

Emerald Care Ltd

Amber House - Coventry

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Amber House – Coventry is a residential care home providing personal care. The service can support up to 15 people aged 65 and over in one adapted building. At the time of the inspection the service was supporting 13 people, some of whom were living with dementia.

People's experience of using this service and what we found

Systems and processes were in place to keep people safe and risks associated with people's care needs had been assessed. There were enough staff to meet people's needs and recruitment processes and procedures were robust which helped to ensure suitable people were employed. Medicines were managed safely. The service was clean and well maintained, and there were appropriate procedures to ensure any infection control risks were minimised.

Staff received training and supervision for them to perform their role. People's nutrition and health were supported and promoted. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff knew people well and care plans were detailed and provided staff with clear guidance on how to meet people's needs. Staff respected people privacy and dignity and encouraged people to remain independent. People and relatives could express their views about the running of the home.

People received personalised care and support which met their needs and reflected their preferences. People benefited from a variety of activities, events and trips out that were available to reduce social isolation, give meaning and purpose and enhance their wellbeing.

The service was well led. The registered manager was mentoring a new manager to learn the role in preparation for when they retired, this was being done to ensure that people were not disrupted by the planned change. There was a positive culture throughout the service which focused on providing care that was personalised. The management team used a variety of methods to assess and monitor the quality of the service. They were aware of their regulatory responsibilities associated with their role.

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

Rating at last inspection

The last rating for this service was Good. (Report published 15 June 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive section below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Amber House - Coventry

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Amber House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection the registered manager was preparing to retire, and a new manager had been recruited. The new manager was working alongside the registered manager to create a smooth transition. In the report the newly appointed manager will be referred to as the 'new manager'.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the registered provider is required to send us by law. We sought feedback from the local authority who had no concerns about the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, the new manager, the chef and members of care staff. We spoke with a visiting health professional about their experiences working with the service.

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 could not speak with us.

We reviewed three people's care records and medication records. We looked at two staff files in relation to their recruitment and pre-employment checks. We reviewed a variety of records relating to quality assurance systems, the registered provider's arrangements for managing medication and staff training.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care. One person said, "The staff here are wonderful, I feel very safe."
- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. A staff member told us, "We have regular training, so we know how to look after people and recognise any signs of abuse."
- The registered manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people.

Assessing risk, safety monitoring and management

- Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. The risk assessments included information about how staff could support people to prevent falls, ensured they received the correct nutrition, and prevented damage to their skin.
- Fire systems and equipment were monitored and checked to ensure they were in good working order. A maintenance person was always available to help ensure systems and equipment remained safe.
- Each person had a personal emergency evacuation plan which detailed the support they required to leave the premises in an emergency.

Staffing and recruitment

- There was enough staff on duty to support people safely. A dependency tool was completed monthly to ensure adequate staffing.
- On the day of our visit, when people needed assistance staff responded promptly.
- Recruitment files showed that relevant checks and references were obtained prior to staff starting work. Staff confirmed that they had not been able to start working at the service until these checks had been completed.

Using medicines safely

- The service had safe arrangements for the storing, ordering and disposal of medicines. The staff responsible for the administration of medicines were all trained and had had their competency assessed regularly.
- Medicine administration records (MARs) were completed and audited appropriately to identify any errors.

Preventing and controlling infection

- The service was clean and uncluttered during our visit. An area of the dining room was being redecorated and the registered manager told us that there were plans to redecorate other areas of the home over the next twelve months.
- Staff told us that they used Personal Protective Equipment (PPE) to reduce the risk of the spread of infection. One staff member explained how they increased infection control measures when an infection outbreak had occurred.
- Communal bathrooms had liquid soap and paper towels, so visitors could maintain safe handwashing and hygiene practices.

