularly and am very pleased, they are right on it, and I don’t have to worry at all when I leave (the person) and go home” and “We feel there are enough staff and (the person) is well cared for, staff are kind and pop in to (the person) regularly.” People were cared for by staff who were kind and patient

We found one person’s electric toothbrush being charged on a window cill in a corridor. This was removed immediately to their room. We found one person’s monitoring records in a corridor when they should have been stored in their room. This did not respect people’s privacy.

People’s life histories were documented in their care plans. This was important as it helped care staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people’s backgrounds past lives. They spoke about people respectfully and fondly. Staff told us; “This person like their privacy, so we have a sign that they can use when they do not wish to be disturbed,” “Most of us have been here ages and know everyone really well” and “We communicate at handovers so we know what people need.”

Bedrooms were decorated and furnished to reflect people’s personal tastes. One room had been filled with their own furniture and things they felt were particularly important to them. The person greatly enjoyed having things around them which were reminiscent of their past and familiar.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. Visitors told us they felt very welcome and that it was a relaxed friendly service. People were well cared for. Staff were kind and respectful when supporting people.

During the inspection staff were seen providing care and support in a calm, caring and relaxed manner. Interactions between staff and people at the home were caring with conversations being held in gentle and understanding way. Staff were clear about the backgrounds of the people who lived at the service and knew their individual preferences regarding how they wished their care to be provided. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress.

We saw people moving freely around the service spending time where they chose to. Staff were available to support people to move to different areas of the home as they wished.

We saw the home sought the views and experiences of people who used the service, their families and friends. Responses to a survey were mostly positive.

Is the service responsive?

Our findings

Relatives told us they felt the service was good at communicating with them and would always contact them if anything changed with their family member. Comments included; “The staff are very good, they do a wonderful job” and “Excellent, no worries at all, they sort things out quickly and the registered manager has been really good supporting (the person) with different things we have asked for.” Visiting healthcare professionals did not have any concerns about Amberley House and confirmed the staff responded appropriately when necessary and followed advice given to them.

People who wished to move into the Amberley House had their needs assessed to ensure the service was able to meet their needs and expectations. The registered manager was knowledgeable about people’s needs, and were all the care staff and nurses.

People were supported to maintain relationships with family and the local community. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection visit and chatting knowledgeably with them about their family member. People were able to have their own telephone line in their room if they wished.

Care plans were detailed and informative with clear guidance for staff on how to support people well. The files contained information on a range of aspects of people’s support needs including mobility, communication, nutrition and hydration and health. The information was well organised and easy for staff to find. The care plans were regularly reviewed and updated to help ensure they were accurate and up to date. Some initial typed care plans, completed when the person had arrived at the service, had been amended by hand. This was not always clear for staff. The registered manager told us this was ‘work in progress’ and they were aware some care plans needed re-typing. However information was mostly accurate and current. Reviews of assessments were not always done in a timely manner to take account of recent changes, although staff were aware of the current needs of people.

Daily notes were consistently completed and enabled staff coming on duty, to get a quick overview of any changes in people’s needs and their general well-being. At the end of each care shift a formal handover meeting was held. This ensured staff coming on duty were aware of any changes to people’s needs or other issues that were of concern to staff. We observed a staff handover meeting and saw information was shared effectively. This ensured staff understood everything that had happened in the service since they were last on duty.

The service had an activities co ordinator who worked during the week. People told us; “The home just would not be the same if it was not for (the activity co ordinator) they are wonderful, so good at involving people in things and very passionate about their work” and “(the activity co ordinator) is just a lovely person who is so outgoing and friendly they make (the person) smile with their jokes.” People had access to a range of activities from an organised programme of events including music, quizzes, cake making and craft. During this inspection visit we saw people playing dominoes and having a quiz.

Some people chose not to take part in organised activities and therefore were at risk of becoming isolated. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We saw staff checked on people and responded promptly to any call bells. One family told us the activity co ordinator agreed to receive photographs from them when they were out and about, to print off for their family member to enjoy seeing what the family were up to. We saw these pictures were displayed on the wall in front of the person who was confined to their bed.

The service had received one formal complaint in the last year. We saw this had been responded to appropriately. The complaints policy was clearly displayed in the front hall so that people were able to access this information should they wish to raise a concern. People told us they had not had any reason to complain.

Is the service well-led?

Our findings

Relatives and staff told us the registered manager was approachable and friendly. Comments included; “The registered manager always calls us if anything changes” and “There is always an open door, we can speak with them anytime.” Some staff told us they felt the registered manager was under a lot of pressure and showed signs of stress on occasions.

There were clear lines of accountability and responsibility both within the service and at provider level. The registered manager was supported by a team of nurses and care staff. The area manager for the group of care services visited the registered manager regularly to support them.

Staff told us they felt well supported and found the staff meetings useful. Staff commented; “Some of us have had supervision recently, but others have not ever had any, but that doesn’t mean we can’t speak to someone if we ever need to.”

Staff were given the opportunity to voice their opinions or concerns regarding any changes. Some staff told us they did not feel part of a team. They told us they were not recognised or acknowledged by the management team when they worked extra hours to cover staff absences.

The registered manager worked in the service every day providing care and supporting staff. This meant they were aware of the culture of the service at all times. Daily staff

handover provided each shift with a clear picture of each person at the service and encouraged two way communication between care staff and the registered manager. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of each individual. Relatives told us they felt the staff team communicated well and provided care in a consistent manner to their family members.

We reviewed the policies and procedures used by the service, they had been reviewed and updated appropriately.

There were systems in place to monitor the quality of the service provided. A recent survey had been responded to by people at the service and their families. Comments were positive and included; “Always very helpful” and “Always staff around to help.” Audits were carried out over a range of areas. For example the fire equipment, moving and handling equipment and stair lifts were all checked and serviced regularly to help ensure they were safe to use. The pressure relieving mattresses were regularly checked by the registered manager to help ensure they were correctly set for the individual and working effectively.

The registered manager had notified the Commission of significant events which had occurred in line with their legal obligations. For example, expected and/or unexpected deaths. The outcome and ratings given by the Commission of the provider’s last inspection had been displayed in line with regulations