

F M S (Scunthorpe) Limited

Amber House

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?	Requires Improvement ●

Summary of findings

Overall summary

Amber House is registered with the Care Quality Commission (CQC) to provide accommodation and personal care for up to 13 people who may have learning disabilities or autistic spectrum disorder. Each person has their own en-suite bedroom comprising of bathing and toileting facilities. There is choice of communal areas available for people to use and the garden is easily accessible. At the time of the inspection there were 6 people using the service. At the time of this inspection there were also a group of people accessing the service for day-care support, however the support provided to them did not adversely impact at this time on the people using the service who have separate bedrooms elsewhere in the building.

We undertook this unannounced inspection on 01 and 04 February 2016. At the last inspection on 14 and 15 July 2015, we found the registered provider was in breach of five regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the safe care of people who used the service, staff training, providing person centred care, obtaining consent and working within the requirements of the Mental Capacity Act 2005 (MCA). A warning notice was issued due to risks associated with failing to monitor and assess the quality of service provision. The registered provider subsequently sent us an action plan that showed us how they were going to put things right.

At the time of this inspection there was no registered manager in post and the acting manager was awaiting an interview with the CQC for their suitability and capabilities to be assessed as a registered manager for the service. A registered manager is a person who has registered with the CQC 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.

During this inspection we found improvements had been made in all domains. We have changed the rating in the three key domains which were previously rated as Requires Improvement to Good. We have changed the rating for the Well-led domain from Inadequate to Requires Improvement. This domain cannot be rated higher than Requires Improvement, as the rules for rating this as good requires there to be a registered manager in post and we want to monitor the improvements to make sure they are sustained over a period of time.

We found people were protected from the risk of abuse or harm. Staff were aware of the need to report potential issues of abuse and policies and procedures were available to guide them when making referrals to the local safeguarding team. Risk assessments were available for people concerning the management of behaviours that might challenge the service and we saw these had been developed and improved since our last inspection of the service.

There was evidence that staff with the right skills had been safely recruited in sufficient numbers. We saw that training had been developed to ensure staff had the appropriate skills and knowledge to meet people's needs. We were told the service had not yet achieved its target of providing a regular programme of

supervision and appraisals for all staff, but that arrangements were in place to address this issue.

We found people's health and wellbeing was appropriately supported and that people had access to a range of medical professionals and that all had been registered with a local dentist since our last inspection. The local community learning disability team told us the service worked well and involved them when this was required. We found people's nutritional needs were met and that a choice of meals was provided. People's dietary intake and weight were monitored where this was needed.

We observed people were treated with dignity and respect and that support was provided in a planned and person centred way. We saw that staff interacted with people in a sensitive and encouraging way and demonstrated a caring and compassionate approach.

We found that staff supported people to make their own decisions and that best interest meetings were held to discuss options when people lacked capacity to do this themselves. Where people were deprived of their liberty staff had ensured this was done in the least restrictive way and in line with current legislation. We saw that arrangements were in place to ensure training was provided for staff who had not completed training on the Mental Capacity Act 2005 and safeguarding people from harm.

We saw that staff consulted people and provided explanations before carrying out interventions to ensure their consent was obtained and that information about people was stored securely to ensure their confidentiality was maintained.

We found improvements had been made in the way the service was managed. Quality monitoring systems were in place to ensure the service was safe, effective, caring, responsive and well-led. We saw this included audits and checks of people's care, incidents and accidents, staff training needs, together with action plans to address shortfalls that were highlighted.

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.

The management of risk had improved and staff had a better understanding of risks to people. Risk assessments for the management of challenging behaviours were in place to ensure least restrictive practice was followed.

Accidents and incidents were recorded and a data base was used to enable the identification of trends in these.

Staff were aware of the need to report issues of potential abuse to people and staff that had not yet received training on this, were awaiting to undertake this in the next month.

Staff were recruited safely and employed in sufficient numbers in order to meet people's assessed needs.

People received their medicines as prescribed. Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff had received appropriate training to enable them to meet people's needs. Arrangements were in place to ensure they all received regular supervision and appraisal of their skills.

People were assisted to make their own choices and decisions. When people were assessed as lacking capacity, staff followed the principles of the Mental Capacity Act 2005 and held best interest meetings to discuss options for people.

