

Emerald Care Limited

# 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 

### Overall summary

We carried out this inspection on 15 January 2015. The inspection was unannounced.

The home is registered to provide accommodation and personal care for up to fifteen older people with a diagnosis of dementia. At the time of our inspection, ten people lived at the home and two of those people were in hospital.

The service has a registered manager who was present on the day of our inspection. 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.

Amber House is a two storey older style detached property. The home has two owners, one who is the registered manager and who was working on the day of our inspection.

# Summary of findings

Staff we spoke with knew about safeguarding people and what to do if they suspected abuse. We saw there were suitable numbers of staff at the home and people's care needs were being met. Medicines were stored securely and systems were in place to ensure people received their medication as prescribed.

Risk assessments were completed and plans put in place to minimise any identified risks so care was provided safely. These were reviewed regularly to ensure any changes were identified.

Checks were carried out prior to staff starting work at the home to ensure their suitability for employment. We saw staff had training to do their jobs effectively and were encouraged to continue to develop their skills.

Mental capacity assessments were recorded on care records and if a person was assessed as 'lacking capacity' we saw decisions were made in their best interests.

People were offered a choice of food, and drinks were encouraged throughout the day. We saw the service was flexible, people could eat at different times to suit

preferences. Staff were caring and knew the people living at the home well. They knew their likes and dislikes and how to support people living with dementia effectively, ensuring dignity and respect were upheld.

Activities at the service were varied and incorporated days out and one to one activities. People could choose to join in social events or not if they preferred. Staff spent time talking to people at the home.

The registered manager knew the staff and people at the home well. She was experienced in providing care for people with dementia and did this in a personalised way. Staff told us they felt valued and there were incentives in place to support and encourage staff. The manager had good systems in place to make sure the service was effective, monitored and audited.

The provider was meeting the requirements set out in the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection, six people had DoLS applications submitted and these were waiting to be assessed. The manager was aware of recent changes in legislation.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff knew how to recognise potential signs of abuse and their responsibility to report this. To keep people safe, recruitment procedures ensured staff were suitable to work at the service. Risks to people's health and well-being were identified in care plans and reviewed regularly to minimise the risk.

Medicines were stored and administered safely and effectively.

Good



### Is the service effective?

The service was effective.

Staff received training to ensure they were able to work effectively. The manager and staff had a good understanding of mental capacity and we saw where people did not have capacity to make decisions, support was sought from family members and healthcare professionals in line with legal requirements and safeguards. People enjoyed their meals and were given a choice of foods and plenty of drinks throughout the day. People received timely support from appropriate health care professionals.

Good



### Is the service caring?

The service was caring.

People and visitors told us that staff were caring. Staff had an understanding of caring for people with dementia which was reflected in the way they supported them.

Staff understood how to ensure people's dignity was upheld. People were treated with respect, staff enabled people to be independent where possible but also respected their decision if they did not wish to be.

Good



### Is the service responsive?

The service was responsive.

Staff knew people well and tailored their care to meet their individual needs and preferences. Suitable activities were provided; staff had time for people on a one to one basis, to go out if they wished and where possible to continue with their usual routines.

The manager sought feedback from people and visitors about the service and responded quickly and appropriately to any issues raised.

Good



### Is the service well-led?

The service was well-led.

Procedures were in place to assess, monitor and manage the service.

People were positive about the management and said they were available, approachable and effective. Staff were motivated and rewarded for their commitment to the service. Managers worked hard to improve the service and to keep the home 'dementia friendly'.

Good



# Amber House - Coventry

## 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.

The inspection took place on 15 January and was unannounced.

The inspection team included two inspectors. We reviewed the information which was held about the service. We looked at information received from relatives and visitors, we spoke with the local authority and reviewed the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send us by law. These may be any changes which relate to the service and can include safeguarding referrals and serious injuries. We spoke with the local authority who confirmed they had no further information regarding this service.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what this does well and improvements they plan to make. This was received prior to our visit and did not highlight any issues.

During our inspection we spoke with two people, two visitors, two visiting professionals, the registered manager, the cook and five staff.

People living at the home had a diagnosis of dementia and most were unable to share their experiences of the care and support provided. We therefore spent time observing care in the lounge and communal areas. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We reviewed four care records and records of the checks the manager kept to ensure themselves the service was good. We saw quality assurance checks, accident and incident reports and records of complaints received.

