

EMH Care and Support Limited

# Amberley Nursing Home

## 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

This inspection visit took place on 5 October 2018 and was unannounced. It was completed by one inspector.

Amberley Nursing Home is set on a large communal site which includes supported living units. This home was registered before the introduction of Registering the Right Support, however the service aims to adhere to the values set out as best practice. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service 'Good'. At this inspection we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service continues to provide care which ensures people's safety. Staff understood the importance of protecting people from harm and the measures to take to reduce the risk of infections. There was enough staff to support people's need and the arrangements were flexible to accommodate appointment, activities and celebration moments. Medicine was managed safely and provided in line with guidance.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Choices were promoted in relation to the meals provided and when required specialist advice had been sought and followed. Health care was an important factor in maintaining people's health and wellbeing. The home had been adapted to support people's needs and their personal preferences were acknowledged to create a homely environment.

Staff had established positive relationships with people and knew them well. Care was individual and responsive showing a real regard for each person's wellbeing and daily lifestyle. Dignity was maintained and people were responded to in a respectful manner.

People's care was delivered in line with their agreed care plans which had been developed with the person and or those family members important to them. Activities and hobbies were encouraged and people were able to decide on how they wished to spend their day. There was a complaints policy, however since our last inspection there had been none raised. When people were nearing the end of their life, they received care which was compassionate and pain free.

The service was supported by a registered manager who understand the regulations and ensured we received notifications and information in relation to these. People's views had been obtained through a

questionnaire and more work was being developed in this area. The rating was displayed at the home and on the providers website.

A range of audits had been used in relation to care plans, health and safety and medicines management. Staff felt supported and enjoyed working for this provider. Partnerships had been established to support the needs of people's making the links with health and social care professionals.

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good	<b>Good</b> ●

# Amberley Nursing Home

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 5 October 2018 and was unannounced. The inspection was completed by one inspector.

The provider had completed a Provider Information Return as part of the Provider Information Collection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service. We reviewed the quality monitoring report that the local authority had sent to us. All this information was used to formulate our inspection plan.

Amberley Nursing Home is set out on a large communal site which also includes supported living units. The home has been developed with a new build being connected to an older building, linked by a corridor. The care service was registered before the introduction of Registering the Right Support guidance. The home adheres to these values which include the choice and promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. The purpose build building is set in its own grounds. People can access the outside space which is secure. There were communal spaces for dining and a large lounge.

Not everyone in the home could tell us about their experience of their life in the home, so we observed how the staff interacted with people in communal areas. We spoke with three people. We also spoke with three members of care staff, two nurses and the registered manager.

We looked at the care records for three people. We checked that the care they received matched the information in their records. We also looked at a range of information to consider how the home ensured

the quality of the service was continuously reviewed, these included audits relating to accidents and incidents, infection control audits, complaints, compliments and surveys to reflect feedback.

# Is the service safe?

## Our findings

People told us they felt safe from harm. All the staff had received training in safeguarding and could provide details of the types of abuse they would report. One staff member said, "We make sure that the people we look after are cared for." All the staff we spoke with felt confident that any concerns raised would be dealt with straight away. We had not received any safeguards of concern for this location.

Risks to people had been assessed and their safety monitored and managed so they were supported to stay safe. When people were at risk of sore skin, pressure relieving equipment was provided. Each person was assessed for the pressure care they required and to reduce the risks people were offered bed rest in the afternoon. Records showed one person had become at risk of sore skin, the staff had obtained advice from a health care professional. We saw this guidance was followed and the risk was reduced, however good practice advice continued to be followed.

Some people required equipment when they needed to transfer from one seating area to another. Staff had received training and followed the risk assessments which were in people's care plans. We observed staff taking their time with people when they provided support with a transfer, explaining to the person each step and giving reassurance. Some people had tracking hoists in their bedroom which staff told us made transfers easier for them and the person. The registered manager told us they were in the process of requested tracking hoist in other people's rooms due to their high needs and the risks identified with their physical frame and equipment.

We saw that plans were in place in the case of an emergency, for example a fire. The home completed regular tests on how to evacuate the building. People's individual plans were updated when their needs changed so that the correct approach would be used when evacuating the building.

Some people expressed themselves with behaviours which could cause themselves or others harm. We saw there were plans in place which reflected the behaviour, any possible triggers and how to de-escalate the situation when it occurred. When these people became anxious they could access some medicine to reduce this feeling. A staff member said, "They can have moments, but we are able to help them keep things under control." We noted that the medicine was only used if all other techniques had not been successful and it was in the person's best interest.

Medicine was managed safely. We saw that when the nursing staff came on duty they went through a range of checks in the medicine room. These included the temperature of the room and fridge and medical equipment was in full working order. The nurse said, "The system works really well. It's very organised." We observed people receiving their medicine. People were told about their medicine and guided to take it in a way which suited them. For example, one person would take their medicine during a meal. Another person took theirs with a sweet treat. All the medicine administration records (MAR) were completed and when people had medicine on an as required basis for pain relief the details were included. For example, 'pain relief given for headache'. For each as required medicine there was a detailed protocol which provided guidance to when the medicine should be given and the expected outcome.

