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# Amber House Residential Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

We undertook an unannounced inspection of this service on 20 and 21 August 2015. The previous inspection took place on 25 June 2013 and there were no breaches in the legal requirements.

The service is registered to provide accommodation and personal care for up to three people who have learning disabilities, visual impairment and some complex and challenging behavioural needs.

Accommodation is provided in a detached house in a quiet residential area of Folkestone, close to public transport and local amenities and shops.

Accommodation is arranged over two floors and each person had their own bedroom. The home benefitted from a large enclosed back garden.

This service had a registered manager in post. A registered manager is a person who is registered with the

# Summary of findings

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.

At the time of inspection the home was full and we were able to speak with each person. People told us that they liked living in the home, they were happy, they liked the staff and the staff were kind. They thought the home provided a relaxed and comfortable living environment.

To help us further understand the experiences of people, we observed their responses to the daily events going on around them, their interaction with each other and with staff.

Our inspection found that whilst the home offered people a homely environment and their health care needs were being supported; there were shortfalls in a number of areas that required improvement.

Some practices for the administration of medicines did not promote proper and safe management. This was because procedures intended to safeguard against mistakes and ensure the correct storage conditions of medicines were not always followed.

Information about safeguarding people from abuse was not up to date, safeguarding refresher training had not been delivered and the registered manager had not reported a matter warranting referral to the local safeguarding team.

Recruitment processes did not fully meet the requirements of the regulations because mandatory photographic identification checks were not completed.

Thermostatic temperature valves were not in place on hot water taps to which people had unsupervised access and the electrical wiring safety certificate had expired.

The provider was not meeting the requirements of the Mental Capacity Act (MCA) 2005 because Deprivation of Liberty Safeguard applications had not been made when they were needed.

The service was not always responsive to people's needs. This was because people's goals and wishes were not effectively progressed to encourage development of learning and exploring new activities and challenges.

Although a complaints system was in place, it was not in an accessible format for each person and did not contain the contact details of relevant external authorities.

A quality monitoring system was in place, but was not effective enough to enable the service to highlight the issues raised within this inspection.

Policies and procedures referred to out of date regulations methods used by the service to monitor and assess the service it provided were limited.

There were other elements of the inspection which were positive. People told us that they felt safe in the service and when they were out with staff.

Staff interactions demonstrated they had built rapports with people who responded to this positively. Activities were varied; people took part in activities in the home and the community and told us they enjoyed them.

People and staff told us that there were sufficient staff to meet people's needs. Our observations showed that staff had time to spend with people and they were patient and kind in their interaction with people.

There was a healthy choice of foods, which people enjoyed. People were consulted about the menus and able to influence changes within them.

People, staff and records confirmed that people were supported to access routine and specialist healthcare appointments to maintain their health and wellbeing.

People felt the service was well-led. The provider adopted an open door policy and worked alongside staff. They took action to address any concerns or issues straightaway to help ensure the service ran smoothly.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

# 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 not always safe.

Some practices concerning the administration of medicines did not always promote safe practice.

People were at risk of not receiving the right support to keep them safe because the local authority were not made aware of safeguarding incidents that should be referred to them.

Some elements of staff recruitment processes did not fully meet requirements.

Some required safety measures were not in place and the electrical safety test certificate had expired.

There were sufficient staff on duty to meet the needs of people, support their activities and health care appointments.

Requires improvement



### Is the service effective?

The service was not always effective.

Deprivation of Liberty Safeguards authorisations and mental capacity assessments were not in place where needed.

Staff had not received sufficient training to effectively support people; a lack of understanding meant some requirements were not embedded into everyday practice.

Communication was effective, staff understood people's needs. People told us they had choices about what they ate and how their meals were planned.

People were supported to maintain good health and had access to medical and social services as needed.

Requires improvement



### Is the service caring?

The service was caring.

People told us they liked that staff who supported them and found this comforting and reassuring.

Staff were respectful when talking and interacting with people and treated people as individuals, recognising their preferences and likes and dislikes.