People's healthcare and nutritional needs were met. They had access to a range of professionals in the community. People were provided with a wholesome and varied diet of their choosing.

Is the service caring?

Good ●

The service was caring.

We observed staff were attentive and demonstrated a caring approach. Staff understood people's needs and had good relationships with them.

Staff upheld people's dignity and ensured their choices were respected.

Staff gave explanations to people prior to tasks being completed to help them make informed decisions about their support.

Confidential information was securely stored.

Is the service responsive?

Good ●

The service was responsive.

People were consulted and involved in making decisions about their support and this was delivered in a person centred way.

People were supported to undertake activities of their choosing both inside and outside the service.

There was a complaint procedure in place and this was followed to enable people's concerns to be addressed and where possible resolved.

Is the service well-led?

Requires Improvement ●

Some elements of the service were not always well-led.

There was not a registered manager in place, although the acting manager had submitted an application for this and was awaiting an interview to have their competencies and skills assessed by the CQC.

The acting manager's management approach was open and inclusive and staff found this supportive.

There was a quality monitoring system in place to ensure the service was well-run and was safe for people to use. Audits and checks were made up of different aspects of the service, but we saw there were some outstanding actions that needed completing.

People were consulted about their views to enable the service to develop and improve.

Amber House

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 registered 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 unannounced inspection was carried out over two days on 1 and 4 February 2016. The inspection team consisted of two adult social care inspectors on the first day and an adult social care inspector on the second day.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any on-going concerns. We also looked at the information we hold about the registered provider. Some of the people who used the service have difficulty in verbally expressing themselves. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who were unable to speak with us.

We spoke with four people who used the service, a friend who was visiting and a relative following our visit to the service. We observed how staff interacted with people who used the service and monitored how they supported people throughout the day, including meal times.

We spoke with the acting manager, the deputy manager, the activity coordinator, a member of maintenance staff, the office administrator and four care staff.

We looked at four care files which belonged to people who used the service. Other important documentation relating to people such as incident and accident records and medication administration records (MARs) were also looked at. We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These

included three staff recruitment files, training record, staff rotas, supervision records for staff, minutes of meetings with staff and people who used the service, safeguarding records, quality assurance audits, maintenance of equipment records, cleaning schedules and menus.

Is the service safe?

Our findings

People who used the service told us they felt safe in the home and trusted the staff. We observed people looked comfortable and relaxed and had smiling faces and that staff responded to them in a friendly and caring way. One person told us they would talk with care staff if they were unhappy and said that, "Staff are very friendly, I feel safe in their hands."

A visitor told us they had seen "Great improvement" in the behaviour of a friend of theirs since they had moved into the service eight months before. They told us their friend used to be very frightened and withdrawn when they lived in the community, but that now they were "Content, safe and well cared for." A relative of this person we later contacted told us, "He definitely feels safe and staff are very supportive."

When we inspected the service in July 2015 we found people who used the service were not always kept safe from harm, because risk assessments for them had not been fully completed and that staff guidance on the use of physical intervention measures was not descriptive enough and potentially open to individual staff interpretation. Following the inspection, the registered provider sent us an action plan to tell us how they were going to improve the service.

At this inspection we looked at the risk assessments for people and found they had been developed and updated since our last visit to the service, with clear instructions for staff to follow. We found episodes of challenging behaviour were recorded on a data base and were now analysed, to enable the service to learn from incidents. We were told that a psychologist was working with the acting manager to provide mentoring support and advice about people's support. There was evidence staff had recently undertaken a Basis Intervention Training course in the use of 'breakaway' techniques, to ensure they had the right skills and understanding needed to manage people's behaviours safely and that a further day's course on this was planned to take place in the near future.

Contingency arrangements were in place for use in emergency situations such as outbreak of fire or a failure of utility services, to ensure the health, safety and welfare of people who used the service were promoted and protected. People's care files contained copies of personal emergency evacuation plans that had been developed that included instructions for staff to follow on how to evacuate people safely in the event of a fire.