When incidents had occurred the provider and registered manager used these to learn and make improvements. For example, a medicine error had occurred when the front photograph was placed with the wrong medicine. From this incident a double staff member checking system has been introduced following any change overs.

There was enough staff to support the needs of people. We saw that the staffing levels were flexible. For example, to support a person to attend a health care appointment or activity. On the day of the inspection, staffing had been increased to support one person to attend the hydrotherapy pool and another two people to go out shopping. We saw the provider had used agency staff to support the numbers of staff required. One agency nurse told us, "I do regular shifts here, you see the same staff members. It's important to the people here to have that consistency." The registered manager confirmed that they had a recruitment programme to replace the agency staff.

Staff told us, when they were recruited they completed a police check and references from previous employers before they commenced their role. This meant that only staff suitable to work with people would be employed.

The home was well presented and looked and smelt clean. One relative had commented on the survey, 'The home is kept to a high standard of cleanliness.' Staff used protective equipment such as gloves and aprons when they provided personal care or served food. The home had a five-star rating from the food standards agency, which is the highest award given. The food hygiene rating reflects the standards of food hygiene found by the local authority. This meant the provider had measures in place to reduce the risk of infections.



## Is the service effective?

### Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People told us, and we observed that staff assisted them to make their own decisions. When people were unable to make their own decisions, we saw that a capacity assessment had been completed and followed up with a best interest decision. We saw that the appropriate professionals and family members of importance to the person had been consulted. For one person we saw how a medical screening had been considered using this method. It was decided it was not in the persons best interest as they had no ongoing health concerns in this area and the procedure would be too distressing for the person. This shows that appropriate consideration was made when decisions were required.

Applications had been made to the appropriate local authority in relation to DoLS. No authorisations were in place. However, the provider was working to the principles of least restrictive practice and maintaining people's safety.

People's needs and choices had been assessed and delivered in line with current guidance to achieve effective outcomes. We saw when people had specific health conditions there was guidance provided in the care plans with detailed information literature. For example, one person's health condition required daily medicine. The care plan detailed all the relevant information about the condition and the medicine including possible side effects and the appropriate actions to follow should these occur.

Staff told us they had received training to support their role. The provider has recently signed up to a new training package which gave staff access to a range of online training. Staff told us, they liked the online training and had been given the opportunity to complete courses in the office at their own home. The registered manager told us that some training remained face to face, these were training in relation to safe moving and handling and physical interventions. New staff members were supported to complete the care certificate and to have shadowing shifts with experienced staff. One staff member said, "I cannot thank the managers for all the help they have given me with the training."

People were supported to eat and drink enough to maintain a balanced diet. We saw that when any risks to people's weight or dietary needs had occurred health care professionals had been consulted. The speech and language team (SALT) had completed assessments on many of the people living at Amberley. For each person there was a detailed plan showing their individual needs. An additional copy of these details was available to staff in a folder in the dining area. We observed the midday meal and found the staff followed the guidance and individual needs. For example, some people required their meals in a pureed consistency, others required adapted dishes or cutlery. We saw people being supported on a one to one basis or with discreet assistance. Throughout the day people were offered refreshments and these were provided in relation to their SALT plan and different styles of cups to promote people's independence.

People had been supported to live healthier lives and to have access to healthcare services and receive

ongoing healthcare support. We saw that referrals had been made to a range of health and social care professionals when a person's needs had changed. For example, one person had an increase in the number of epileptic episodes they were experiencing. The provided had recorded each episode and was able to use this information to show the increase in this area. They had made a referral to appropriate health professional and we saw an appointment was scheduled. People's ongoing health was also monitored and staff supported people to attend routine appointments to maintain their health.

People had been encouraged to personalise their own bedrooms. We saw people had displayed pictures on the walls and other items which were important to them. The home had wide corridors and signage to support people to navigate around the home. Individual needs had been met by the adaptation of bathrooms. We saw specialist equipment was in place to enable all the people living in the home to enjoy bathing facilities which met their needs. We saw how a table had been reduced in height to support people who were in wheelchairs so they could access activities at the table. There was access to the outside space which had seating areas for people to enjoy.

## Is the service caring?

### Our findings

People were treated with kindness and we saw staff showed respect and compassion. We saw staff spoke with people on an individual basis showing their understanding of their lives by referencing family or areas of interest. One staff member said, "I would not want to work anywhere else, there is a lovely atmosphere here." Another staff member told us they had initially come to the home as an agency staff member and then got offered a job, they said, "It's like a breath of fresh air working here."

People had an opportunity to make choices about their daily care. This included how they chose their meals. We saw how people had been involved in the garden. People had planted fruit and vegetables and large pictorial signs had been placed to identify the produce. On the day of the inspection some carrots had been picked and were given to the kitchen to prepare. One staff member said, "People have really engaged the garden and the produce."