People were relaxed in the company of staff and felt listened to by staff who acted on what they said.

Care records and information about people was treated confidentially.

Good



### Is the service responsive?

The service was not always responsive.

Requires improvement



# Summary of findings

Although care plan reviews took place, reviews of people's goals and ambitions were not well developed or actively pursued.

The complaints procedure was not in an accessible format and did not signpost people to relevant authorities.

People had a varied programme of activities and were not socially isolated and staff supported them to access the community.

## Is the service well-led?

The service was not consistently well led.

Checks and audits had not identified shortfalls found during this inspection or enabled the provider to meet regulatory requirements.

Some policies required updating as they referred to regulations that were no longer current.

Staff felt supported and there was an open, inclusive culture at the service.

Staff had a good understanding of the values of the service.

The service had a registered manager. Staff told us the management team were approachable, supportive and helpful.

**Requires improvement**



# Amber House Residential Care Home

## 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.

We undertook an unannounced inspection of this service on 20 and 21 August 2015. We spent some time talking with people in the service and staff; we looked at records as well as operational processes. The inspection was undertaken by one inspector, this was because the service was small and everyone was able to express their views about the service they received. It was considered that additional inspection staff would be intrusive to people's daily routine.

We reviewed a range of records. This included two care plans and associated risk information and environmental

risk information. We looked at recruitment information for four staff, including one who was more recently appointed; their training and supervision records in addition to the training record for the whole staff team. We viewed records of accidents/incidents, complaints information and records of some equipment, servicing information and maintenance records. We also viewed policies and procedures, medicine records and quality monitoring audits undertaken by the registered manager and provider. We spoke with each person, two staff, the registered manager and provider. After the inspection we spoke with a social care professional who had visited the service.

Before the inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and healthcare professionals. We reviewed notifications of incidents and safeguarding documentation that the provider had sent us since our last inspection. A notification is information about important events which the home is required to tell us about by law.

# Is the service safe?

## Our findings

We asked people if they liked living at the service and if they felt safe there. We observed people's responses to the daily events going on around them, their interaction with each other and with staff. They told us they were happy living at Amber House and appeared comfortable and at ease within their home environment. One person told us "I'm happy here, I don't worry about living here"; another person commented "I'm fine".

Although people told us they felt safe, we found examples of unsafe practices around medicine management, safeguarding, recruitment of staff and concerns about checks on the electrical system and control of hot water temperatures, all of which placed people at risk of harm.

We assessed the procedures for the ordering, receipt, storage, administration, recording and disposal of medicines. We found storage temperatures for some medicines were not recorded as required, to ensure the medicine remained fit for use. In addition, hand written MAR charts were not countersigned by a second staff member as a safeguard that all information was correctly recorded. Secondary checks are recognised good practice and a failure to do so increases the risk of error. Otherwise, medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. We looked at people's Medicine Administration Records (MAR) and found that all medicines had been signed to indicate that they had been given. Staff who administered medicines to people had attended appropriate training and were regularly assessed as being competent to manage medicines.

Administration of medicines was not always suitably recorded and medicines were not always suitably stored. This failure was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although staff were able to describe different types of abuse and told us they knew the procedures to report any suspicions of abuse or allegations; the safeguarding policy was not up to date and did not include a current copy of the Kent and Medway safeguarding protocols. Records of incidents and accidents, although infrequent, showed an occurrence where a person had been hit in the face by an object thrown by another person at the service. The local

Kent and Medway safeguarding protocols categorise any physical action or inaction that results in discomfort, pain or injury as abuse. Staff and the registered manager had failed to report this incident to the local authority. This meant the incident of abuse was not investigated.

People were not protected from the risk of abuse because systems had not been operated effectively to include referral to the appropriate body. This was in breach of Regulation 13 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014.

