Mrs Pauline White

Amber House - Great Yarmouth

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 09 and 10 June and was unannounced.

Amber House is registered to provide accommodation, care and support for up to 22 people with learning disabilities. At the time of our inspection 14 people were living in the home, one of whom was receiving respite care.

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.

Processes were in place to ensure that only those suitable to work in health and social care were employed. Staff received an induction and on-going training. Staff were supported and received regular supervision and annual appraisals.

The service encouraged a respectful, friendly and welcoming culture that was mutually supportive. Staff demonstrated professionalism, patience and compassion when interacting with those they supported. Staff, and the people living in the home, were aware of professional boundaries. People had privacy and staff demonstrated that they promoted dignity, choice and independence.

Staff understood the types of abuse people could experience and knew how to report any concerns they may have. The service had processes in place to manage any safeguarding issues and contact details for the local safeguarding team were on display.

People received their medicines as prescribed and the service managed, stored and audited medicines appropriately.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service demonstrated that they worked within the principles of the MCA. Staff had received training in this and could give us basic information on how this was applied. People who used the service had support and encouragement to make their own decisions. There were DoLS authorisations in place and the service understood the principles of the safeguards.

People and, where appropriate, their relatives, had been involved in planning the support they required. Support plans were in place that were detailed and individual to each person and staff demonstrated that they knew the life histories, support needs, likes, dislikes and preferences of those they supported. People told us their needs were met and the relatives we spoke with agreed.

People were supported and encouraged to participate in activities in the home and in the community. Many

of the people accessed day services in the community and some had part time employment locally.

People's nutritional needs were met and the service monitored people's food and drink intake where necessary to ensure their wellbeing. People had access to healthcare professionals as required and staff supported people to attend appointments. Robust recording was in place regarding this that identified the treatment each person had received, any actions required and any follow up treatment needed.

The manager had robust and effective systems in place to monitor the effectiveness of the service and the safety of the premises. The manager was visible in the service was valued and respected by people living in the home and the staff.

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.

Staff had received training in safeguarding and were able to demonstrate the correct procedures for reporting any incidents of suspected abuse.

The service had processes in place to ensure that only suitable staff were employed. There were enough staff to meet people's needs in a person-centred manner.

The risks to individuals had been identified and managed.

People received their medicines as prescribed and medicines were stored and managed safely.

Is the service effective?

Good

The service was effective.

People were supported by staff that were well trained and supported in their roles.

The service understood the principles of the MCA and the MCA DoLS and worked within them.

People received enough to eat and drink and their individual nutritional needs were met. They received support to access healthcare professionals as required.

Is the service caring?

Good

The service was caring.

People were treated with respect and staff had developed open, honest and trusting relationships with them.

Support plans were developed with the people who used the service and, where appropriate, their relatives.

People had privacy and staff understood the importance of maintaining and promoting people's dignity, choice and

independence.

Is the service responsive?

Good

The service was responsive.

Support plans were individual to each person and their needs were met in a person-centred way.

People had support to participate in the activities they enjoyed.

The service had procedures in place to address complaints. The people who used the service, and their relatives, had confidence that the service would listen to any concerns they may have.

Is the service well-led?

Good

The service was well led.

The service had an open, supportive and friendly culture that encouraged improvement and development.

The manager had effective auditing systems in place to monitor the quality, safety and effectiveness of the service.

The service listened to people's views and adopted suggestions for improvements.

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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 09 and 10 June 2016 and was unannounced. It was carried out by one inspector.

Prior to this inspection we reviewed information we held about the service. We reviewed statutory notifications we had received from the service. Providers are required to notify us about events and incidents that occur in the home including deaths, serious injuries sustained and safeguarding matters.

During the inspection we spoke with six people living in the home. We made general observations of the care and support people received at the service throughout the day. We also spoke with the registered manager and three care staff. We reviewed four people's care records and medicines administration record (MAR) charts. We viewed three records relating to staff recruitment as well as training, induction and supervision records.

We also reviewed a range of management documentation monitoring the quality of the service.

Good

Is the service safe?

Our findings

People living in the home were supported by staff who had been well trained in safeguarding procedures. Staff were able to tell us what constituted abuse, what signs they might see that would indicate someone was subject to abuse and how they would report it. Staff told us that they knew people well and would be able to spot any changes in behaviour or presentation that might indicate a problem. They told us that they would report any concerns to the senior on duty or the manager.