Learning lessons when things go wrong

- The registered manager knew what to do to investigate any issues and to learn from them. For example, they recorded and monitored incidents and accidents, medicines and infection control. The registered manager said they reviewed this information to see what could be done, to prevent further reoccurrence if a poor outcome was found.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed prior to them moving into the home and their needs continued to be assessed as and when needed. These assessments considered any protected characteristics under the Equality Act, such as religious needs and people's sexuality. Assessments of people's needs were detailed and identified the areas in which the person required support.
- The service used nationally recognised assessment tools, such as the malnutrition universal screening tool (MUST) and Waterlow. Waterlow is a tool used to assess people's risk of pressure damage to their skin. This meant assessment tools were evidence based.

Staff support: induction, training, skills and experience

- A robust induction and ongoing training programmes were in place. One staff member told us, "We do lots of training, I learnt a lot when I started and felt confident to do my role. If there was any other training I needed I could ask for it."
- Staff were provided with opportunities to discuss their individual work and development needs in regular one to one meetings with the registered manager. There were also regular staff meetings, where staff could discuss any concerns and share ideas.

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

- Care plans included information about people's dietary needs and their likes and dislikes or any specific aids people needed to support them to eat and drink independently.
- We observed a meal time and saw people were supported to maintain their independence to eat their meal at their own pace without being rushed in any way. Meals were served in a dignified and interactive manner.
- The chef was knowledgeable about who was at risk of malnutrition and who needed fortified meals, they told us "Everything I make is homemade and I fortify my foods, for example using double cream in my porridge." They went on to explain that following Christmas 2019 they would work with residents to introduce new meals based on feedback. The chef explained "It is very important to me that people have meals they enjoy and look forward to."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to see external healthcare professionals regularly such as physiotherapists, occupational therapists and speech and language therapists.
- Each person had an oral health risk assessment completed and staff had received training on how to

provide people with good oral care.

- A visiting healthcare professional told us that "Staff are always very knowledgeable about the residents' health needs and always follow my recommendations."
- The service had an arrangement with a GP to visit the service on a regular weekly basis to review people's health. The GP would visit at other times if there was an urgent need.

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

- The premises were suitable for people's needs and provided people with choices about where they could spend their time. There were extensive gardens which people could access.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.
- An area of the dining room was being redecorated at the time of our visit and the registered manager told us that there were plans to redecorate other areas of the home over the next twelve months.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments had been completed for people, where it was deemed people lacked the capacity to make decisions and, where required, appropriate applications had been made to deprive people of their liberty within the law.
- People's consent was gained before staff provided any support.
- Staff demonstrated a good understanding of this legislation and how to gain consent when people lacked capacity.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff spoke in a kindly and encouraging manner to people and we overheard staff telling people. "You are looking lovely today" and "You are always so kind."
- Staff spoke with empathy about people and told us they enjoyed spending time with the people they supported and knew what was important to them and how to offer people comfort and reassurance. One staff member said, "We treat them [people] like our own family." Another member of staff told us " We always make sure people look respectable."
- People's care records contained information about people's background, history, what was important to them and their choices and preferences.
- People were supported to establish and maintain relationships with their families and friends.

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

- Care records clearly reflected the full involvement of the person and how they were supported to make decisions about their care. For example, one person preferred not to get washed and dressed as soon as they woke up in the morning and preferred to wait until later in the morning. We saw staff respected this and waited until the person showed they were ready to do this.
- People's care records were reviewed regularly and were completed in partnership with the person, their family member or advocate and any relevant health professionals. We saw people's opinions were recorded and these were used to inform planning their care.
- People's religious and cultural needs were recorded and respected. A member of staff told us, "If there are special days for anyone's religions, we try to celebrate them."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy for example by knocking on their doors and waiting permission to enter.
- The service promoted independence. A member of staff told us "It important to let people do as much as they can for themselves. I encourage people to brush their own teeth or wash their face."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People at the service received individualised care from a staff team who showed good knowledge of their needs.
- People had detailed, personalised care plans. Their needs, abilities, life history, and preferences were well documented.
- People needs, routines and personalities were well known. Staff also gave us examples of meaningful activities that were provided to people, for example one person used to enjoy playing rugby, staff now supported them to watch matches and discussed these with the person.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were clearly recorded in their care records. If people required sensory aids such as glasses or hearing aids staff ensured that they were wearing them and that batteries for hearing aids were regularly checked.
- The registered manager told us if anyone required information in a different format, for example in large print, this would be provided.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People benefitted from a variety of activities and events that were available across the service and made accessible to all.
- People had individual activity plans which detailed what they wanted to do and how they preferred to spend their day. One person enjoyed playing football and staff regularly took them to a local park to play football.
- Activities available included arts and crafts, reminiscence sessions, pet therapy and visits from entertainers.
- People were supported to maintain contact with their friends and family and friendships had developed within the service.