Recruitment processes showed and staff told us they had an interview and before they started work and we saw the provider had obtained references and carried out criminal record checks. However, we found some staff files did not contain a photograph as proof of identity or reference to indicate it had been seen. Whilst there was no evidence to suggest people in the service had been placed at risk, there was a failure to ensure that the recruitment process was sufficiently robust to protect people. This is required to validate that the candidate is the same person the other checks relate to, which help to ensure that staff are who they say they are and suitable to work with people at risk.

This is a breach of Schedule 3 of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Providers are required to ensure that the premises and any equipment used are safe. We found hot water temperature checks were only made on the communal bath. Each person had a wash hand basin in their bedroom, discussion with the provider established thermostatic restrictor valves were not fitted to the sinks. This meant the hot water supply to bedrooms, to which people had unsupervised access, was not monitored or thermostatically controlled. This presented a risk of scalding. In addition, the test certificate to certify that the electrical wiring in the home was safe had lapsed in May 2015. The provider was unaware this safety check was overdue until pointed out during the inspection.

The provider had not ensured people were adequately protected against the risks of scalding and the electrical system was tested and certified as fit and safe to use. This was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that the provider ensured that the maintenance of services, for example the gas safety

## Is the service safe?

certificate, portable electrical appliances, fire alarm and fire fighting equipment were checked when needed to keep people safe. Tests and checks of fire equipment and the alarm were conducted regularly, to ensure equipment was in working order. Fire drills were held regularly to ensure staff were familiar with actions in the event of an emergency.

Risk assessments were in place to help keep people safe in the service and when out within the community or attending activities and day centres. They clearly set out the type and level of risk as well as measures taken to reduce risk. Risks associated with people's care and support had been assessed and procedures were in place to keep people safe. These enabled people to be as independent as possible and access the community. For example, including safety in shops and public places, crossing the road and carrying out any household chores. This helped to ensure that people were encouraged to live their lives whilst supported safely and consistently. Risk assessments were reviewed when needed and linked to accident and incident reporting processes. This helped to ensure the service learned from incidents and put processes in place to reduce the risk of them happening again.

Staff levels were based upon people's funding and their dependency assessments. Staffing comprised of three staff on the day shift including the manager and provider. One sleep in member of staff provided support at night. There was an established on call system should additional support be required. People and staff felt there were enough staff on duty to support people, their activities and safety. Occasionally agency staff were needed to cover short notice absences. The registered manager and provider were aware of the importance that people were familiar with staff and tried to ensure only the same agency staff were used. On one occasion, the provider was not happy with the quality of agency staff provided; they challenged the practice of the staff member and raised their concerns with the agency. Staff were provided with information about actions to take in an emergency and had emergency numbers to call. Staff were aware of assembly points and the registered manager was clear where people would be taken initially as a place of safety should the home need to be evacuated. Individual plans detailed the support people required to evacuate the building safely.



# Is the service effective?

## Our findings

People were cheerful; they spoke positively about their home and the staff who supported them. They told us they received the right amount of support and felt that staff supported them well. One person said, “Staff are nice, they are good”. People smiled and reacted to staff positively when they were supporting them with their daily routines.

Although people commented positively, we found aspects of the service were not always effective. CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS).

DoLS form part of the Mental Capacity Act (MCA) 2005. It aims to make sure that people in care settings are looked after in a way that does not inappropriately restrict their freedom, in terms of where they live and any restrictive practices in place intended to keep them safe. Each person living at the service needed to be supervised if outside of the service, which is considered a restriction on their movements. A best interest meeting had been held for one person some years ago concerning their expression of a wish to move to an alternative service. However, while this concluded that they did not wish to move, it did not specifically address their consent to receive care and support at this service. Capacity assessments were not in place for people to determine if they were able to consent to receive care and support at the service. Applications had not been made to the local authority for DoLS authorisations and mental capacity assessments or best interest meetings had not been completed to determine people's capacity or agreement to live at the service.

A person must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had not received sufficient training to effectively support the people they looked after. Records identified all training provided, however, they did not clearly identify when training required refreshing. For example, the registered manager and provider had last received safeguarding, mental capacity and DoLS training in 2008. Concerns identified during the inspection about

recognising and reporting safeguarding matters in addition to unmet MCA and DoLS requirements, demonstrated these requirements were not fully understood and embedded into everyday working practice.

