

Accord Housing Association Limited

Amber Wood

Inspection report

Belvedere Road
Burton upon Trent
DE13 0QL

Date of inspection visit:
25 November 2019

Date of publication:
04 February 2020

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

About the service

Amber Wood is a residential care home providing personal care to 28 people aged 65 and over at the time of the inspection. The service is registered to support up to 45 people over three units known as 'households'. People's experience of using this service and what we found

Staff were aware of people's risks, and plans were in place to mitigate known risks. People were supported by sufficient numbers of trained staff. People told us they got their medicines on time and medicines were stored and administered safely. Infection control measures were in place and lessons were learnt when things went wrong.

People's needs were assessed before moving into the service and these assessments were used to create care plans that were reviewed regularly. People were supported to maintain a healthy diet and had access to health care when they needed it. People were supported by staff in the least restrictive way possible and in their best interests, and policies and procedures supported this.

People were supported by staff that knew them well and involved them in decisions about their care. Staff promoted people's dignity and independence.

The registered manager regularly reviewed the quality of the service and encouraged people, their families and staff to feedback about the quality of the service.

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

Rating at last inspection

This service was registered with us on 27 November 2018.

Why we inspected

This is the first inspection.

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.

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Amber Wood

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.

Inspection team

This inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Amber Wood is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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.

During the inspection

During the inspection we spoke with eight people, three carers, two senior staff members and the registered manager.

We looked at five recruitment files and four care plans. We looked at several people's medicine records (MAR) and recording of accident and incidents. We looked at various audits relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and staff had received training in how to recognise the signs of abuse.
- People told us they felt safe living at the service, with one person saying, "I feel safe here, not worried or frightened."
- Staff we spoke with told us they knew how to report any sign of abuse or issues within the service. One staff member told us, "If I saw any sign of someone potentially being abused I would report it to the manager, and also we can report it to the local authority safeguarding team. We have a whistleblowing system as well to raise any concerns about anyone's safety and know we can report things to CQC too."

Assessing risk, safety monitoring and management

- People's known risks were assessed prior to moving in and used to create people's care records for staff to follow.
- People's care files and risk assessments contained information for staff to refer to in regards to how to support people safely.
- Care files included information about what people could do for themselves or needed support with. This meant staff could promote people's independence whilst keeping them safe.

Staffing and recruitment

- People were supported by sufficient numbers of staff. One person told us, "It's very pleasant and I am quite settled. Everything gets done, and there is enough staff." Staff told us they felt there were enough staff to keep people safe. One staff member said, "Yes, I think there are enough of us without us having to rush around."
- People were supported by staff who had been recruited safely. Records showed that appropriate pre-employment checks had taken place.

Using medicines safely

- People received their medicine from staff who had been trained to administer medicines safely.
- People had their medicines in their own locked cupboard in their rooms, and staff told us they preferred this. One staff member explained, "It is much more like normal life than a medication trolley round."
- We saw people being offered 'as required' medicines. Protocols were in place for 'as required' medicines and we saw these contained information for staff to assess if someone might be in pain or require their medicines if they were unable to tell them.

- Staff told us a recent move to an electronic system for the administration of medication had been positive. One staff member said, "The new system is a lot better as there's less chance of us making a mistake."

Preventing and controlling infection

- The risk of infection was reduced due to infection control processes being in place.
- Staff used personal and protective equipment (PPE) such as gloves and aprons when delivering personal care.
- Cleaning schedules were in place and infection control audits took place to reduce the risk of infection.

Learning lessons when things go wrong

- Accidents and incidents were regularly audited by the registered manager. Various tools were used so people could be referred to other professionals if required, and to reduce the chance of future incidents. A trend was noticed with one person who was regularly falling through the night when using the bathroom, so extra monitoring was put in place which reduced the number of falls for this person.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed along with their choices and preferences. These were recorded in people's care plans to help staff support them in line with their preferences. Assessments included details of people's religious or cultural preferences and included information about their personal background.
- Staff had a good understanding of people's needs and preferences. We saw friendly, relaxed interactions between staff and people. One relative said, "The staff know [person's name] really well, and we often visit and find them laughing and joking together."
- People had a choice of a keyworker to support them. A one-page profile was used to help them decide who they would like to support them. One staff member told us, "The one-page profiles are good because it can match us with people who have the same interests as us. This makes it easier to make conversation with them, although sometimes people choose you because they like your hair, but it doesn't really matter as long as they get the choice of who they want."
- People's care files were reviewed regularly and updated if needed.