As part of this inspection we made a tour of the building to see how well it was maintained and that arrangements were in place to ensure the health, safety and welfare of people who used the service was promoted. We were told a member of maintenance staff had commenced work on the first day of our inspection and we saw them involved in carrying out general repairs and checks to ensure the building was safe for people to use. There was evidence a range of checks of fire equipment, utilities such as gas, electricity and water were regularly carried out and that fire drills were taking place. The member of maintenance staff told us they would be taking responsibility for carrying out regular audits of the environment to ensure the building was safely maintained. There was evidence a programme of planned maintenance was in place for the building. We were told about work to improve the environment, including

the reprovision of new flooring to make it easier to clean, plans to upgrade the kitchen facilities and development of a new sensory room for people to use. We saw a gap under a fire door and some fire doors were not fitting correctly into their frame's, which posed a potential fire risk to people who used the service. The cooker and an air extractor in the kitchen were both in need of a clean. We spoke with the acting manager about this and saw that prompt action was taken to remedy these shortfalls. At our last inspection on 14 and 15 July 2015, we found aerosols sprays left in an unlocked cupboard, together with rolls of unused clinical waste management bags in people's en-suite bathrooms, together with cans of paint in an unlocked store room that posed a possible safety hazard. During this inspection we found that action had been taken to satisfactorily address these shortcomings and that appropriate arrangements for storage were in place.

Staff who we spoke with demonstrated a good understanding of the importance of keeping people who used the service safe from harm, together with the need for reporting potential issues of abuse. We found that since our last inspection a safeguarding policy had been developed which was aligned with the local authorities' procedures about this. At the last inspection on 14 and 15 July 2015, we found that safeguarding training required updating to ensure staff skills and knowledge about this aspect of their role were kept up to date. We saw evidence that since our last inspection a number of staff had completed courses on this, together with others that were booked and due to take place in the near future. Staff told us they were aware of the need to raise issues (whistle blowing) if they had any concerns about the service but had confidence the acting manager would follow these up when required. There was evidence the acting manager had appropriately reported potential issues of abuse to the local authority and ourselves since our last inspection and implemented staff disciplinary measures when this was needed.

There was evidence a recruitment procedure was in place to ensure staff were checked and were safe to work with people who used the service. We looked at the files of two members of staff who had been recently employed and saw they contained application forms, health checks, references from previous employers and checks with the disclosure and barring service (DBS). This meant people who used the service were not exposed to staff that had been barred from working with vulnerable adults.

We found staffing numbers were assessed on an on-going basis according to the changing needs and dependency levels of people who used the service. Arrangements were in place to ensure the right mix of staff with the right skills were available to enable the assessed needs of people who used the service to be met, including those who required 1:1 levels of support. We were told that since our last inspection a member of domestic staff had been employed to ensure the building was maintained in a clean and hygienic fashion that enabled care staff who had previously carried out this role, to have more availability to work with people who used the service. We observed care staff engaging with people who used the service in a friendly and compassionate way and it was clear they had a good understanding of their individual wishes and needs and knew them well.

We looked at the medicines management systems and saw that appropriate arrangements were in place to ensure people who used the service received their medicines as prescribed and that their health and safety was promoted. Monthly audits and weekly checks were in place to ensure stock control arrangements were followed and that medication errors were minimised. The acting manager had consulted a local pharmacist since our last inspection and introduced a system of individual dosette boxes for storage of medication to enable the administration of people's medication in a safer and easier for staff to follow. We checked people's medicines administration records (MARs) and found they were accurately maintained and up to date. There was evidence that best interest meetings had taken place and protocols developed for those people who required their medication to be covertly administered. We found that people's medication was securely held and saw that staff responsible for this aspect of the service had received medicines training and were undertaking refresher courses on the safe use and handling of medicines at a local college.

Is the service effective?

Our findings

People who used the service told us they liked the service and were happy with the staff. One person told us the staff were very supportive and communicated with them in a friendly way. They told us, "I have a very nice room which staff help me to keep clean and the food is delicious." We spoke with a group of people who used the service about what it was like living in the home. Their comments included, "The staff know what they're doing," "They listen to us about what we want," "The food is very good; I like the pasta but would like to have shepherd's pie." A person who was visiting the service for day care told us, "I like Amber house and am looking forward to my respite stay here next week."

A relative we spoke with following our inspection told us the service was flexible and worked with them. They told us, "I have observed staff approaching people in a positive way and talking them through their behaviours and the consequences of what might happen in order to help them have choice and control of their lives."