The provider had not ensured key staff received regular training necessary to meet the needs of the people they care for and support. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff understood their roles and responsibilities. They had completed an induction programme, which had been developed to include training about supporting each person who lived in the service. Induction included, orientation, shadowing experienced staff and then attending training courses. Although no new staff had been recruited recently, the registered manager was aware that the Skills for Care common induction standards had been superseded by the care certificate and planned to adopt this for the induction of new staff. All staff had a fixed probation period to assess their skills and performance in their role. Staff received some refresher training periodically, for example, medication and moving and handling training was booked for the following month. Mandatory training included health and safety, fire safety awareness, first aid awareness, infection control and basic food hygiene. Some specialist training was provided, such as training on behaviour that could challenge. Staff felt the training they received was adequate for their role. All staff had obtained a National Vocational Qualification (NVQ) at level 2 or above.

Staff told us they had opportunities to discuss their learning and development through supervision and working closely with the registered manager. Working with the registered manager also enabled them to observe staff practice, such as communication with the people, infection control, food hygiene and the quality of interactions including treating people respectfully and offering choices. Although conducted informally, the registered manager maintained written records of supervisions and observations they had carried out. Staff said they felt supported and felt this system worked well for a small service. Staff meetings were held occasionally, with most information communicated using a communication book for the service, which each staff member read.

People's health care needs were met. People told us they had access to appointments and check-ups with dentists,



## Is the service effective?

doctors, the nurse and opticians. This was a proactive way of maintaining good health. People told us that if they were not well staff supported them to go to the doctor. Staff told us they knew people and their needs very well and would immediately know if someone was not well. Records showed any health concerns were acted on. Where people had specific medical conditions, information about this was available within their care plan to inform and help staff understand the person's health needs. Staff demonstrated in discussions they understood how conditions impacted on individual people and how activities were adapted to meet their needs. For example, they could not walk long distances.

Care plans contained personalised information about people's health care needs, dietary needs, individual preferences, behaviour, and their likes and dislikes. There was information about people's lives and who was important to them so that staff were able to support them with their interests and keeping in touch with friends and family. People told us their consent was gained, by themselves and staff talking through their care and support. People said they were offered choices, such as when to go to bed, what to eat or drink and what clothes to wear.

People had access to adequate food and drink and told us the food was "nice", they liked all the meals and they were

involved in helping to choose them. On the day of the inspection, people were offered drinks of their choice and they spoke positively about the meal being prepared. Staff sensitively reminded people of their food choices and offered alternatives if needed. People told us they were asked their preferences for the evening meal before they went out to their activities in the morning. People had a varied diet, which was encouraged by using pictures and photographs. Staff were very aware of people's likes and dislikes and told us meals were adapted to suit these preferences. People also ate out frequently and told us they enjoyed this. People's weight was monitored and a healthy diet encouraged. Health professionals, such as a speech and language therapist, had previously been involved in the assessment of one person's nutritional needs. Recommendations they had made about the softened consistency of their food had been followed through into practice.

People felt the home offered suitable accommodation for their needs. Staff were considerably conscious of one person's visual impairment; they ensured furniture was not moved so that a safe and familiar environment was maintained. Adaptations such as the provision of a speaking clock, wrist watch and talking books helped the person to maintain their independence.

# Is the service caring?

## Our findings

Staff spoke in a fond and caring way about the people they supported and told us that they enjoyed working at the home. One member of staff told us, “I love coming to work; it doesn’t really feel like work, I really enjoy it.” Our observations confirmed that staff had a positive and friendly approach with people. People told us they liked the staff who supported them and found them reassuring and easy to talk to. During the inspection staff referred to and treated people in a respectful manner. The staff team was a small, but long standing, with many years working for the provider, enabling continuity and a consistent approach to care and support. Staff felt the care and support provided was person centred and individual to each person. People felt staff understood their specific needs.

