

Carmand Ltd

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?	Good ●

Summary of findings

Overall summary

Amber House is a care home situated in a residential district of Cleethorpes. It has a maximum occupancy of five people. The service is registered to provide accommodation for people requiring nursing or personal care and treatment of disease, disorder or injury.

This unannounced inspection took place on 14 March 2017. The last inspection of the service took place in 19 November 2014 where it was rated as good overall and was compliant with all of the regulations we assessed at that time. At this inspection we found the service remained Good.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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.

People who used the service were supported safely. People were protected from abuse and poor care by staff who had completed training that taught them to recognise the signs of potential abuse. During discussions it was clear staff were aware of their responsibilities to report any signs of abuse they became aware of. Accidents and incidents were investigated and known risks were mitigated to ensure people remained safe. The registered provider operated safe recruitment practices and deployed suitable numbers of staff to support people in line with their assessed needs. Medicines were ordered, stored and administered safely. People received their medicines as prescribed and protocols had been developed to ensure they were administered consistently.

People received effective care. Staff received effective levels of support, supervision and mentorship. People received care and support from staff who had the skills and experience to carry out their roles effectively. People who used the service told us they were supported to make decisions in their daily lives and consented to the care and support they received. The principles of the Mental Capacity Act 2005 were followed within the service when people lacked capacity to make specific decisions themselves. People's healthcare needs were met by a range of healthcare professionals and people were supported to attend appointments as required. People were encouraged to eat a varied and balanced diet and were involved with menu planning and food preparation.

People's needs were met in a caring way. Staff were patient, kind and supported people in a person centred way. It was evident staff had developed caring and supportive relationships with the people they supported. People told us they were treated with dignity and respect by staff. They said their opinions and views were listened to and respected. Staff encouraged people to undertake daily living tasks and supported people to maintain their independence. Private and sensitive information was stored confidentially and shared appropriately.

People received care that was responsive to their needs. We saw that people's needs were assessed on an

on-going basis. Care plans had been developed to guide staff how to deliver effective care and support consistently and safely. The care plans we saw had been developed in line with the National Institute for Health and Care Excellence guidance. People were encouraged to take part in activities and follow their personal interests. People told us they were able to maintain contact with important people in their lives. The registered provider had a complaints policy that was displayed within the service. People told us they were aware of their right to make complaints.

People received care from a service that was well-led. The registered provider operated quality assurance systems that consisted of audits, checks and feedback from people who used the service. The Care Quality Commission were notified of specific incidents that occurred within the service as required. People who used the service provided feedback on their care through questionnaires and one to one meetings. The registered provider had worked to develop relationships with the local community.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 inspection took place on 14 March 2017 and was unannounced. The inspection was completed by one adult social care inspector.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and any notifications from the registered provider. Statutory notifications include information about important events which the provider is required to send us by law. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we used the Short Observational Framework Tool for Inspection (SOFI). SOFI allows us to spend time observing what is happening in the service and helps us to record how people spend their time and if they have positive experiences. We observed how staff interacted with people who used the service and monitored how they supported people throughout the day.

We spoke with all of the people who used the service. We also spoke with the manager of the service and two members of staff.

We looked at two people's care records and their associated medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documents relating to the management and running of the service including quality assurance audits, questionnaires, four staff recruitment files, training records, staff rotas and minutes

of meetings with staff and people who used the service. We completed a tour of the premises to assess the cleanliness and infection control practices within the service and the general maintenance.

Is the service safe?

Our findings

At this inspection we found people continued to be supported in a safe way. The rating continues to be good.

People who used the service told us they felt safe living at Amber House. One person said they knew they were safe because the door to the home was always locked. Another person commented, "I am safe. The staff are here to help me; they are always around when I need them."

Staff had been trained to recognise the signs that may indicate abuse had occurred. They were aware of their responsibility to report any concerns they became aware of so that they could be investigated. The manager told us, "I work closely with the local safeguarding team. We would take any allegation of abuse very seriously and take the appropriate action to keep people safe."