Staff support: induction, training, skills and experience

- People were supported by staff that had received an induction and ongoing training. One staff member told us, "I had an induction, and had shadow shifts with a senior member of staff until I felt ok doing things on my own. Then we have other training that's done every year or if anything changes."
- One relative told us they felt staff were well trained. They said, "Staff are well trained; I know because I observe them."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet.
- People told us, and we saw that they were offered choice of meals. One person said, "We get to choose what we have and can have something else if we don't want it when it comes."
- The service used a food company to prepare, cook and deliver hot meals to the service. Whilst this was positive for most people, we saw on one household that most people had chosen not to eat one of the options and preferred another choice which there was only just enough to go around. We were also told by staff there were issues with choices of desserts for those with diabetes. This was fed back to the registered manager who assured us they would discuss this with the food delivery company.
- Reports were run regularly to check people were drinking enough fluids to maintain their health. Where this hadn't happened, people were encouraged the next day to drink more and if they still weren't hitting their targets then this was escalated to the GP.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and their relatives told us staff supported people to access the GP and other health professionals when needed. One relative said, "The staff call the GP when needed without any hesitation. They know [family member] so know when they're not well."
- The registered manager told us they worked closely with other professionals to ensure that people's move into or out of the service was smooth and as stress-free as possible.
- Staff told us they worked with other health and social care professionals to ensure they supported people in the right way. One staff member told us, "If we think someone's needs are changing we report it and then the person can get assessed by an occupational therapist for different equipment to help them, or sometimes we might need to get the social worker out. "
- Reports were run to check whether anyone who had been seen by a health professional had received any follow up care or this needed to be chased.

Adapting service, design, decoration to meet people's needs

- The service was purpose built in 2018 to Stirling standards. The Stirling standards were developed by the University of Stirling to champion the importance of design in creating spaces for people living with dementia. The service was recently inspected and are currently working on attaining a Gold standard.
- People's bedroom doors were different colours, with either their names or familiar pictures for that person to assist them in finding their own rooms.
- Bathroom mirrors had roller blinds to cover them as some people living with dementia no longer recognise their reflection and can cause upset.
- We noted that the activity timetable was on display but was placed high up on the wall and the print and symbols were in a small font. The registered manager stated she would get this lowered so people could see it properly.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the 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 had the appropriate legal authority and were being met.

- People's capacity was assessed and where people did not have capacity, assessments were completed, and best interest meetings had taken place.
- Applications to deprive people of their liberty were submitted to the local authority where required.
- Staff had a good understanding of how to support people living with dementia. One staff member told us, "Supporting people with dementia is about helping them to make decisions when they can't do it by themselves. We have a lot of people here that struggle with big decisions but given a little bit of help they can choose their own clothes or what they want to do."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were kind and caring and knew them well. One person told us, "I am happy and there are people to help. I think of them [staff and residents] as an extended family. I couldn't manage without them. We have a laugh and a joke and nobody is nasty to me. The staff aren't ordinary people, they are angels. They are always pleasant in the mornings and smiling."
- Staff were knowledgeable about people's preferences and what was important to them. We observed staff talking to people about things they were interested in and they knew their religious or cultural preferences.
- One person was showing anxiety throughout the inspection and was disturbing other people. We saw staff re-directed them and supported them to do an activity in a discreet and kind way.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff knocked on doors prior to entering and said who they were so people knew who was coming in.
- People's care plans contained information regarding the tasks or decisions people could carry out for themselves. Staff were able to tell us about the support people needed. One staff member said, "Sometimes people can do things for themselves and other days they can't; we just support them a bit more on the days that they struggle. We use prompting and encourage them to help them save some of their independence." This ensured people were able to maintain as much independence as possible.