People were cared for in a kind and compassionate way. They felt valued and respected as individuals and said they were happy and content living at Amber House. They were able to move around the service and sit where they wanted to. People told us they had made friends at the service and spent time chatting together. Staff ensured people’s privacy and dignity was maintained, by carrying out personal care discreetly in people’s own rooms or bathrooms. They knocked on doors and waited for a response before going in, showing they recognised and respected people’s private space. People were addressed by their chosen name and told us they got up and went to bed at the times they wished.

During the inspection staff talked about and treated people in a respectful manner. Staff knew people well; they treated them equally but as individuals. Staff spoke affectionately about the people they cared for and were able to tell us about specific individual needs and provide us with a good background about people’s lives prior to living at the home; including what was important to people. Staff also gave examples of what might make a person distressed or agitated and what support they would give to help to reduce this. People’s rooms were personalised with their own possessions, they had their own things around them which were important to them. We saw a lot of interaction between staff and the people they supported was light hearted, warm and friendly.

Staff were patient and sensitive to people’s abilities when giving information or explaining what they were doing as they supported and interacted with them. We observed

staff making sure people understood what care and treatment was going to be delivered before commencing a task. For example, when giving medicine staff explained what the medicine was and checked if people wanted to have it. They asked people whether they were experiencing pain and offered pain relief where people wanted this. There was a calm and supportive atmosphere throughout mealtimes to ensure that people didn’t feel rushed and were able to eat and drink what they wanted to. Staff checked if people had enjoyed their meal and asked regularly whether there was anything else they wanted.

Throughout our inspection we saw that staff communicated well with people. Staff were mindful that people had the ability to make their own decisions about their daily lives and gave people choices in a way they understood. They also gave people the time to express their wishes and respected the decisions they made. For example, when people preferred to spend in their bedroom, staff ensured they were in a safe environment and made visits to them during the day.

Staff told us that they enjoyed their work and felt this was demonstrated in the support they provided. Staff were knowledgeable about people’s life experiences and spoke with us about people’s different personalities. They knew what people liked and didn’t like. Each person had a detailed pen picture. This included the most important things about them, the most important things to them and the most important areas where they required support. This provided detailed information for staff and helped to ensure staff were aware of these needs. Staff told us they had got to know people well by spending time with them and, where possible meeting their relatives, as well as by reading people’s care records. Care records were stored in a locked cabinet when not in use. Information was kept confidentially.

Care plans showed who were important to people and we saw that people were supported to stay in touch with friends and family, including supporting people on visits. Discussions had taken place at the time of admission to ask if family members wished to be contacted in the event of any illness or accident. We saw where needed, this had happened.

Some people who could not always easily express their wishes or did not have family and friends to support them

## Is the service caring?

to make decisions about their care. They were supported by staff and the local advocacy service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

# Is the service responsive?

## Our findings

People told us they received care and support specific to their needs. They felt staff knew what they liked and which activities, interests and subjects of discussion were important to them. People had regular activities and outings, some people felt they especially benefitted from going to social clubs, day centres and events held locally. They told us this gave them an opportunity to see old friends, make new friends as well as learning and practicing life skills which some people told us helped them to feel more confident. This helped to ensure that people did not feel socially isolated. The service had a car available as well as an account for one person with a local taxi company to help facilitate with transport for activities.

Although people felt the service was responsive to their needs, we found some examples of practice which were not. For example, goal setting is an effective way to increase motivation and enable people to create the changes they may desire. It also introduces structure and a way of helping people manage and meet their expectations. We looked at how people's goals and aspirations were recorded and reviewed and how this linked to activity planning, development of learning and exploring new activities and challenges. The records we looked at showed that planning and review of goals was not well developed because they often did not refer to future goals, or map any actions needed to meet those goals. For example, few current goal plans were in place and, of those looked at, the most recent reviews did not reflect previous reviews to track progress or inform whether goals remained relevant or if changes needed to be made. When we looked at individual activity planners, some had not been updated for over a year. Where care plans identified pictorial communication prompts may be of benefit, activity plans and discussions about future goals and plans were not presented in this way.