Improving care quality in response to complaints or concerns

- The service had received four complaints in the 12 months prior to our inspection. The registered manager

responded to these promptly and in line with their complaints policy.

- People and relatives were provided with copies of the complaint procedure in a format they could understand, such as easy read. Easy read is a written format which uses short sentences and images. The registered manager told us they had an open-door policy and encouraged people and relatives to speak to them about anything.

End of life care and support

- People received a good standard of care at the end of their lives. Relevant professionals were involved when required and appropriate medicines and equipment was made available to ensure people received dignified, pain free care.
- People's preferences and choices in relation to end of life care and their cultural and spiritual needs had been explored and recorded. The new manager planned to develop the end of life care plans further.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was visible in the home each day and knew people well. They spent time with people to listen to any feedback about the service.
- Staff were fully aware of their responsibility to provide a quality, person-centred service.
- There was, strong and clear leadership at the service. The registered manager was clearly passionate about their role and staff felt very well supported by the management team. There was a clear vision on what the service wanted to achieve for the people who lived there.
- Staff told us of the positive management structure in place that was open and transparent and available to them when needed. One staff member said, "It's a well-run home, the registered manager and deputy manager are very good, they listen to us and get things done. The new manager seems really good too."
- The registered manager promoted transparency and honesty. They had a policy to openly discuss issues with relevant parties if anything went wrong.

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

- Staff were happy, and proud to be working at the service and motivation was high. We saw that a number of staff had worked for the service for many years which provided consistency and continuity of care.
- Systems were in place to monitor the safety of the service and the maintenance of the building and equipment. This included monthly audits of people's nutrition, medicines, staff records, care plans, health and safety and accidents and incidents. We were shown examples of quality audits that had taken place at the home recently. This gave an overview of all the checks and audits that had been completed on either a daily, weekly, monthly or quarterly basis.
- An action plan was created from the checks and audits which documented any action needed with dates that the action was due by. We saw that actions were regularly completed within the time set and this showed an ethos of continuous improvement.

Continuous learning and improving care

- The registered manager kept themselves updated with new initiatives and guidance by attending regular 'provider forums' in the local authority.
- Regular staff meetings gave staff the opportunity to feedback on the service. Meeting minutes showed topics discussed included health and safety, training and development, and activities. We saw that staff

used this opportunity to share best practice.

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

- The provider and staff team encouraged people and their relatives to express their views about the running of the service. Staff felt involved in the running of the service and had opportunities to have their say about how the service could improve.
- The provider had previously sent surveys to people and stakeholders however the response rate was low. The registered manager told us they had looked at different ways of gaining feedback and now held a monthly "Resident discussion group" where people were able to give feedback. We saw at a recent meeting people had spoken positively about activities and new vegetarian meals.
- A monthly newsletter was given to people and relatives which included information about activities that had occurred, future plans and any changes that were being made.

Working in partnership with others

- The service worked with social workers, dieticians, GPs and occupational therapists to ensure relevant information was passed on and there was continuity of care.
- Positive relationships had been made with the local authority and a representative of the local authority had recently praised the home for accommodating a new resident at short notice, as well as working closely with a number of health professionals to ensure their needs were met.