People were supported by suitable numbers of staff. We saw that the people who used the service were supported on a one to one basis throughout the day and night. Staffing rotas showed staffing levels were increased as required to meet people's needs and enable specific activities to take place.

The registered provider utilised safe recruitment practices. The staff files we saw contained appropriate pre-employment checks. This included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

People were supported to take positive risks in their lives whilst remaining safe. Known risks were recorded and assessed to minimise their possibility of occurrence and impact. Guidance had been created to ensure staff were aware of the actions required to keep people safe without compromising their freedoms. A member of staff explained, "We can't stop people doing the things they want to do, we have to work out how we can support them to do it and remain safe."

Medicines were ordered, stored and administered safely. We saw that people received their medicines as prescribed and Medication Administration Records (MAR) were completed accurately without omission. Protocols had been created to ensure PRN [as required] medicines were administered consistently. Records showed people's medicines were reviewed regularly to ensure they were required.

Is the service effective?

Our findings

At this inspection we found people continued to be supported in an effective way. The rating continues to be good.

People who used the service told us they received effective care that met their needs. One person said, "The staff are trained, they listen to me and do a good job."

We saw that staff had completed a range of training to ensure they had the skills and abilities to meet people's needs effectively. This included principles of care, medicines, first aid, health and safety, diversity and equality, nutrition and diet, The Mental Capacity Act (2005), Deprivation of Liberty Safeguards and bespoke positive behaviour support solutions. Training was updated regularly which provided assurance staff worked in line with best practice guidance.

Staff told us and records showed that staff received effective levels of support and professional development. One to one meetings and annual appraisals were completed as required. Staff were encouraged to develop their skills and knowledge; the manager told us, "One of the staff is doing their nurse training and we have others doing health and social care degrees."

Staff knew how to gain consent from the people who used the service and supported them in line with the principles of The Mental Capacity Act 2005 (MCA). The registered manager told us, "We gain consent from people through open dialogue. Best interest meetings are held following identified needs and through assessments."

MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). During discussions it was clear that the registered manager was aware of their responsibilities in regard to the DoLS.

People who used the service were supported to maintain their health and had access to healthcare services. Relevant professionals were involved in the care and support of the people who used the service. Advice and guidance was clearly recorded and incorporated into people's care. Multi-Disciplinary Team (MDT) meetings were held regularly to review the care and support people received.

People were supported to eat and drink sufficiently to meet their needs. Staff told us and people confirmed that they were involved with menu planning and meal preparation. A member of staff explained, "All of us [the staff] have done training about nutrition and healthy diets. We try and encourage people to eat healthily

but sometimes people choose less healthy options." A person who used the service said, "I get nice food, sometimes I help with cooking" and "I like Sunday roasts." Another person stated, "I enjoy the food."

Is the service caring?

Our findings

At this inspection we found people continued to be supported in a caring way. The rating continues to be good.

People who used the service told us they were supported by caring staff who knew their needs and understood preferences. One person commented, "I like all the staff, they are very caring." A second person said, "The staff are nice, they help me and make sure I'm ok."

During the inspection we observed staff supporting people in a caring and supportive way. When people were distressed staff sat with them, listened to their concerns and provided encouragement and reassurance. People were actively seeking the attention of staff and it was clear the trusting and supportive relationships had been formed.

Staff had a clear understanding of people's needs. They provided support in an inclusive person centred way. Staff used eye contact, appropriate levels of contact and the tone of their voice to comfort people when required. A member of staff told us, "I've worked with them [the people who used the service] for years. You get to know what to do and being calm and open really helps."

We observed staff treating people with dignity and respect. Staff understood the importance of treating people as individuals and respecting their choices. Staff had completed training in relation to treating people with equality and diversity and ensured people received care and support which reflected their personal needs in respect of the seven protected characteristics of the Equality Act 2010. Including age, disability, gender, marital status, race, religion and sexual orientation.

People were encouraged to attend one to one meetings on a weekly basis. This provided them with an opportunity and suitable forum to discuss their care as well talk about their feelings, interests and goals for the future.

