Amber Residential Care Homes Ltd

Earlmont House

Inspection report

322-324 Cowley Road
Oxford
Oxfordshire
OX4 2AG

Tel: 01865240236

Date of inspection visit:
13 July 2016

Date of publication:
16 September 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 13 July2016. Earlmont House is a service providing personal care for up to seven people with mental health needs who reside in supported living accommodation. At the time of our inspection there were five people using the service.

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

Staff who supported people were not always appropriately trained. Records showed that the provider had not ensured that staff had received up-to-date training in areas such as moving and handling equipment, fire awareness, safeguarding or infection control.

Staff had not completed relevant training and therefore did not understand the principles of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The MCA also requires that any decisions made on behalf of a person who lacks capacity, are made in the person's best interests. Staff had limited awareness of the MCA.

People's needs were assessed and plans were in place to meet those needs. People's wishes and preferences were taken into account, recorded in the care plans and followed during care delivery. Risks to people's health and well-being were identified and plans were in place to manage those risks.

Thorough recruitment practices and appropriate pre-employment checks ensured that staff were of a suitable character to care for people. Staff were supported through regular supervisions and appraisals.

When people required assistance to take their medicines, there were arrangements in place to provide this support safely.

There were sufficient numbers of staff available to ensure people's needs were being met at an appropriate time.

People had access to activities that were meaningful to them. People were also supported to obtain advice and support from relevant health professionals in order to maintain their health and well-being.

Care files included information regarding people's social history, preferences and choices, which enabled staff to provide support based on the person's wishes. Staff we spoke with knew the people they supported well. People were involved in making decisions about their care.

Staff promoted people's independence, privacy and dignity and they treated people with respect.

People who lived at the home were fully involved in the planning and review of their care.

There was an open and transparent culture within the service. The management team demonstrated effective leadership skills and care workers said they felt valued and supported. Staff understood their roles and responsibilities in providing safe and good quality care to people who use the service.

Staff were complimentary about the registered manager and had no concerns about raising issues.

Quality assurance systems such as surveys were in place to monitor the quality of the service. However, the service had not taken appropriate action to address the issues relating to staff training.

People told us they were able to raise any issues with the manager and knew how to make a complaint should they need to.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. You can see what action we recommended the provider to take at the end of the full version of the report.

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.

There were systems in place to appropriately respond to allegations of abuse. Risks to people's health and well-being had been identified, assessed and managed in an appropriate way.

Staffing levels were sufficient to meet people's needs. Recruitment process followed safe and robust procedures.

Medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were not always knowledgeable about the Mental Capacity Act 2005 (MCA).

The provider had not always ensured staff had the relevant training to be able to promote and maintain people's safety.

People were supported to maintain healthy living, including a healthy diet, and had access to healthcare professionals as needed.

Is the service caring?

Good

The service was caring.

People's privacy and dignity were respected and promoted by the service.

People were involved in decisions about their care and had the opportunity to review their care needs.

Is the service responsive?

Good

The service was responsive.

People received person-centred care. They had individualised care plans in place which detailed their likes, needs and wishes.

People knew how to raise any concerns and felt confident these would be dealt with.

Activities were arranged by the service and people were supported to take part in and follow their interests.

Is the service well-led?

Good

The service was well-led.

There were effective systems in place to monitor and improve the quality of the service provided.

Feedback regarding the management of the service was positive and people told us they were able to raise any issues with the manager.

There was an open and person centred culture within the service.

Earlmont 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 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 13 July 2016 and was announced. We gave 48 hours' notice of the inspection. As the location provides a supported living service, we needed to be sure that the registered manager would be present on the premises to assist us with the inspection process.

The inspection team consisted of an Inspector and a Specialist Advisor (SpA). An SpA is someone who can provide specialist advice to ensure that our judgements are based on up-to-date clinical and professional knowledge. The SpA who participated in this inspection was a nurse specialist with expertise in challenging behaviour, safeguarding adults, and medication.

Before our inspection we reviewed the information we held about the service. This included a review of the Provider Information Return (PIR) which had been completed by the provider. The PIR 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. We looked at the notifications the Care Quality Commission (CQC) had received about the service.

We spoke with four people who use the service, two family members, the registered manager, the nominated individual, the general manager and two care staff members. We looked at care records for five people to see if the documentation was accurate and reflected people's needs. We reviewed staff recruitment records, staff duty rotas and staff training records. We also looked at further records relating to the general management of the service.

Good

Is the service safe?

Our findings

People told us they felt comfortable and safe. One person said, "I do feel safe here. They do reassure us". Another person commented on staff's efforts to ensure people's safety, "They do things to make us feel safe". One person praised the quick reaction of the provider following a recent incident. The person said, "We agreed at our meetings that staff now open the door with a fitted door chain. We feel safer". A relative told us, "I think that [name] is very safe there".