# Is the service safe?

## Our findings

One person told us “People are safe here. It’s nice. I think there are enough staff to look after me”.

We asked a person visiting if they felt the home was safe, her relative had lived there several years. They told us “She is safe, it’s a homely environment” and “[Person] is always clean, dressed appropriately, room is spotless. I think there is enough staff”.

Another visitor said they made the decision for their family member to come to Amber House because they were unsafe at home. They told us “A mental health nurse recommended it to us. I like the way staff look after people; [person] is safe here”.

A visiting social worker said “Staffing levels are higher here”. Levels were generally three staff in the day and two at night. Sufficient staff members were employed to care for people at the home. A manager worked seven days a week and remained on call 24 hours a day.

The manager told us they adjusted staffing levels when care needs were higher. For instance, someone was recently more unsettled in the afternoon and at high risk of falling. An extra staff member had been put on the rota in the afternoon to keep that person safe.

Staff spoken with, knew about the people they cared for and how to manage risks. A visitor told us “They do take [persons] balance into consideration to manage the risks to keep [person] safe”. Changes in people’s needs were detailed in care records and on a sheet called ‘my significant changes’ which highlighted issues to care staff to keep them up to date. For example, ‘I need someone by me when walking but I won’t always allow this, so try to stay nearby’. Other records around pain and potential skin concerns had all been recently reviewed.

Staff communicated any risks they were aware of to the manager. The manager gave an example of a staff member

noting a toilet door opened outwards in the lounge and so posed a risk to someone who stood behind it; staff now made sure people were encouraged away from here when the bathroom was being used.

Safeguarding information was displayed in the hallway and informed people what to do to report a concern. We asked a member of staff what they understood by abuse and they were able to explain this clearly. They told us they would report any observed or suspected abuse to one of the managers or to the local authority.

Prior to staff starting work, a DBS (Disclosure Barring Service) check was completed and two references sought. This ensured people’s backgrounds were checked prior to starting work and they were suitable to work with the people living at Amber House.

Any accidents and incidents in the home were recorded so that trends could be identified, for example when people had fallen. The manager reviewed this information to decide if any preventative action could be taken in the future to reduce these.

Medicines were stored safely and in line with the manufacturer’s guidelines and legal requirements. No one at the home looked after their own medicines. We saw medicines were administered and managed safely. The local pharmacy carried out annual audits at the service.

There were protocols in place to guide staff when to administer medicine that was required to be given “when required” (PRN). Staff recorded when and in what circumstances this medicine had been administered. This ensured PRN medicine was given consistently and safely to people.

On the back of each bedroom door we saw there was a personal emergency evacuation plan. This documented assistance required for each person in an emergency so help could be given as required. We saw hoisting equipment and fire extinguishers were all serviced appropriately, the management of the home ensured people were kept safe.

# Is the service effective?

## Our findings

We asked one person about the home and they told us “I think it’s good”. A relative told us “[Person] cannot communicate, they only make facial expressions. Her weight has been maintained, [person] eats like a horse!” They told us staff understood the person and knew what the facial expressions meant. They said “This home is brilliant, I’m going to book myself in, I’ll have a bed”.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Staff responsible for assessing people’s capacity to consent to their care, demonstrated an awareness of the Deprivation of Liberty Safeguards (DoLS). This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. The manager was aware of the current DoLS legislation and informed us there were six DoLS applications submitted currently and waiting for assessment. The manager told us staff had undergone training around Mental Capacity Act and Deprivation of Liberties (DoLS).

We saw on care records mental capacity assessments were in place. These gave details which were decision specific and in line with Mental Capacity Act legislation. We saw decisions were made in a person’s best interests where they had been assessed as ‘lacking capacity’.

Meals provided looked appetising and were homemade at the service. The menu was seasonal and varied. Choices were offered if people did not like the food that day, one person had their own special cup, we saw mealtimes were personalised. The cook told us they made sure food was fresh “I don’t use food that’s not fresh in my own house so I won’t use that here”. The cook said they knew people’s needs and preferences, “I read people’s care plans, I am also a carer, everything I need to know is in there”.

We saw that where people had specific dietary needs, these were met by staff who supported the person with their meals. For example, where people required food to be pureed and assistance to eat, staff did this at their own pace with each section blended individually to make them

look more appetising. Brightly coloured cups and plates were used which were suitable for the needs of the people at the service with dementia. These provided a contrast to the table enabling them to be used more easily

During lunchtime one person declined to eat their food as they said it was too cold. The cook offered to heat this up or for an alternative option to be made. Another person was reluctant to follow usual meal times and often refused to eat. Staff had sought the advice of the GP and offered the person plenty of snacks such as cheese and fruit throughout the day to make sure they ate enough.