Care and treatment was not planned with a view to achieving agreed goals. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they did not have any complaints and did not wish to make any. They told us they knew the staff, the registered manager and provider by name and were confident that, if given cause to complain, it would be resolved quickly. The complaints procedure was displayed;

however, it did not include the contact details of the local authority or the Local Government Ombudsman. Where some people may have benefitted from an easy to read format, the complaints process was not available in this style and therefore its accessibility did not meet the needs of each person.

The provider had not established an effective system for dealing with complaints. Information about who people could make complaints to was incomplete. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Two people had moved into the service since the last inspection. Pre-admission assessments were completed to ensure that the service was able to meet their individual needs and wishes. People had visited the service with increasing frequency before they moved there to help them become familiar with it, the staff and other people. This helped them to decide if they wanted to move there. Care plans were then developed from discussions with people, observations and the assessments.

Care plans contained information about people's wishes and preferences. Some people had signed documents within their care plans as confirmation that they agreed with the content. Some pictures and photographs had been used to make them more meaningful. Care plans contained details of people's preferred morning and evening routines, such as a step by step guide to supporting the person with their personal care in a personalised way. This included what they could do for themselves, however small and what support they required from staff. For example, about elements of personal care that people could do independently. There were behaviour support plans and risk assessments about the support people needed when they became distressed and challenging towards staff or others. Care plans gave staff an in-depth understanding of the person and staff used this knowledge when supporting people. Care plans reflected the care provided to people during the inspection. Each person had a day book which reflected what they had done, their mood and events of importance.

Health action plans were also in place detailing people's health care needs. The plans contained detailed and specific information, including input from health and social care professionals where necessary. This had helped to ensure that health conditions were monitored and appropriately reviewed when needed.

## Is the service responsive?

Care plans were reviewed continually to ensure they remained up to date. People told us they had an annual review meeting with their social worker, their family or an advocate and staff, where they could discuss their care and support. People told us they thought they received the support they needed.

People had some opportunity to provide feedback about the service provided. The registered manager worked alongside staff, so was able to see and hear feedback from

people. The registered manager told us that in the past relatives had completed quality assurance questionnaires, but these were discontinued, in part because of a lack of response, but also because the service maintained in regular contact with relatives.

The service had developed links with local church groups. People's religious beliefs were supported; they knew they could go to church or see the minister if they wanted to.

# Is the service well-led?

## Our findings

Staff and people were positive about the registered manager and provider, describing them as “Friendly, approachable and supportive.” People felt involved in the service and staff encouraged people’s suggestions and ideas. Examples included taking part in meetings where things like decoration, improvements to the home, holidays, activities and food choices were decided. Staff felt the provider and registered manager listened to their opinions and took their views into account. One staff member told us about their idea that was taken forward by the service to help with the administration of medicines. However, we found some areas in how the service was managed which required improvement.

The registered manager and provider undertook regular checks of the home to make sure it was safe and remained serviceable. However, these had not identified a lapsed certificate intended to make sure the electrical wiring in the home was safe, or that some unregulated hot water taps presented a risk of scalding. Audits did not identify that people’s goals and aspirations were not well managed or that some medication practices did not support safe administration. Planning around training did not clearly identify when refresher training was required or that some had become overdue. In addition, safeguarding incidents warranting notification to the local authority had not been made and the service had not recognised the need to consider DoLS applications for people at the service. The concerns identified illustrated that the quality assurance measures currently in place were not fully effective.

This inspection highlighted shortfalls in the service that had not been identified by monitoring systems in place. The failure to provide appropriate systems or processes to assess, monitor and improve the quality and safety of services was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Methods of how the service assessed and monitored the quality of service were limited and mainly by verbal input. Systems were not in place to gain the views of visitors to the service, including social and health care professionals, which may have helped inform changes or reviews of working practice. We have identified this as an area that required improvement.

