

PWS Care Ltd

Amber House

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Is the service well-led?	Inspected but not rated
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Summary of findings

Overall summary

Amber House is a home providing care and support to people with Prader-Willi Syndrome (PWS). Prader-Willi syndrome is a rare genetic condition that causes a wide range of physical symptoms, learning difficulties and behavioural problems.

Amber House is established over five floors and had two large communal areas, along with a large garden space. Amber House can provide support for up to seven adults and at the time of inspection, there were seven people living at the home.

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

Risk assessments were completed and provided staff with clear guidance in how to enable and support people to safely take part in events which interested them. This promoted people's independence, choice and control of their day to day activities. One relative told us, "[Person] has come on leaps and bounds since living here. They are always safe and well, and I have no concerns."

Staff demonstrated good knowledge of safeguarding and how to recognise the signs of abuse or neglect. Staff had reported concerns when necessary and reported to feel confident in doing so. Staff and management had engaged appropriately with the local authority and other external bodies when needed.

People spoke positively about the running of the service and approachability of the management team. People had the opportunity and felt able to raise concerns, and were assured these would be listened to and acted upon.

The registered manager and senior team had undertaken audits in order to recognise patterns or trends in accidents or incidents. This enabled them to put measures in place to minimise risk and aid learning and development of staff.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence. The service encouraged people to be involved in activities in the home. For example, people were encouraged to be part of the cleaning regime and some people were able to assist in meal preparation with support from staff.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights. Staff knew people well and we saw they treated them with respect and dignity. People's care plans highlighted what they liked and disliked, and support was unique to their wishes.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. People told us that they had regular house meetings where they could discuss any concerns that they may have and give their view on the support they received. People spoke fondly of the management and staff.

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

Rating at last inspection

The last rating for this service was good (published 11 July 2019).

Why we inspected

We undertook this targeted inspection to check on a specific concern we had about risk assessment and management within the home. The overall rating for the service has not changed following this targeted inspection and remains good.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Amber House

Detailed findings

Background to this inspection

The inspection

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

This was a targeted inspection to follow up on a specific concern we had about assessment and management of risks. We were concerned guidance to minimise risk was not being followed by staff and that systems and processes were not robust enough to mitigate risks to people.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period of notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us. Due to the on-going pandemic, we also needed to know about the provider's infection control procedures to make sure we followed their visiting procedures.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and one relative about the experience of the care provided. We spoke with four members of staff including the registered manager, a senior care worker and care workers.

We reviewed a range of records. This included three people's care records and risk assessments. We also looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke to two more relatives. We also sought feedback from two medical professionals who have regular contact with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about risk management. We were concerned guidance in place was not being followed and that systems and processes were not robust enough to mitigate risks to people. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

- People's care records contained in depth risk assessments to keep people safe. Risks to the environment had been considered as well as risks associated with people's health and care needs, including eating behaviours associated with PWS and falls.
- Risk assessments gave clear, structured guidance to staff detailing how to safely support people. For example, there were robust instructions how to help a person experiencing distress using techniques personalised to them. There were also details of how to recognise the signs of this behaviour and how to prevent it.
- People were supported to have choice and control in their day to day activities, despite this involving some risks. For example, accessing the community and engaging in relationships.
- Staff knew people well and how best to minimise risk. We observed kind and warm interactions between all staff and people. One person told us, "I like staff to know me and not my care plan. Staff do take the time to get to know me."

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the service. One person told us, "Yeh, I do feel safe. Nothing to complain about." Another person told us, "Staff keep everyone safe."
- Staff had undertaken safeguarding training and demonstrated a good awareness of what to do if they had any concerns about people's safety. One staff member told us, "People come first, and I would be straight to management if I had any concerns about anyone."
- The registered manager had a good understanding of their responsibilities and how to protect people from the risk of abuse. There had been recent safeguarding investigations carried out by the local authority and police. We saw evidence staff had assisted and complied appropriately with investigations.
- People were supported to keep themselves safe. We saw specific safety plans as part of people's care plans, which included how to keep safe in the community and ways staff can support them in times of distress.

Preventing and controlling infection

- The service was clean and tidy. People were encouraged and supported to be involved in the cleaning regime of the home, which they reported to enjoy. A relative told us, "They have done a marvellous job

throughout COVID. Always having activities and keeping people busy."

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.
- We saw specific details and any follow up action to prevent a re-occurrence was recorded. This included a reflective session during the monthly team meetings for staff to discuss concerns and share learning from incidents that have occurred.
- Accidents and incidents were analysed by management to look for any trends or patterns and raised with the relevant statutory bodies if required, for example the Local Authority.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about risk management and the governance of this. We were concerned that systems and processes were not robust enough to mitigate risks to people. We will assess all of the key question at the next comprehensive inspection of the service.

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

- People reported that the registered manager and senior team were approachable and always available should people have concerns. One person told us, "I can go straight to [registered manager] or [director] and they listen to me."
- Audits were carried out by the management team. This included audits of accidents and incidents, and infection prevention and control. A recent audit of accidents and incidents had identified a pattern of behaviour for one person at a certain time of day. Measures had been put in place to offer additional support to this person, with positive results.
- Staff felt supported in their role and told us they receive regular feedback about their practice. One staff member told us, "Management are brilliant. We have regular team meetings and supervisions. I can always raise concerns if I need to. I feel supported and this is the best home I've worked in."
- Policies and procedures were in place to provide clear guidance and direction for staff. The service had recently adopted a new way of reviewing and amending their policies, and we saw up to date guidance to support staff.