

Mr & Mrs M Shaw

Amber House Residential Home Limited

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 well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Amber House is a residential care home that provides accommodation and personal care to a maximum of 18 people. The service provides support to older people, some of whom live with dementia. At the time of our inspection there were 15 people using the service.

Amber House comprises of 2 houses that have been adapted to create 1 home over 2 floors. Amber House has a shared garden, communal dining room, activity room and lounge area, with a shared wet-room and bathroom facilities. The home provides single and shared bedrooms some of which have en-suite bathrooms. There is a lift and stair lift in the home to support access to the first floor.

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

People told us the home was often short staffed during the day. Staff told us it was sometimes difficult to monitor people's needs, especially during mealtimes, as there were not always enough staff on duty.

The policies and systems in the service did not always support people to have maximum choice and control of their lives. Staff did not always support people in the least restrictive way possible and in their best interests.

Governance systems in place were not always effective in assessing and monitoring the quality of service to drive improvement.

Care plans and risk assessments were not always updated following an incident or change in need.

Staff did not always receive supervision in line with the provider's schedules but told us they felt supported in their roles.

Staff mandatory training was not always up to date.

Some areas of non-compliance were being addressed by the provider at the time of our inspection, following an external infection prevention and control audit.

There were some issues identified regarding medicine storage and record keeping and we have made a recommendation to the provider regarding medicine management.

Staff were recruited safely, induction training was in place to support staff to develop the skills, knowledge and behaviours needed to deliver competent care.

People saw healthcare professionals when they needed to and were supported by staff who knew them well.

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. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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 requires improvement (published 25 February 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last 4 consecutive inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

We have found evidence the provider needs to make improvements. Please see the Safe, Effective and Well-Led sections of this report.

You can see what action we have asked the provider to take at the end of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Amber House on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to person-centred care, consent, safe care and treatment and governance at this inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

We have issued the provider with a warning notice. We will check the provider is taking action to comply with the legal requirements set out in the warning notice.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Inadequate ●

Amber House Residential Home Limited

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 Health and Social Care Act 2008.

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

The inspection was carried out by an inspector and an operations manager.

Service and service type

Amber House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Amber House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed information received by CQC about the service since the last inspection. We requested and reviewed information from the local authority, professionals who work with the service 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. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people living in Amber House, observed care and support being given in the communal areas of the home and spoke with 3 relatives. We spoke with 5 members of staff which included the Registered Manager.

We reviewed a wide range of records such as care plans, medicine administration records, staff records, quality assurance documents and policies and procedures. After the inspection we received further information from the provider regarding the governance of the service and continued to liaise with the local authority.

Is the service safe?

Our findings

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

At our last inspection we rated this key question as Requires Improvement. At this inspection the rating has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were not always updated following incidents or changes in need. We saw an incident record for 1 person where it was reported they had experienced a significant number of falls, following a family activity outside of the home. The provider told us they had spoken with the person and their family regarding how to mitigate risk, but their risk assessment had not been updated to reflect this and staff told us they were finding it difficult to support the person safely.
- Systems in place were not always used effectively to ensure incidents and accidents were reviewed and learnt from to mitigate against future occurrence. For example, when 1 person experienced a fall, there was no record of any actions taken by the provider following the fall. The person's risk assessment stated the person required the support from a member of staff and the use of a mobility aid when walking. We observed the person walking on 2 occasions with no mobility aid being used. The provider told us the person did not always need the mobility aid, but their care documents did not reflect this information.
- Staff told us that 1 person had been identified as at risk of choking whilst eating. Staff told us that the person was never left alone when eating. However, we observed the person eating and drinking at lunch time with no staff monitoring in place. This meant the person did not always receive the support they needed and placed them at increased risk of choking.
- One person's care plan stated they needed to have their legs elevated using pillows when lying in bed. However, during the inspection, the person's legs were not being elevated. The provider told us the person's needs had recently changed and the pillows were no longer required. The care plan and risk assessments had not been updated to reflect this change in need, which placed the person at risk of harm.
- Wood blocks were observed being used to prop up sash windows, which if removed by people living in the home, could cause the window to drop suddenly and cause injury. We advised the provider of this, and they told us they would remove the wood blocks immediately.