We spoke with staff about adult safeguarding, what constitutes abuse and how to report concerns. A member of staff told us, "We protect their rights and try to protect them (people) from abuse". Staff we spoke with were able to explain different types of abuse, potential signs of abuse and how they would report any concerns. They stated that they would report their concerns internally or directly to the local authority safeguarding team and to the Care Quality Commission (CQC). A member of staff said, "I need to report it to the manager. If she does not act on it, I would report it further". Another member of staff explained, "We alert the Safeguarding and the CQC".

Risks to people's safety had been assessed in order to minimise them. Staff explained that there were risk assessments in place for each person. These were used to identify areas where people may sustain harm, and to outline steps to take to reduce the chances of that harm occurring. We found the risk assessments promoted and protected people's safety in a positive way. These assessments related to various kinds of risks, for example, using the cooker, deterioration of mental health, using illegal drugs, self-neglect and financial exploitation. The risk assessments had been developed with input from the individual and from professionals where required. Each assessment explained clearly what the risk was and what needed to be done to protect the individual from harm. The assessments were reviewed regularly and whenever circumstances changed so as to remain reflective of people's current needs.

People were satisfied with the way they were supported to take their medicines and their care records confirmed. For example, it had been recorded that people able to self-medicate had been encouraged to take their medicine as prescribed. Staff received medicine competency assessments on a regular basis. Staff told us that they only administered medicines after having completed appropriate training. We noted that there were no gaps in the medicines administration charts examined.

People living in Earlmont House regularly went out to town. The service had prepared a missing person profile for each individual as a precaution. This helped to ensure people could be quickly identified and receive appropriate assistance in the event that they went missing.

We found safe recruitment practices had been followed. Staff members told us that they had started working at the service only after a background check had been completed. This procedure ensured they were of good character to be working with people who use the service. The registered manager confirmed that they sought a Disclose and Barring Service (DBS) criminal record check, as well as two references for every new employee. We looked at staff recruitment files and found that people had been recruited safely. The provider had carried out background checks, including obtaining two employment references and

criminal record checks before people had commenced their employment.

There were sufficient numbers of staff available to keep people safe, and this was confirmed by the staff rota. People we spoke with were complimentary about staffing levels. They said staff were always reliable and completed their scheduled tasks to people's satisfaction. A relative told us, "There are certainly enough staff, good quality staff".

Staff also understood the importance of reporting any accidents and incidents and we saw examples of where this had happened. Any accidents or incidents that had had occurred, such as missed medication or arguments between people, had been recorded by staff. These records had then been reviewed and analysed by the manager to see if any changes or other action should be taken to prevent recurrences of the problems.

There were robust contingency plans in place in case of an untoward event. These assessed the risk of such events as a risk of fire or financial risk that may affect the continuity of the service. The contingency plans also provided guidance on what action needed to be taken to ensure uninterrupted running of the service.

Requires Improvement

Is the service effective?

Our findings

Some staff training had lapsed or had not been arranged at all. One staff member said, "I think the training could be a little bit more up-to-date". This meant that staff supporting people did not have the most up-to-date knowledge and skills to meet people's needs. For example, the training was overdue in safeguarding of vulnerable adults, first aid and Equality Act 2010. No training in Mental Capacity Act 2005 (MCA) had been provided to staff. The quality assurance systems identified outstanding staff training. However, the registered manager did not take appropriate action to address the issue of staff's outdated or incomplete training.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

We checked whether the service was working within the principles of the MCA. Staff had not received training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Lack of training resulted in staff's poor knowledge and understanding of the MCA. Staff were not all aware and knowledgeable of the MCA. Two staff members we spoke with did not know what steps were required to protect people's best interests. In addition, neither of the two staff members was able to explain to us what mental capacity is and how to assess if someone lacks the capacity to make a decision. At the end of the inspection we relayed our findings to the management team highlighting staff's poor understanding of the MCA process and best interest meetings. One of the managers did not know what a best interest meeting was and asked us to explain it to them.

This was a breach of Regulation 11 Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

People emphasised that they were pleased with the service they received from the provider. One person said, "They are good, friendly and they know what they are doing".

Although the more experienced members of staff lacked updates on their training in certain areas, the newly employed staff had received that training as part of their induction. All new staff were required to undergo induction training which had included the completion of mandatory training in such areas as confidentiality, communication and the Mental Health Act. The newly employed staff members had shadowed their more experienced colleagues until they felt confident to work with people, had their competencies assessed and completed a probationary period. This meant the new staff had the appropriate knowledge and skills to carry out their role effectively.