We saw that the training provided to staff in caring for people living with a dementia, gave them the skills and knowledge to care for people effectively. Staff we spoke with were passionate about providing good dementia care. A care worker told us they had attended an excellent dementia training arranged by the manager. This showed staff how it felt to have dementia and the feeling that everything ‘was going on around you’. They told us it had been so powerful that they could really understand more of how it must feel for some people at the home and now they could ‘put themselves in their shoes’.

One staff member gave an example of a person with a recent skin problem and that they were unwilling sometimes for staff to treat this. The staff member explained how they would try over a period of time, with different staff and methods, so they could encourage them to accept some help.

A workbook system was used for staff training and this was completed by staff then externally verified. It covered practical examples around care and legislation. The manager told us staff feedback was that this helped them retain the information better, completing the book independently. Training covered areas such as medication and end of life care. A staff member told us she was being supported to do her NVQ care training additionally. The managers supported and developed the staff at the service.

Staff told us they felt supported by the managers at the service and they were usually available to discuss any issues with them. Supervision and staff meetings were held around six times per year and appraisals were annual. Staff were supported to carry out their jobs effectively by managers and given opportunities to talk with them.

We observed the handover meeting for the afternoon shift, staff used this to pass on information about people at the

## Is the service effective?

home and any changes. A communication book was used in addition and we saw a staff member start the shift and access this to check for anything they needed to be aware of. We saw this book was up to date with relevant information.

A visiting district nurse told us "This is my first time here, the home seems lovely. Staff are very helpful, they are well organised. I asked for a weight for someone and I got it. Usually I don't get them". The nurse had assessed two people who had been referred because there had been concerns about nutrition and pressure areas. The nurse said "Whatever they are doing (regarding these issues) it is

working. I told them to carry on". The nurse said "for my first time here I was quite impressed". We saw fluid and food charts were in place so this could be monitored. Weights of people were checked monthly and advice sought from the GP or dietician if there were any concerns.

Health professionals were referred to for health checks including chiropody, dentist and optician. A visitor told us their relative saw the GP regularly. One person told us the care staff had recently referred their relative to the nurse. We saw the staff accessed health support when this was required so people got the correct care



# Is the service caring?

## Our findings

When asked about the home, a relative told us “It’s fantastic, everyone is caring, they show [person] love. They hug her and talk to her a lot”. Another family member told us “Staff are very caring because there are few service users to carers. Staff know them. I like coming here”. We were told staff were consistent at the service and “It makes it better for me knowing [person] is here. [Person] gets the care they need, I have not had to raise any issues. They do a wonderful job. You have to be really special to work here. The carers are wonderful. There is not one member of staff that would not be nice”.

A visiting health professional said staff were kind and caring and the person they were visiting was always immaculate. A staff member told us they liked working at the home because “We get to spend more time with the residents”. The manager told us that they valued spending time with people. An example given was that if someone wanted care staff to read with them, then they would do this rather than make a bed as the bed could be made later and was less important.

When talking about the people at the home with dementia, one staff member told us “We have to be there for them, sometimes they don’t know what they are doing”. This person also told us “Everyone gets the care they need”. During the day we observed a staff member put their arm around a person to check if they were okay. We saw they knelt down to their height, rubbed their back and provided reassurance, engaging them in conversation.

Staff told us how they ensured privacy and dignity were upheld. “We knock on doors and wait before going in, we lock the bathroom door if helping someone, we cover them up with a towel when providing personal care”. A staff member told us if someone had an accident due to incontinence for example, they would say “You’ve spilt something or you’ve sat in something” so as not to embarrass them but encourage them to the bathroom. We saw the shared rooms had a divider curtain which was used to give people some more privacy and rooms were personalised with people’s own belongings and furniture to make it feel homely.

Staff we spoke with told us they tried to involve people in decisions about their care. For example, people were given choices of what to wear and they would encourage them to

join in with activities but recognise if they did not want to. Independence was encouraged for people at the home. A care worker told us with personal care “I’ll give them a flannel to do it themselves” and if the person could wash themselves staff would prompt them to do as much as they could. We saw suitable equipment was in place to support people at the service. An inflatable sink was used for someone who was cared for in bed so they could still have a wash independently.