Supporting people to express their views and be involved in making decisions about their care

- People chatted with staff and expressed to them where they were going to sit, if they wanted to do any activities and also what food they wanted. We saw these were relaxed conversations with patience shown by staff.
- People and their relatives were involved in the planning of their care and were involved in reviews and discussions when things changed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was personalised to their needs and preferences. Care files had details of people's protected preferences such as their religion and culture. This ensured staff were aware of people's diverse needs and supported people according to these preferences.
- People's daily routines were recorded so staff could support them in their preferred way.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carer's.

- Information about the service was available in different formats upon people's request.
- People's communication needs were assessed and care plans included this information so staff were aware and could support people in their preferred way.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People had access to activities in the home and there was an activity coordinator. We saw that reminiscence boxes had been created using information from care plans and family to help people remember their earlier years. The coordinator told us they spent time with individuals as well as planning group activities. Recent activities included quizzes, reading with people, feeding the birds, and chair-based activities. Weekly visits from a local nursery took place and raised bedding areas and a greenhouse had been provided so people could grow their own vegetables and plants.
- People also went out into the community to partake in activities. One person had been supported to visit their place of worship and meet up with their friends. Another person had been out to buy a winter coat as they were going to watch a football match that weekend.
- Staff also told us they were looking into other activities or hobbies for people to take part in such as indoor golf and trying to arrange a visit to a classical music concert for someone who liked that style of music.

Improving care quality in response to complaints or concerns

- People and their relatives told us if they needed to complain they would do so to the staff or the registered manager. One person told us, "If I was worried about something paltry I would talk to the carers. Anything more important I would go to the manager, but I haven't needed to."

- There was a complaints procedure in place and when a complaint was received it was responded to in line with the provider's policy.
- After investigating a complaint, feedback was given to the complainant and a log was kept. A recent complaint about somebody losing some clothes had been investigated. An email had been sent to all staff to state all clothes must be labelled and entered onto that person's inventory and a letter sent to the person and their family apologising.

End of life care and support

- At the time of inspection there was no one in receipt of end of life care.
- People's care files contained people's preferences in regards to the end of their lives. This meant if people's health deteriorated staff would be able to support the person in their preferred way.
- Several people had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and/or RSPECT (Recommended Summary Plan for emergency Treatment and Care) agreements in place. These were accessible by staff on the electronic care plan system, and in the senior staff members office in case of emergency.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a registered manager in post and they had submitted notifications to the Care Quality Commission as required.
- Staff understood their roles and responsibilities.
- Policies and procedures were up to date and in line with best practice.

Continuous learning and improving care; Working in partnership with others

- Regular audits and checks on the quality of the service were taking place. For example, there was a robust system in place for monitoring falls and people's intake of fluids. These were used to help monitor people's health and enable other health professionals to be involved in a timely manner.
- Learning logs were used to try to prevent re-occurrence of incidents. For example, where there had been a medication error a new system had been implemented whereby staff complete a medication stock check after all medications have been administered.
- Care plans were regularly reviewed to ensure information was up to date and to check if anyone needed a follow up appointment from a medical professional.
- The registered manager told us that nurses from the local hospital were undertaking work experience and were encouraged to give feedback about their time in the service.
- Community working was taking place with the patient liaison service from the hospital, visits from the memory clinic and also the dementia manager and clinical director were providing training for staff. On the day of the inspection training was being given to staff to help them to take basic clinical observations to enable them to pass this information onto medical professionals.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us that they felt well cared for. People said staff encouraged them to do things for themselves, but always helped them when needed.
- People and staff told us the registered manager was approachable. One person told us, "The manager is good and I would recommend living here to others."
- Staff told us that they felt well supported by the management team and felt the recent change in registered manager had been positive. One staff member said, "We get a lot more support and training now than we've ever had and everything just works better now."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider met their requirements under the duty of candour. Where accidents and incidents had occurred, these had been reported and shared with the relevant people.
- The registered manager promoted an open and honest culture within the service and shared areas for improvement with us and plans for the future.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sent out annual feedback questionnaires to people and their relatives. Positive feedback was received from the latest survey, and where any negative feedback was received these issues were dealt with.
- Staff told us and records confirmed that they received supervisions. This meant they were able to give their feedback about the service and suggest areas of improvement.