All members of staff were supported through regular two monthly supervision meetings with the registered manager. This gave each member of care staff and the registered manager an opportunity to discuss any issues that may have arisen, as well as areas where the member of staff excelled. Where necessary, any additional support was identified and offered to staff. Appraisals took place annually. Both were perceived as useful processes by the management and staff. A member of staff told us, "We can talk to the manager and if we have any questions or problems, the manager can help us to resolve our problems". Another member of staff told us that it was identified during appraisal that they must improve their communication skills in order to more effectively support people. They told us they were supported by the manager to find an appropriate course for them to attend.

People were supported to eat and drink enough and maintain a balanced and healthy diet. The support varied depending on people's individual choices and circumstances. For example, one person required support while shopping for food. Another person needed their food intake monitored as they were not always able to adhere to their diabetic diet.

The service supported people to access services from a variety of healthcare professionals, including GPs, opticians, dentists and the local community mental health team to obtain additional support when required. The care records demonstrated staff shared information with professionals effectively and involved them appropriately. Confidentiality and security of such information was maintained.

Good

Is the service caring?

Our findings

People were complimentary about the care they received from Earlmont House. One person stated, "Staff treat me really well". Another person remarked, "My keyworker talks to me every morning, asking me how I feel". A person's relative said, "The staff have been brilliant". Another person's relative told us, "The atmosphere there is very nice".

We found that people's privacy and dignity were respected. For example, a person told us, "They make sure we are treated well and respected". Staff explained to us how they followed the values of people's privacy and dignity in their practice. They said, "We respect people's privacy. We have bedroom keys but we really do not use them. We knock the door and wait for the resident to open them for us".

Staff members told us they worked hard to build and maintain strong relationships with people. Through our conversations we found staff were motivated to perform their role and committed to providing the best care they could to people. One staff member said, "It is important to build a rapport with our clients".

We observed positive interactions between people and staff during our inspection. Staff treated people with kindness and were polite in their interactions. Staff spoke to people about what was important and meaningful to people. For example, one person was supported to have driving lessons and staff asked them how their driving session went and made encouraging comments. Another person had a dog and staff chatted with this person about a planned visit to the vet for his dog to have treatment. People enjoyed engaging with staff in conversation, making jokes and having a banter with the members of staff. This created the homely and relaxed atmosphere of the service, where people were enabled to do what they wished to do each day, asking freely for help when needed.

Care plans were written on an annual basis and reviewed monthly. People were invited to review their care plans and amend them to have their support adjusted to their current needs. The care plans were updated which was reflected in staff's handover notes. For example, one of the objectives detailed in a person's care plan was to attend a one-to-one reading course. This had been requested by the person, and this was clearly set out in their care plan and supported by the handover notes.

People were given choices and supported to make various decisions concerning their daily routines. These included choosing meals, clothing and where and how they wanted to spend their time. Before staff undertook any actions, they explained to people what they were going to do and why they asked for their permission. As people gave their permission, staff encouraged them to maintain their independence and control in as many areas of their life as possible. One person told us, "I am independent with shopping and have learnt to budget by shopping at (supermarket) as it is the cheapest". One person particularly emphasised the progress they had made from being supported to take medicines by staff to taking their own responsibility to manage their medication and becoming even more independent by learning to drive. The person told us, "When I first arrived I needed help with my medication and now I take my own medication and I cook my own meals. I will soon be in a situation when I won't need people around me and I'm learning to drive". A relative commented on the person's progress, "They have got him out of the bed.

They have encouraged him to do things like fishing, obtaining his driving licence or going abroad".

Staff were aware of their responsibilities in preserving confidentiality and security of sensitive information about people. They understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need-to- know basis. Staff were aware of the need to only use secure communication routes when discussing confidential matters with colleagues. They knew they were bound by a legal duty of confidence to protect personal information they may come across during the course of their work.

Good

Is the service responsive?

Our findings

People's care was personalised to meet their specific needs and wishes. One person told us, "They do anything to address my needs. If I ask them to sort something out for me or for us collectively they do sort it out."

Initial assessment of people's needs had been carried out and this information was used to formulate appropriate support plans and risk assessments. Records confirmed that people were asked for their views about how they wanted their support to be provided before care and support commenced. From the individual content of the care records we found that people had been involved in reviews and assessments. This ensured people were able to express their views about how they wanted their care to be provided.

People using the service had their care plans tailored to their individual needs such as care, social, emotional, cultural and religious needs. The plans also recorded their mental health and physical health, mobility and communication. Guidance for specific individual needs such as health, diet or behaviour were included in the care plans. Care files showed that people were supported to participate in activities which they enjoyed. For example, people could participate in such activities as cooking, shopping, attending woodwork classes and fishing.