Three of the rooms were shared rooms. We asked the manager about the criteria for this. We were told that rooms were allocated carefully on assessment of each individual as a shared room was not always suitable for everyone. The manager told us one person currently in a shared room had ‘flourished’ as they enjoyed the additional company this provided.

Care staff sat with people and chatted easily and with humour. We saw one staff member sitting with a person discussing a book and there was a positive two way conversation between them. Staff were attentive to people and it was evident that care staff knew people well, for example talking about their families with them.

Music played in the background and a person was encouraged to put on a CD of their choice. We observed a discussion around birthdays and most people, including staff joined in an impromptu ‘sing song’ of ‘Sing Hosanna’ until they stopped, joking, as no one knew the next words. The atmosphere was calm, friendly and relaxed.

At lunchtime we saw one person became upset and asked to leave half way through the meal. The staff member acknowledged this and then gently and kindly encouraged them to stay a little longer. The person became agitated and they calmly assisted them to leave the room. The staff member said that they would try again with food a little later.

Family relationships were encouraged and facilitated. A visitor told us “I know I can ring them and know she is alright and looked after”. The manager gave an example of a person who did not always see their family very often so care staff were available for visits to make the experience positive for all.

At the end of the day one person was seen to start coughing and became distressed. Two care staff calmly, gently and kindly reassured them, sitting them forward



## Is the service caring?

until it stopped. We saw this was done in a considerate way to help the person but also keep the other people calm around them. Staff were kind and considerate in providing care to people.

# Is the service responsive?

## Our findings

Amber House as a specialist dementia service, assessed people before they came to live at the home, to make sure the service was suitable. The care staff created a homely environment for people and we saw they were comfortable. The service did not have set routines but adapted to the person, not the other way around. For example, there were no times to get up or go to bed and people were supported to eat at different times, for instance during the night.

People were supported by staff to keep their hobbies and play a part in the running of the home.

One person told us how they had always loved gardening. "I like to do the hanging baskets and fill the bird feeder". They said "The staff are nice. I like going out to see my friends. I went to the garden centre and we got these plants and the bird feeder. It's nice to see. I look after the flowers." The manager told us this person loved plants and flowers so they encouraged them to take charge of this aspect of the home and they enjoyed the responsibility. We were told the person and staff had worked together and decided the bird feeders should be placed at different points of interest so people could enjoy seeing the birds.

A care worker told us "Because we are small, we know people well; it's a consistent staff team". The manager told us about people that lived at the service and their likes and dislikes, and cared for people incorporating this knowledge. We saw the service provided a wide range of activities depending on the needs of the people that used the service. There was a piano in the lounge and sometimes a pianist came in or the 'mini zoo' visited. Trips out were arranged such as to an ice cream parlour.

One of the care staff had taken more of a lead role in activities. This staff member enabled one person to continue to go out as they had always done, visiting the local church and using the same hairdresser they always had. Staff worked with them to keep their usual routine where possible. Another person had been a miner so they encompassed this into some activities.

We saw a noticeboard showing World War two themes. These were used as part of reminiscence sessions. Religious needs were met and a monthly service was held at the home.

Music played in the lounge and the TV was off, one staff member said "TV is horrible; it's entertainment but not entertaining. People can watch what they want but it can be distracting for staff as well. Music is much better, people react more positively. It helps make things more relaxed and calm. It helps for people to talk and be engaged". The home used a DVD of fish in an aquarium. Staff we spoke with told us that people at the service liked this. We saw people were contented and that one to one chats were happening readily with not just a reliance on formal activities.

Care records contained a 'Getting to know me' form with detailed information about the person, their life story, interests and preferences. One record we saw detailed a personal account written by the cook about one person at the service. They had formed a strong relationship due to shared interests and this gave a further account of the 'real' person. Another record contained information about the person which said 'If I say no I mean no' and 'I don't like getting wet'. Staff tried to get to know the people that lived there well.

The home held regular care reviews with people, their relatives and the key worker. A visiting social worker told us they attended a review when a person had no family and the keyworker at the home knew the person really well. They told us there was nothing that concerned them about the service and the staff team were stable. "The manager knows people inside out". We found that care plans had been regularly reviewed and updated and were comprehensive. They contained information such as GP visits and mobility assessments.