When we inspected in inspected the service in July 2015 we found staff training was out of date and that suitable arrangements were not in place to ensure staff were effectively supported to enable them to effectively carry out their roles. Following the inspection, the registered provider sent us an action plan to tell us how they were going to improve the service.

At this inspection we found improvements had been made in relation to staff support and that individual staff training and development plans were in place for the service. There was evidence a range of courses had taken place or were booked to take place, including mandatory training on The Mental Capacity Act 2005 (MCA), Deprivation of Liberties (DoLS), safeguarding people from harm, introduction to mental health, fire safety, first aid, food safety, health and safety, infection control, physical interventions, medicines awareness, together with other specialist courses on issues such as epilepsy and loss and bereavement. Staff who we spoke with said that support for them was good and that they were able to discuss their issues with the acting manager. A deputy manager had been appointed since our last inspection who told us the service was currently behind with their target of ensuring all staff receive regular formal supervision of their performance and yearly appraisals of their skills, but that a plan was in place to address this issue. We found that staff were encouraged to enrol on nationally recognised training programmes, such as the Qualifications and Credit Framework (QCF) and that a number were currently working towards completing courses at various levels in this on such things as medicines management and autism.

At the last inspection on 14 and 15 July 2015, we found that the service was not following the best practice guidelines and principles in relation to obtaining people's consent and the Mental Capacity Act 2005 and the Deprivation of Liberties (DoLS). Following the inspection, the registered provider sent us an action plan to tell us how they were going to improve the service.

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

make 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 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 the Deprivation of Liberty Safeguards (DoLS.) At this inspection we checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the acting manager had prepared staff to understand the requirements of the Mental Capacity Act and the specific requirements of the DoLS, and that training on this had been arranged for staff that had not yet completed this. There was evidence of assessment's in people's case files about their capacity to understand and make informed consent decisions about their care and support, together with applications made by the acting manager on their behalf to a 'Supervisory Body' to ensure people were only deprived of their liberties lawfully. We saw evidence of best interests meetings and decisions that had been carried out to ensure people's legal rights were upheld.

People who used the service told us staff supported them with their health needs. We saw that their care plans provided evidence of support to ensure they had access to healthcare professionals such as GP's, dentists and opticians. We found arrangements were in place to ensure people were supported by staff to attend medical appointments when this was required. There was evidence in people's care plans of a range of assessments about their medical needs, together with liaison and on-going input from primary health care professionals. Staff in the local community team for learning disabilities told us the service worked well with them and took prompt action to involve them when needed, about people's health and medical issues. One person told how staff supported them to visit the dentist and help clean their teeth. There was evidence in people's care files of how positive support strategies were used to help them maintain control of their lives and enable staff to communicate with them in order to help them manage their behaviours effectively.

People who used the service told us they enjoyed the food that was served. We saw that a variety of nourishing home cooked meals were provided and that a pictorial menu was available to help people make choices about what they wanted to eat. The acting manager told us people's individual preferences were taken into consideration when determining the food that was provided, including people's specialist diet and religious or ethnic needs. There were systems in place to enable people to prepare their own meals with assistance from staff where required, in order to help them maintain personal independence and choice. People's care records contained evidence their nutritional needs were supported together with regular monitoring of their weight. Risk assessments and guidance were in place for people living with eating disorders or who were required to be fed by percutaneous endoscopic gastrostomy (Peg.) These described how staff should support them safely and ensure they were not put at risk. People's care records showed their food intake was monitored and that health care professionals were consulted and involved when this was needed.

There was evidence the registered provider had considered the specialist needs of people using the service when designing and equipping the building. We saw that signage was available and that red tape had been placed around door ways to help a person with visual impairments to orientate themselves around the building.

Is the service caring?

Our findings

People who used the service and their relatives told us that staff respected their wishes and feelings and involved them in making decisions about their lives. A group of people said, "Staff are friendly and approachable, they talk to you about things and help us make choices." We observed people looked comfortable with the staff and saw one person who had difficulty in verbally communicating their feelings, smiled and placed their thumbs up when they were asked about things by staff.