The provider failed to always assess, monitor and manage risks to ensure care was safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- People were not always supported by enough staff. People told us the home was often short staffed in the daytime and 1 person told us they would ask staff to help them to go upstairs to their room during the day as the lounge was very noisy, but staff would forget as they were so busy, which meant the person had to remain in the lounge.
- Staff told us there were not always enough staff in the home to monitor people's needs, particularly at mealtimes. One staff member told us staffing numbers were "sometimes good and sometimes a struggle".

- Staff reported they did not feel people were put at risk of harm, but only minimum needs could be met for people living in the home at times, due to staffing numbers. The provider told us they had recently increased staffing numbers during the day, which they were monitoring, and they offered additional hours to staff to cover staff absences.
- Relatives told us staff were very professional and caring, they told us there was a lack of staff turnover in the home which meant people received care and support from staff who knew them well and kept them safe.
- Staff were recruited safely. Staff were required to have satisfactory references and Disclosure and Barring Service (DBS) checks prior to starting their employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were not always safe from risk of abuse. We saw 1 person, who had been identified in their care plan as presenting a risk to others, being verbally abusive to another person which was causing them distress. As no staff were in the room providing support, we had to request support from staff in the home to ensure people were appropriately safeguarded.
- Safeguarding policies and procedures in place for staff to follow were not always up to date. There were 2 safeguarding policies in place but 1 referred to government guidance that was no longer valid. We discussed this with the provider, and they told us they would update their safeguarding policies. I
- Staff had completed safeguarding training. However, training records showed some staff had not completed their required training in line with the provider's training schedule, which meant they were out of date. We discussed this with the provider who told us staff would complete the training as a priority. Staff were able to tell us what safeguarding was, how they would recognise abuse and who they would report it to.
- People told us they felt safe living in Amber House and told us "The staff are lovely and caring".

Using medicines safely

- Prescribed medicines were not always stored securely. We saw prescribed creams on open shelving in people's bedrooms or insecure in people's bathrooms and were told by staff that carers would administer the creams whilst people received personal care.
- Staff told us seniors would sign the person's medicine administration record (MAR) on behalf of other staff despite the senior not witnessing the creams being administered.

We recommended the provider visit current guidance in medicine management regarding storage and record keeping.

- Staff received training in the administration of medicines and their competency was assessed. The provider's training records showed us that medicine training was out of date for 2 staff who administered medication. The provider told us they were aware the staff had not completed their required training. They advised us that 1 member of staff had not administered medication since being out of date and told us they had completed extra competency assessments for the other member of staff, whilst waiting for them to complete their training.
- People received their medication as prescribed; the provider had a medication policy in place, stock control was regularly checked, room and fridge temperatures were recorded, and medicines were dated when opened with expiry dates identified.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were somewhat assured that the provider was supporting people living at the service to minimise the spread of infection. The local authority had identified issues regarding staff taking jugs of water to people in their rooms to provide personal care. The local authority reported concerns that the jugs being used were not being sanitised between uses which placed people at risk of cross-infection. The provider reported staff had stopped taking jugs of water to people's rooms and all people living in the home, now had individual bowls for personal care use.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The provider had addressed some concerns from local authority visits regarding the cleanliness of the home and had replaced items identified as in need of replacement. However, an infection prevention and control care home audit had recently been completed and although the home had been assessed as being compliant overall, there were still some areas of non-compliance identified, regarding cleanliness and repairs required.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

Visiting was in line with the government's latest guidance and there were no restrictions on visiting Amber House at the time of our inspection.

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.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were not always given choice regarding their continence care and support. We saw a document from the provider directing staff to change people's continence aids during the night, even if it meant disturbing them. The provider told us they were concerned that if people's continence aids were not changed during the night, people's skin would suffer, and they would be criticised by health professionals. The provider told us that the documents for staff were for guidance only, they did not want staff to wake people during the night to change continence pads and this direction would be changed.
- People were not always given choice regarding what time they got up in the morning. We saw a document from the provider directing night staff to get at least 8 people up before 0800 hrs every day in readiness for the day staff. 1 person told us staff woke them up every day at 0700 hrs, when we asked them if they wanted to get up at this time every day, they told us "I have to fit in with the others". The provider told us people could choose what time they got up in the morning and the guidance that was in place for staff would be rewritten to promote people's choices.
- People were not always given choice regarding personal care. We saw written direction to staff from the provider stating that all men had to be shaved daily – there was no mention of people's preferences or choices in the document. The provider told us they had been criticised historically by the local authority for men not being shaven every day and this is why they had told staff, men had to have a shave every day.