People living in the home had attended safeguarding awareness courses at a local day services facility. People we spoke with told us that they felt safe but if they had any concerns for their safety that they would speak with staff. One person told us, "If I was worried, I would talk to my keyworker". Another person told us, "I feel safe" and if they didn't feel safe they would talk to staff.

We saw in people's care plans that the service had assessed potential risks to people's welfare. The risk assessments detailed what the risk was, the level of the risk and the actions needed to mitigate the risk.

Staff told us how they supported people who displayed behaviours that might challenge or be a risk to others. They told us that they knew the people living in the home very well and would be able to recognise when the person became unsettled. They told us that there was a care plan in place to support people when they became distressed and that they always tried to gently diffuse the situation and reduce the risk posed to others.

One person had been assessed as being at risk of choking on their food and we saw that the speech and language therapy service had been involved and had provided a care plan for the person. Part of this care plan was that staff trained in first aid and emergency choking procedures were available on every shift. We saw a wipe dry board next the kitchen area which was updated daily with details of staff on duty who had first aid training.

The service had risk assessments and care plans in place for people who periodically displayed behaviours that might challenge others. The risk assessments included what the triggers were for the behaviours, when they were most likely to happen and how to manage them. We also saw that the service had consulted outside agencies for advice in managing the behaviours.

People who were at risk of developing pressure areas were monitored carefully. Appropriate equipment was in place to reduce the risks of them developing pressure areas and repositioning charts were consistently completed. The repositioning charts employed a coding system related to different positions to reduce the risk of pressure areas developing. Charts were in place to monitor people's fluid intake where necessary and these were also comprehensively completed.

The risk assessments and care plans had been regularly and recently reviewed to ensure that they contained accurate and up to date information and guidance for staff.

We looked at staff files and saw that all new staff had undergone appropriate checks before they commenced work. We saw that the service had obtained references and full employment histories for new recruits and staff files contained proof of identity and a photograph of each member of staff.

The manager told us that staff numbers were determined by the needs of the people living in the home. They did not use a formal dependency tool but knew the needs of the people living there and how many staff would be needed at any particular time of the day. At the time of our visit there were two care staff, two domestic staff and the manager on duty.

We saw that people received their medicines safely and as prescribed. We looked at the medicines administration record (MAR) charts and saw that they were consistently and accurately completed and that the quantities held matched the expected levels in the records. Staff had received training in medicines administration that was regularly reviewed. Staff wore a tabard when they were administering medicines to remind people and colleagues to avoid distracting them to reduce the risk of them making mistakes.

Medicines were stored appropriately in a locked trolley and controlled medicines would be stored in a locked cabinet in a locked room in accordance with legislation. Some medicines required refrigerated storage to ensure their effectiveness. We saw that the service consistently and effectively monitored the storage temperature for these medicines.

Each person's MAR chart contained a photograph of the person to aid identification which helped ensure that medicines were given to the correct person if new staff were on duty. Protocols were in place for 'when required' medicines to ensure that people were given these medicines when they needed them and in the way that they preferred.

A local pharmacy regularly audited the medicines records, storage and staff training to identify any issues and these we saw that when issues arose they were promptly and effectively dealt with by the manager.

Good

Is the service effective?

Our findings

People living in the home were supported by sufficient numbers of well trained staff. We saw that staff had received mandatory training in areas such as fire safety, first aid, safeguarding, health and safety, food hygiene, medicines administration and end of life care. We saw that the training was all up to date and was regularly refreshed. The manager used a system to monitor staff training and ensure that it was refreshed when needed. Staff received a comprehensive induction and on going support from the manager and they had regular supervision. Staff told us that they received sufficient support prior to commencing work with the people living in the home and that the manager explained tasks to them. One person told us, "Staff are good." Another person told us, "Staff know what help I need."

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 in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty was being met.

Staff had a basic knowledge about supporting people to make their own decisions when necessary. They told us they sought people's consent when offering them support and respected their wishes if they declined. Staff were able to explain how they applied the principles of the MCA in respect of people living in the home. One person told us, "I can do what I want." We saw staff asking people's consent before they acted. For instance, we observed a member of staff administering medicines at lunchtime and saw the staff seeking consent from people before handing their medicines.

The provider had followed the requirements of the DoLS and applications to the local authority had been made in respect of some individuals whose freedoms had been restricted in order to help keep them safe. We saw records of assessments of people's mental capacity that had been carried out appropriately. We saw that the service had applied for DoLS for one person and the relevant paperwork was present in their file. We saw that staff were fully aware of the implications of the DoLS for this person and used it to reduce the risks to the person without not restricting their freedom unnecessarily. There was also information to guide staff on what would be in this persons best interests and why. Staff were able to explain to us how they arrived at best interests decisions and how they provided care and kept people safe in the least restrictive way. This told us that the service was operating with the principles of the MCA.