We saw evidence in people's care files that demonstrated a personalised approach was taken to meet their individual needs. We found this included details about people's personal likes and wishes, together with details about how their independence should be promoted. People who used the service and their relatives confirmed staff consulted and involved them in making decisions about their support and that consideration was shown by staff for their individual preferences. This included use of personalised 'This is me' information to help staff understand their individual needs and help people be supported in their preferred way..

We found staff were aware of the importance of promoting people's independence and dignity and observed people looked well cared for and were appropriately dressed in clothes that were clean and tidy. We saw staff made sure people's dignity was maintained during provision of their personal support. People told us they were encouraged to keep their rooms tidy were involved with food preparation and the general running of the service. One person said, "I enjoy helping out with meals."

Interactions in the service between staff and the group of people who used the service were observed to be sensitive, supportive and respectful, with lots of light hearted communication taking place. It was evident that positive relationships existed between these two groups. Where people had communication difficulties, we observed staff used a variety of different methods, such as sign language or makaton signs to help people to understand and express themselves. We found staff demonstrated patience and encouragement to help support people to understand what was said and gave them time to absorb information and respond.

People who used the service told us about meetings they attended to enable their involvement in decisions about their lives. We saw a range of information about the service was available to help people know what to expect from the service and who to contact if this was required.

Staff told us they understood the importance of keeping people's information confidential. All information pertaining to people's needs was locked in a cabinet and staff only accessed this when required. These records were stored in separate files so staff could access information quickly and only needed to access relevant information at any one time.

Records showed independent advocacy services were involved to attend meetings and reviews and help with making decisions about people's care and support when this was required.

Is the service responsive?

Our findings

People we spoke said they knew they could complain and would talk to staff if they had any concerns. A visitor and a relative we contacted told us they felt staff listened to suggestions and were confident any concerns they had would be appropriately addressed.

A person who used the service told us staff were, "Nice and friendly" and spent time with them to help them make decisions and choices about their lives. They told us how staff had supported them in getting a job in charity shop two days a week and had got them to hospital quickly when they needed medical attention.

When we inspected the service in July 2015, we found that information in people's care plans did not always contain details about all of their assessed needs and how staff should manage their individual support to ensure they were kept safe from harm. Following the inspection, the registered provider sent us an action plan to tell us how they were going to improve the service in this respect.

At this inspection we found improvements had been made to people's care plans and evidence of person centred approaches, which focussed on how staff should provide people with support to ensure their needs were met in a personalised way that enabled their wishes and feelings to be respected whilst enabling their dignity to be compassionately promoted.

There was evidence that people's care plans included information about their preferences and needs, together with personal pen portraits about them and how they liked their support to be delivered. We saw people's care plans focused on them as an individual and support they required to maintain and develop their independence. The information in people's care plans was detailed and provided staff with guidance and information about people's preferred daily routines, what they liked doing and guidance about their individual communication needs where required. The care file of one person we looked at contained a booklet for staff and people working with them. This gave clear information about their wishes and needs for self-control and ensured a structured routine was maintained. This helped staff to understand their needs and work with them in a way that had been agreed and kept them safe from harm. We saw this person's file contained a copy of a charter for persons with autism developed by Autism Europe, which was presented at an international congress at The Hague, in order to promote their human rights. People's care records contained evidence of assessments about known risks concerning issues such as their emotional and psychological wellbeing, personal health and mobility needs. We found these were reviewed and evaluated on a regular basis to ensure their health and safety was promoted. There were health action plans in place detailing people's health care needs together with information for use in emergencies such as admission to hospitals. This helped provide staff with guidance and information about people, together with instructions from professionals.

Health and social care professionals we spoke with were positive about the service. They told us about progress some people had made whilst living in the service and that the acting manager worked well and involved them appropriately in meeting people's needs. Health and social care professionals also told us about positive transition work staff had completed to support people moving between services in a

coordinated way.

We found people were provided with a range of activities to participate in and saw them taking part in games of bocce' (indoor bowls) and using items of electronic technology (Wii). An activity coordinator had been recently appointed to develop the programme for this. We saw they were enthusiastic and skilled and had lots of ideas and keen to develop the staff group's strengths and abilities in working creatively with people in this aspect of service provision. A group of people who used the service told us about various events and trips they had been on including visits to the sea side and local parks. One person said they enjoyed going to the local swimming pool with staff, whilst another said they liked going to see the horses at a local park. The activity coordinator told us about activities they were hoping to arrange using the local leisure centre. We observed staff engaging with people in a friendly and encouraging way to ensure their individual needs were met in an inclusive and supportive way. We were told the service held open days which the local mayor attended and coffee mornings to raise funds for charities such as McMillan Cancer Relief and Children in Need.