Policy and procedure information was available within the home and, in discussion; staff knew where to access this information and told us they were kept informed if changes were made. However, when we reviewed the policies we found most had not been updated to reference the 2014 Health and Social Care Regulations. We have identified this as an area that required improvement.

The service had a clear commitment to the people they supported and a published objective and client charter. This was ‘Our objective is to offer a life style satisfactory to the user, continuing physical , cognitive, personal and social development at the appropriate level and to promote inclusion in the usual activities of the community. Amber House provides a stimulating, structured yet relaxing environment for its residents. By providing a high quality service, offering support and understanding so as to enable each individual to reach their full potential and participate as full and equal members of our society. The aim of the service is to provide a residential care service within our home which meets the needs of vulnerable adults. That all clients have the right to exercise those freedoms they have previously enjoyed. To enable each individual to reach their fullest potential by encouraging and offering our fullest support at all times to participate as a full and equal member of our society. To offer a lifestyle satisfactory to the user, continuing physical, cognitive, personal and social development to help vulnerable adults overcome or compensate for the disability, offering a quality of life, and a comfortable, secure home to live in’.

The registered manager told us that the values and commitment of the home were embedded in the expected behaviours of staff and were discussed with staff and linked to supervisions and appraisals. Staff told us the values and behaviours included treating people as individuals, being respectful, teamwork and supporting people to live a fulfilled life. Staff recognised and understood the values of the service and could see how their behaviour and engagement with people affected their experiences living at the home. We saw examples of staff displaying these values during our inspection, particularly in their commitment to care and support and the respectful ways in which it was delivered.

People we spoke with knew the different roles and responsibilities of staff and who was responsible for decision making. Observations of staff interaction with each other showed they felt comfortable with each other

## Is the service well-led?

and there was a good supportive relationship between them. Staff felt they worked together to achieve positive outcomes for people, for example, discussing outings or the health of a person who was unwell and suggested actions.

Staff told us that and records confirmed that the culture within the service was supportive and enabled staff to feel able to raise issues and comment about the service or work

practices. They said, if needed, they felt confident about raising any issues of concern around practices within the home and felt their confidentiality would be maintained and protected by the registered manager.

The registered manager received support from a consultancy service for employment law and health and safety matters around the service as well as updates and newsletters from organisations such as Skills for Care. This was intended to help the service keep up to date with changing guidance and legislation.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The provider had not ensured care and treatment was planned with a view to achieving people's goals and preferences and ensuring their needs were met. Regulation 9(3)(a)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Care and treatment of service users must only be provided with the consent of the relevant person, if the service user is unable to give consent because they lack capacity, the registered person must act in accordance with 2005 Mental Capacity Act. Regulation 11 (1-5)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered provider had not taken steps to ensure that care and treatment was provided in a safe way for service users including the proper and safe management of medicines. Regulation 12 (1)(2)(g)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

This section is primarily information for the provider

## Action we have told the provider to take

People were not protected from the risk of abuse because systems and process were not operated effectively. Incidents warranting referrals were not made to the Local Authority Safeguarding body. Regulation 13(1)(2)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

The registered person had not ensured that the premises were safe properly maintained; safety measures were not up to date or always in place. Regulation 15 (1)(e)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The Provider must operate effective and accessible systems for identifying, receiving, recording and handling complaints and maintain a record of all complaints, outcomes and actions taken in response to complaints. Regulation 16 (2)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes must be established and operated effectively to assess and improve the quality and safety of the services provided, assess, monitor and mitigate risks and evaluate and improve practices. Regulation 17 (1)(2)(a)(b)(c)(e)(f)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

## Action we have told the provider to take

The registered person did not have sufficient numbers of suitably qualified, competent, skilled and experienced persons. The persons employed by the service provider in provision of the regulated activity did not receive appropriate training to enable them to carry out the duties they are employed to perform. Regulation 18 (1)(2)(a)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Recruitment procedures were not established and operated effectively to ensure that information was available in relation to each such employed person specified in Schedule 3. Regulation 19 (3)(a)