People living in the home were supported to have enough to eat and drink and to consume a healthy diet. There was specific guidance where appropriate, such as care plans regarding healthy eating for people living

with stomas. Food and fluid charts were in place for people at nutritional risk. There was information available to staff regarding how to support people who were at risk of choking including what foods were appropriate to their needs and how much fluid thickener was needed for them. People told us that they had choices with their food. One person told us, "The food is good." Another person told us that they had choices about what they ate.

At the time of our inspection there was a delivery of groceries to the home. We noted that there was a range of fresh fruit and vegetables in the shopping delivery and available in the kitchen. We observed a lunchtime period and noted that people were able to assist staff in preparing their own lunches and had choices in how they prepared them.

People told us that they had good access to see health professionals when necessary. For example, people were supported to access GPs, visiting community nurses and dentists when they needed to. We saw hospital passports in people's care plans which gave details of people's needs to inform hospital staff when they needed to stay in hospital. We noted that referrals had been made to health services when people needed them such as referrals to speech and language therapy and learning disability support teams. One person told us, "I would tell staff if I wanted to see the doctor."

Good

Is the service caring?

Our findings

People told us the staff were caring. One person told us, "Staff are good." Staff clearly knew people well. One person told us, "If there's a thunderstorm, staff will come and make sure I'm alright." Staff we spoke with were able to tell us detailed information about the needs of people. One person we spoke with told us, "Staff are alright, they know what help I need". Another person told us that the staff looked after them well. A further person told us that staff knew what help they needed and that they help them when they needed it.

We noted that one person who was being cared for in bed had a screen positioned between them and the open door to their room. We asked staff about this and were told it was maintain the person's privacy. They also said it enabled their door to be left open during the day for ventilation and the person didn't want to feel excluded from the activity in the home.

We observed staff speaking with people and noted that the interactions were warm, friendly and respectful. We noted the manager chatted with a person who lived in the home about a book they were reading. The manager used language that enabled effective communication between them and the person.

Each person living in the home was assigned a keyworker. We saw records of the meetings between people and their keyworkers that were held monthly. The records showed that people were asked what they thought about the home, whether they had any concerns, any complaints, how their day service was going and discussed their relationships with other people living in the home. People told us that they valued their relationship with their keyworker. We saw that people signed the record of these keyworker meetings. Staff told us that a person's keyworker acted as advocate for them but that professional advocacy workers were also available should the person require this.

We saw in their care plans how people were involved in planning their care. People told us how that they felt able to tell staff what help they needed and felt listened to. Staff we spoke with confirmed this. We saw copies of surveys of relatives views which also reported how they had been involved in planning care for their family member.

The care plans contained detailed information on what support people needed to maintain their independence including what personal care tasks they could manage and what support or encouragement was needed in other areas. The service clearly promoted people's independence and had carried out risk assessments to keep people safe when they went out on their own. One person had a part time job locally and travelled there on their own. We noted that people living in the home assisted staff with hanging out the laundry and preparing lunch. One person told us that they did their own laundry.

People told us that staff promoted their privacy and dignity. One person told us that they preferred to have a bath on their own. They told us that staff closed the bathroom door to give them privacy while they have their bath. Another person told us that staff washed their back in the bath and then left them to enjoy their bath in private as had been agreed.

People were encouraged to maintain relationships with people who mattered to them. One person was able to visit their relative who lived nearby and occasionally went to stay with another family member. We noted that the service had carried out a risk assessment around this to manage the person's health problems while they stayed with their relative. Copies of surveys showed us that relatives felt welcomed at the home whenever they visited and that they were complimentary about the standard of care in the home.

Good

Is the service responsive?

Our findings

We noted in the entrance area of the home that there was a noticeboard with information about activities that were coming up along with photos of previous activities involving people living in the home. People told us that there were lots of parties and that they had the opportunity to dress up for the parties which they enjoyed. Some people told us that they wished that there were more activities whereas others told us that there was plenty to do. People told us that they went for walks on the seafront which was very close to the home. They also told us that there were often games on a Saturday afternoon. The service had consulted with the people living in the home about what activities they wanted to do and had introduced these. Staff told us that they had tried to organise these activities but that people appeared to quickly lose interest.