Private and sensitive information was treated confidentially. Staff understood their responsibilities to not share information outside of the service. A member of staff we spoke with said, "I know not to talk about anything that happens here" and "When I need to discuss things that are sensitive I would take them to one side and make sure we could discuss it in private."

Relatives and friends were able to visit the service without unnecessary restrictions. A member of staff told us, "People could come here but at the moment it tends to happen outside of the service. We support them to see their families as often as we can." A person who used the service told us, "I get to see my family every week."

Is the service responsive?

Our findings

At this inspection we found people continued to be supported in a responsive way. The rating continues to be good.

People who used the service told us they were involved with the planning of their care. One person commented, "I go to meetings and talk about how I'm feeling and if I'm ok." Another person confirmed, "My opinions are heard in the MDT (multi-disciplinary team) meetings."

Each person who used the service had a number of care plans created to meet their needs. The care plans we saw included appropriate guidance that enabled staff to deliver care in line with people's preferences. Individualised 'how best to support me' documents had been produced which included guidance regarding the management of known behaviours that were based upon NICE (The National Institute for Health and Care Excellence) guidance.

Records showed reviews of people's care took place regularly. The registered manager confirmed, "Multi-disciplinary meetings are held every six to eight weeks. They are attended by the registered manager, care managers, home care co-ordinators and the client." We saw that all aspects of people's holistic care needs were discussed.

When changes to people's needs or new ways of supporting them had been agreed this information was transferred into their care plans without delay. This helped to ensure staff had current and accurate information about the support people required and the way it should be delivered. A member of staff we spoke with said, "The care plans are very good. I think the reason that they are so good is because they are written with the people's input."

People who used the service were encouraged to take part in a range of activities and follow their personal interests. A person who used the service told us, "I get to do all sorts. I like to go shopping; I have lots of clothes and shoes. I see my family and go out with staff. We have a bus and can go where we want." Another person said, "I do arts and crafts and go out for coffee and for meals." We saw that when people expressed an interest in particular activities during one to one meetings action was taken to enable them to participate in these.

The registered provider had a complaints policy in place that was displayed within the service which helped to ensure people were aware of how to raise concerns. Records showed when complaints were received they were responded to appropriately and used to develop the service whenever possible.

People who used the service confirmed they understood how to make complaints. One person said, "I would make a complaint to the manager." Another person said, "The staff know when I have a problem, they try and help me."

Is the service well-led?

Our findings

At this inspection we found continued to be supported by a well-led service. The rating continues to be good.

People who used the service told us they thought Amber House was well-led. One person said, "It's a nice place to live." Another person said, "I am happy here. I get to do what I want and the staff are nice" and "I talk to the manager and she is at the meetings."

Staff told us the manager was approachable, supportive and led the service in a person centred way. A member of staff we spoke commented, "The manager is brilliant, she is always happy to talk and answer any questions. She works really hard to get the best for all of the clients in the company." A second member of staff added, "The manager is very open, I can ask her anything" and "She is on call all the time, if I need something I can always get hold of her."

People who used the service were actively involved in developing the service. People were asked to provide feedback on the service through questionnaires. We saw evidence that their feedback was collated and used to develop the service when possible. House and one to one meetings were held regularly to gain people's views on numerous subjects including their care, staff, activities and daily menus.

The registered provider utilised effective quality assurance systems to ensure shortfalls were identified in a timely way and to drive continuous improvement within the service. We saw that audits of care plans, risk assessments, health and safety and medicines were completed on a monthly basis. Checks of the environment, water temperatures, legionella and fire safety equipment were undertaken when required. Safety checks were conducted by home co-ordinators on a daily basis.

Team meetings were held that reviewed individual topics. The registered manager told us, "The meetings are very practical. We look at what the staff need to know, we have discussed personality disorders, reading of rights and community treatment orders." A member of staff confirmed, "We have meetings regularly, they are really informative."

The manager of the service attended meetings run by the local authority commissioners and members of the local community. The meetings were held to ensure the service's relationship with the local community was positive.

The service had a registered manager in place as required under the conditions of their registration. We reviewed the accident and incident records held within the service and concluded that the service had notified the Care Quality Commission of notifiable incidents as required.