The manager told us how staff worked with people who could become upset. She told us one person had been unsettled in a different home but due to the environment and staff understanding dementia care, the person had settled well at Amber House.

We asked how people would raise concerns and a visitor told us that if they had any concerns they would go to the manager, "I am very confident it would be dealt with, I would go to the manager with anything". We saw a book logging all complaints. There had been two complaints in the last twelve months and both were documented, actioned and resolved in a timely way in accordance with the complaints procedure. We saw a complaints policy displayed in the hallway so people knew how to complain.

## Is the service responsive?

Discussion groups were held with small 'user friendly' surveys using smiley faces to enable people to show how they felt about something. The management sought

feedback from people who used the service We saw a questionnaire had been given to visitors dated November 2014. All the responses were either good, very good or excellent.

# Is the service well-led?

## Our findings

The manager described the leadership and the provider's approach to the home as fair but direct "We role model". We were told their door was always open, they knew what was happening with staff and people in the home, they remained hands on with care and still did care shifts. They were not uncomfortable to challenge staff but were approachable.

A visitor commented on the atmosphere in the home, they told us, "It has such a warm feeling, it's not a clinical feeling home. It feels like [person's] home". Another visitor told us "Management are definitely approachable, if I was unhappy I would talk to them".

A staff member told us about working at the home, "I love it because it's a small team, we get on well". Another member of staff told us, "I love it, managers are always around and you get opportunities to develop". We were told they had been supported in doing additional training they requested.

The manager told us staff retention was good because of "The way we run things, it's not about the money it's about the care". "We listen and are responsive, we praise staff and thank them at the end of a shift". There was a monthly Emerald Care newsletter which detailed activities and news at the service. The newsletter contained an 'Employee of the month' other staff could nominate. Staff told us they liked the system and nominating colleagues, this person then got a £25 voucher. The manager told us staff were valued "Staff are given meals and sandwiches 'little perks' when we can. "It is about who we are and how we run the home".

We saw the culture of the home encouraged staff to learn and improve their skills. One staff member came to the service as a carer and had now developed to be a supervisor with additional responsibilities. The managers had supported them to obtain qualifications and they were now doing a dementia course at university.

The provider ensured that the home was managed in the best interests of the people living there, that it was suitable for people living with dementia and that it provided a familiar environment. Visiting times at the home were flexible and visitors were welcomed to have a meal there if they wished.

We saw clear signage displayed with pictures. One sign had a toilet on. These were suitable for people with dementia to help them navigate the home more easily. Carpets and curtains had been changed to be more suitable for the people living there.

A recent infection control audit had been carried out by the local clinical commissioning group with an action plan produced. Whilst we saw actions had been completed by the manager, she told us that some of the changes they were asked to make, for instance around infection control, conflicted with supporting people with dementia. One area had been in relation to the design of their taps. Lever taps were considered better to reduce infection but not for supporting people with dementia. To get around this they used the existing taps with paper towels as a compromise.

In terms of achievements, the manager said she felt the recent re-design in the last year, of the bathrooms kept the environment calm and relaxed for people that lived there. We saw the manager had sought people's opinions into changes to the environment. People had completed small surveys which were dementia friendly asking for their views. People told us they liked the environment and liked the new bathrooms, the changes had been positive. This work had been in conjunction with Age UK, using a grant from the council and based on research by the King's Fund. They had won a silver award from 'Coventry Compact' for this work alongside Voluntary Action Coventry and the city council for 'enabling people with dementia'. We saw they worked in conjunction with other agencies to improve the service.

The managers were active in networking with other relevant organisations. The manager attended a 'Skills for Care' monthly meeting locally where she could network with other care providers and discuss current care issues. We saw the manager kept in touch with other providers and was up to date with changes. A sign in the hallway showed the home was a member of the National Care Association.

The manager was aware of the notifications she was required to send to us. We saw comprehensive records were in place showing checks the manager made to ensure they provided a good service. These were up to date and comprehensive. For instance, falls were recorded and analysed. We saw care records were reviewed monthly and we saw appropriate referrals had been made where risks were identified. Audits were in place for equipment and we

## Is the service well-led?

saw this was serviced regularly so it was safe and effective. A building audit was done weekly and this was logged in a workbook. The manager accessed a maintenance person when required.

The manager had a good oversight of the service and we saw it was run effectively. That day as snow was due, the manager had an overnight bag in case she had any problems accessing the service the next day. We saw she put the people first in planning ahead.