We spoke with the manager about this and they told us that they had tried to arrange activities but people's interest didn't last long. They told us that people preferred to amuse themselves by listening to music, going for walks or watching tv. They told us that volunteers visited the home every two weeks to encourage people to participate in activities. This told us that the service was attempting to provide activities for people but enabled people to express their choices about how they spent their leisure time. The manager told us that they would look again at providing more activities for people.

Staff told us that people could involve who ever they wanted to support them in the review of their care. We saw in the surveys of relatives that people's families were fully involved in planning people's care and supporting them in making decisions about their lives. Staff confirmed that people were involved in planning their care and that their opinions were ascertained during the key worker meetings. Staff told us that the keyworker role enabled them to, build up a rapport with people." People told us that they were part of planning their care, for instance one person told us how they had expressed what amount of support they wanted when they had a bath.

We saw that the care plans were individualised and contained information for staff to be able to provide for the specific needs of each person. Staff were able to tell us about the specific needs of people. This told us that that the service provided responsive person centred care to the people living in the home.

The majority of the people living in the home accessed day services during the week. The number of days depended on the wishes of the person. One person was only attending day services for three days per week because that was all they wanted. Another person had a part time job locally. The hours that they worked had reduced over recent years as their health had changed but they told us that they thoroughly enjoyed their work. We saw in the reports of meetings between people and their key workers that these explored whether people were happy with their day service provision.

We saw records of surveys that had been carried out for people living in the home, their families and visiting professionals. The surveys were all recent and had been analysed by the manager to ensure that concerns were identified and acted upon.

We saw the complaints log although there appeared to have been very few complaints made to the service. There was a complaint form available to people living in the home in easy read and standard formats. Staff told us that they supported people to raise concerns during key worker meetings so that they were enabled as much as possible to make a complaint if they wanted to. We saw evidence of this in the keyworker meeting reports that were held monthly with people where people were reminded that they would be supported if they wished to raise any concerns. People were aware of how to make a complaint. One person told us that they would raise any complaint with the manager and that they felt the manager would listen to them. This told us that the service encouraged and facilitated people to complain if they wished to.

We saw in the complaints log that the service had thoroughly investigated any complaints that had been received and had taken the appropriate action. The manager told us that if they weren't sure how to deal with a complaint that they would seek advice from the provider or local business support organisations that they were involved with.

Good

Is the service well-led?

Our findings

We saw that there were meetings for staff every six months and that staff were able to raise concerns and suggest changes. Staff we spoke with confirmed that the meetings were a two way process. They told us that the manager listened to them and took on board suggestions for service improvement. They also told us that the manager modelled good practice within the home and explained care procedures to staff, particularly new members of the team. Another staff member we spoke with told us that the manager was supportive and that they had, "Good relationships with staff."

Staff told us that they understood how to whistleblow if they needed to and were able to tell us how they would do this if necessary.

People living in the home told us that the manager was visible in the service. During our visit we noted that the manager had a good relationship with people living there. They clearly knew all the people and their needs well. One person told us, "[Manager] listens to me." Another person told us that they felt the manager would listen to their concerns or complaints.

Throughout our visit the manager was visible and available to staff and people living in the home.

Incidents and accidents were reported, recorded and analysed appropriately to identify any patterns as a means to reduce the likelihood of them happening again.

There was a registered manager in post and the registration certificate was clearly displayed in the entrance area to the home. The manager was supported by deputies who told us that they had been supported to develop in their role. The manager told us that they had strong support from the owner who lived near to Amber House. We saw evidence that the service was meeting its responsibilities in terms of notifying us of any serious incidents and deaths at the home.

The manager told us that resources were available to them to develop the service. For instance, due to reduced numbers of people needing the type of care the service had traditionally provided, they were looking at new ways to develop. One area they were looking at was to provide supported living in the part of the home that had recently been closed. The service was looking to provide accommodation for people to develop independent living skills before they moved to live on their own in the community.

We saw records of the environmental audits maintained at the home. We saw that the manager had a good overview of the environment of the service. Gas safety, fire equipment, portable electrical equipment, and other equipment had been regularly and recently checked and found to be in order.

Staff received annual appraisals to check on their progress and to identify areas for development. The manager also had a good overview of the training needs of staff and we saw a print out of this on view in the office at the home. The print out showed when staff had completed training and when training was due to be refreshed. There was also a timetable for staff supervisions.

The service was working well in partnership with other agencies. We saw numerous records of visits by health and social care professionals such as the community learning disability nurse and speech and language therapists. Professionals had provided advice to the service which was then incorporated into people's care plans. The manager had also sought the views of visiting professionals via surveys on how they found working in partnership with the service. These surveys were regularly audited and the findings were then used to improve the service.