Staff supported people to make whatever appointments they wished to make. For example, one person needed to visit the vet to help their dog which required treatment. One person told us, "Staff help me practice to cook once a day. I take my dog out four times a day. Staff are also going with me to the vet as I can't walk very well". The registered manager informed us, they helped the person to manage their money in order to pay for the vet bill. The registered manager also said that one of people had been involved in a mental health sporting charity. The service had applied on the person's behalf to the ministry of justice to allow him to go abroad and participate in the sporting activity.

People told us they were encouraged to make their views known about the care and support they received. We were told that people had opportunities to provide input on their experiences of the service by the use of questionnaires, care reviews, monthly residents meetings or through on-going communication. People told us that they were able to talk about things important to them not only on one-to-one basis but they also regularly contributed to the staff meeting agenda and that people's representative participated in staff meetings when concerns raised by people were discussed.

We found that people had been asked for their views about the service in a satisfaction survey carried out in November 2015. The majority of people were satisfied with all aspects of the service and their care workers. One person had commented, 'Thank you staff for all your clever support so I'm always healthy'.

The service had a complaints policy in place which provided a clear procedure to record and investigate any complaints received. This helped to ensure any complaints were addressed within the timescales given in the policy. The registered manager informed us that no formal complaints had been received or were being investigated. One person told us, "If I'm unhappy I would go to [registered manager]. When I had some

issues with [name] it was resolved. [The registered manager] had just a quiet word with [name]". The complaint leaflet was available on the board in the office, so this could be easily accessed by staff, people using the service or their relatives. People's relatives we spoke with told us they knew how to raise a complaint but had not needed to do it so far. They also added that when they raised any concerns, these were acted on immediately. A person's relative told us, "I haven't made any complaint but raised a minor concern and it was resolved immediately".

Good

Is the service well-led?

Our findings

People told us that the service was well run. They said they could raise any concerns with the manager and were confident they would be listened to. A person commented on the registered manager's performance as the head of the service, "[The registered manager] gets us all we need. She bought a new bed for [name], a new tumble dryer and a new heavy duty washing machine". Another person told us, "[Name] is like a mother figure. She has taught me to wake up in the morning. I go to work and this is something I couldn't do earlier".

The registered manager took an active role in the running of the service. Our conversations with the registered manager confirmed that they knew the people the service supported thoroughly.

The registered manager regularly monitored the quality of care they provided. The opinions and views of people, their relatives, staff and health care professionals were sought and valued. The service had actively acted on feedback provided by them. For example, a new oven had been fitted in the communal kitchen and a member of staff was delegated to do some gardening tasks.

Regular bi-monthly staff team meetings were held which enabled staff to raise any issues and be updated regarding the running of the service. We viewed a selection of the minutes from these meetings which showed issues such as reminders to sign forms, access to online training, care planning and any changes in people's needs were discussed.

While speaking with staff we found a person-centred culture was promoted within the service. This meant that emphasis was put on people's individual needs and choices and relevant staffing was provided to support this. People's personal routines were followed and staff encouraged and supported people to take part in the activities they of their choice. Additionally, the managers' meetings were organised to discuss such issues as staff vacancies, alterations to people's needs or new admission of new people to Earlmont House.

Staff said that they could speak with the registered manager about anything and they would be listened to and their suggestions would be acted on. A member of staff complimented the registered manager on taking their views into account and said, "She listens to us and she always gives us a credit if we want to change something". People and staff had developed trusting and mutually beneficial relationships. The registered manager had an open-door policy, both to people and staff which allowed everybody to feel part of the service and involved them in efforts to enhance it.

We found that the leadership of the service was very positive and effective as it made staff aware of their roles and responsibilities. Staff were very positive about the leadership at Earlmont House, describing to us how the service had benefited from this and had improved. A member of staff told us, "Our manager and the service provider are always trying to help. For example, they helped our client to solve the situation with debt collectors". We found staff to be very well motivated and passionate about their roles to meet the needs of people using the service.

People's relatives told us they were contented with the way the service was managed. A family member said, "They are very open to me". Another person's relative remarked, "I had lots of conversations with them. (The registered manager) is very interested with clients and engaging with families".

We saw that incidents were recorded, monitored and investigated appropriately and action was taken to reduce the risk of further incidents. We found that all possible action was taken to protect people from recurrence of a similar incident. For example, one person had accused another person of appropriating a small amount of money. This had prompted an internal investigation by the registered manager and the matter was quickly resolved.

The registered manager was aware of their responsibilities and provided us with notifications about important events and incidents that occurred at the home. They had notified other relevant parties, such as the local authority, where appropriate. The manager had completed the Provider Information Return (PIR). We found the information in the PIR to be mostly an accurate assessment of how the service operated.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The management team and staff had limited knowledge of the MCA. Regulation 11 (1)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured staff received appropriate training. Regulation 18 (2) (a)