People's privacy was maintained and their independence respected and promoted. For example, in the afternoon one person chose to have a bath. They asked the staff to leave them to have a soak. The staff member made sure they had easy access to the call bell and agreed to return after five minutes. The person rang the call bell, the staff member responded to be told by the person they wanted more time soaking. This was respected and staff returned when the person was ready. We saw staff members knocked on door before entering and spoke with people in a friendly positive manner. One staff member said, "There is a family feel here, we aim to make it as homely as possible."

Relatives were welcome to visit at any time. One relative commented in the survey, 'Very pleased with how you all look after [name] in the home and when they went into hospital. We have always found the home to be welcoming.'

Security measures were in place to protect people's information. For example, password protection on the computers and a lockable office for all the care plans and other detailed documents.

The involvement of advocates was welcomed within the service and had been used when major decision was made. For example, when people made the decision to move to the home. Care records identify when advocates were involved. At the time of the inspection no advocates were being used, although we saw evidence within the care plans of their previous support to people.

## Is the service responsive?

### Our findings

Each person had a detailed care plan which was personalised to their own needs so that the care provided would reflect these needs. Each care plan contained a comprehensive history about the person, including all their life experiences to date and people of importance. We saw how one person's health had declined and they were no longer able to communicate their needs verbally. Staff referred to the persons previous areas of interest and people of importance. One friend frequently joined them at the home for lunch.

The care plans included how a person communicated and guidance in providing choices. We saw people being show items to choose. Other people used pictures as a reference. One person had been supported to complete a life history book. This contained photographs of the person's life with some written commentary so that staff could relate to the areas and engage in conversation. We saw this happened and the person enjoyed looking at their book.

Other aspects included in the care plans reflected people's spiritual beliefs and how they were supported to continue to follow this. People attended a church of their choice on a regular basis.

Staff had received training in the Equalities Act and understood the importance of individual and cultural differences and how to support in these areas if required.

There was a daily handover to ensure that any areas of concern were passed on. For example, if people had an appointment, how people's day had been so far and any changes in care needs. One staff member said, "We go through everyone's situation so we can keep a close eye on them." We saw this was effective in ensuring continuity of care.

There was an easy read copy of the complaints policy which was in people's care folders. People and relatives were able to raise any concerns, however no formal complaints had been received. The registered manager planned to have a display in the main reception and in an area available for people to display information. For example, the safeguarding information, the complaints policy had other items of news or interest.

People were supported at the end of their life (EOL) to have a comfortable, dignified and pain-free death. We saw that care plans had been reviewed to reflect people's change in need as they neared the end of their life. One person's plan showed how people of importance to them had reviewed the EOL originally discussed with the person when they were able to participate and had ensured these wishes were followed. Measures had been taken to ensure medicine was available to support any distress or pain. Staff showed kindness and compassion to the person and their visiting family during this sad time.

# Is the service well-led?

## Our findings

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

There was a calm and relaxed atmosphere in the home. People were supported at a pace that suited them and when they required support staff were available. A comment from a recent survey said, 'The best of nursing Care [name] is very happy and contented'. Positive relationships had been developed and this enhanced the experience people received.

We saw that the provider reviewed a range of information to support the quality and improvements to the home. For example, following an incident where a person had fallen from their bed, they arranged for a sensor which would be activated to alert staff should the person fall. In addition, a sensor light was fitted which activated on movement so that the person's path to the bathroom was made safer. This person's health deteriorated further requiring them to be less mobile and require bed rails. Throughout this time the person's needs were assessed and the best options considered to support their level of independence.

Other audits were reviewed to reflect the environment. We saw when required actions identified had been completed. One person required a new hoist sling, the measurements were taken and a new one ordered. Other areas had been identified, but not yet completed. For example, the carpet in the dining area was heavily stained and had a bubble creating a possible trip hazard. The registered manager had obtained a quotation for the cost of the replacement and this was awaiting approval from the provider. During this period staff were aware of the possible trip hazard and supported people when walking in that area.

The provider's regional team had completed an audit in June 2018, this identified that some of the training was not up to date. The registered manager had ensured staff had made this a priority and the training completion levels had improved. This demonstrated the registered manager acted to make improvements to the home and the needs of people and staff.

People were encouraged to engage with the development of the home. We saw that meetings for the people living at Amberley had been held. Items discussed at the meeting had been followed up. For example, some ideas with regard to the choices at tea time, we saw these had been shared with the kitchen and added to the menus. Families had also been consulted about the care people received. Comments from the survey include, 'I give 10 and out of 10' and '[Name] tells us they are happy here and they have good relationship with the staff.' The registered manager told us they planned to review the feedback opportunities and consider how they can obtain the views of people who are able to comment at the meetings.

The registered manager had sent us notifications in relation to events which had occurred at the home. This enables us to monitor the service and review the actions they had taken. The home had displayed their rating at the home and on the website.

Partnerships had been developed with a range of health care professionals. For example, liaising with health and social care professionals to review people's health care needs and maintain their wellbeing.