Is the service well-led?

Our findings

People who used the service told us they liked living in the home. A relative we spoke with told us they felt the service, "Seems to be well run." They commented staff were, "Very personable and supportive and worked in partnership" with them. They told us the acting manager listened and was open to ideas and suggestions and were confident concerns would be appropriately addressed.

At the last inspection in July 2015 there was no registered manager in post and the deputy manager had been promoted to the position of acting manager. At this inspection we found the acting manager had submitted an application to the Care Quality Commission (CQC) and was awaiting an interview to be carried out to assess their suitability and capability to perform the role of registered manager. We found the acting manager had appropriately submitted notifications to the CQC and local authority when this was required and cooperated with them in investigations of potential safeguarding concerns when required.

When we inspected the service in July 2015 we found shortfalls in relation to the lack of an effective quality monitoring system to enable the service to be effectively monitored and ensure people who used the service were kept safe from harm. We issued a warning notice about this. Following the inspection, the registered provider sent us an action plan to tell us how they were going to improve the service in this respect.

At this inspection we found improvements had been made to the development and implementation of leadership management arrangements, to help the delivery of person centred care to be assured and ensure a strong and positive organisational culture was in place.

The acting manager provided us with information in a helpful and timely way. We found arrangements were in place to support the acting manager to carry out their role. The acting manager had appointed new staff, including a deputy manager and an activity coordinator to assist with development of the service. The activity coordinator told us about plans to develop community links and we found that open days and coffee mornings were held, which had recently included a visit from the local mayor.

We observed the acting manager had a welcoming and 'hands on' approach and was readily available throughout our inspection, providing support and guidance to staff and people who used the service. We found the acting manager carried out regular walk rounds of the service and was directly involved in the delivery of people's support and knew people who used the service well.

Arrangements were in place to enable leadership to be provided and ensure staff were clear about their role and responsibilities. We found that disciplinary procedures were implemented to address staff shortcomings when this was required. There was evidence of staff meetings together with plans to increase the frequency of these, to help the service to improve and enable a culture to be developed that was transparent and fair. We saw the acting manager had an inclusive style and observed they interacted positively with staff and people who used the service. Staff told us the acting manager was supportive and approachable and they could go to them for advice and guidance if required. A member of the local authority community learning disabilities team told us the acting manager was, "Open and honest" and

responded to problems in a prompt and efficient way. They told us the acting manager was, "Quick to pick up phone to ask for advice when this was required."

Information in people's care plans had been developed since our last inspection, together with assessments about known risks to ensure staff knew how to support them safely. We found that information in people's care plans was evaluated and reviewed to ensure they were accurate and kept up to date.

We found that systems and procedures were in place to enable the quality of the service to be monitored and ensure it was well led. We saw evidence that audits of different aspects of the service were carried out, such as care plans, medicines management, the environment, incidents and accidents, staff training and supervisions, together with action plans to address shortfalls that had been noted. This enabled trends and patterns to be analysed and help the service to identify what needed to be improved and learn from incidents and to reduce the risk of further occurrences of these.

There was evidence of consultation and meetings with the people who used the service to enable them to contribute ideas and provide feedback about the service. People who used the service told us they liked Amber House, although one told us they would like more activities to take place.

We found staff training had been developed since our last inspection. We were told the programme of staff supervision and appraisals was behind on its target for implementation of this, but that an action plan was in place to address this shortfall. This meant the behaviours and attitudes of staff could not currently be formally be monitored to help them to develop their careers and enable feedback to be provided in a constructive and motivating way.

We saw that a range of checks of environment and equipment were carried out to promote the health, safety and welfare of people who used the service. We observed some fire doors that did not fit fully into their frames, but saw appropriate action was being taken to address this shortfall. A member of staff had been employed to improve the environment and a programme was in place to upgrade the facilities, including the development of a planned sensory room, a new kitchen and replacement flooring.