The provider failed to ensure that care given was always person-centred, appropriate to meet need and reflective of people's preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 MCA 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's consent to care and treatment was not always sought in line with the MCA. We identified a relative who held a Power of Attorney (POA) for finance and property decisions making welfare decisions for their relative without the legal authority to do so. The provider had not shared their concerns regarding decisions made by the relative and had not sought advice from the Court of Protection or the Local Authority safeguarding team. This meant the person had been unlawfully restricted as the provider had not acted in accordance with the requirements of the MCA and associated code of practice.
- Mental capacity assessments were not always completed in line with the MCA. Provider records showed staff recorded they had been unable to complete a 6 CIT assessment of capacity with 1 person as they had limited capacity due to being unable to communicate with staff. A 6 CIT test is a dementia screening tool used in primary care and is not used to assess mental capacity.
- Mental capacity assessments used in the home were not always decision specific. Daily living mental capacity assessments covered multiple areas of people's care and did not demonstrate what decisions needed to be made. Assessments reported people lacked capacity but did not record how capacity had been assessed and did not record how best interest decisions were made.

The provider did not always ensure that lawful consent to care and treatment was in place, which meant people were denied the protection of the MCA safeguards regarding decision making within a legal framework. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Legal authorisations were in place or had been requested to deprive a person of their liberty.

Staff support: induction, training, skills and experience

- Staff did not always receive supervision on a regular basis. The provider told us staff received supervision every 3 months, but provider records showed some staff had not received regular supervision and some staff had received no supervision since they had commenced employment. The provider told us supervision had been overlooked and had not been provided on a regular basis in line with their policy and procedures and advised us this was due to a need for the staff to support the people living in the home.
- Staff training was not always up to date. The provider told us training records were reviewed monthly to ensure all required training was up to date. However, provider records showed us some staff had not completed mandatory training in Safeguarding, Medication, Fire Safety, Infection Control, First Aid and Food Hygiene. The provider told us they had spoken with the staff identified and they would complete the required training as a priority.
- All staff had completed the Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were not always given food choices. The provider told us people were asked each morning what they would like to eat for lunch and would be offered alternatives if people did not want the meal on offer. However, people told us they did not know what was for lunch and 2 people told us they were not normally offered meal choices. The provider shared with us some pages from a diary and a cook's book to demonstrate people's food choices, but the records shared did not demonstrate menu choices given and

menu choices chosen by people.

- People were not always involved in decisions regarding menu planning. 1 person told us "There is no choice of food, lot of meat". The provider told us they used a 12-week rolling menu which showed some food choices were given to people at breakfast and teatime but the main meal of the day, only offered people 1 option. The provider told us people were asked to review the rolling menus and told us the menus had recently been updated following people's feedback. We looked at 2 menu reviews from May 2023 where we saw people had asked for more pasta to be on the menu, but when we reviewed the rolling menu, we saw pasta was only on the menu on 2 days out of 84 days.
- The food provided to people living in the home appeared to be of good quality and we observed people enjoying the food. A relative told us, "The meals are good"

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

- People were supported by a consistent staff team who were able to tell us about people's needs and their preferences to support effective care. We observed staff responding to people in a timely manner with kindness, dignity and respect. Relatives told us they were very impressed with the care staff provided to support their relative to access services such as the GP and chiroprapist.
- People were supported by healthcare services. Healthcare professionals such as chiroprapists, and continence nurses visited people in the home and the provider reported all people living in the home had received an annual health review via their GP.
- The provider worked with other agencies such as the local authority to drive improvement in care and support.

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

- The home was not always odour-free, clean and in good repair. The provider had been working with the local authority quality assurance team to deliver improvements in the home. We found the home appeared clean when we inspected, with decoration being undertaken internally in the home and replacement of some equipment. We did inform the provider we had identified a strong smell of urine in a shared bedroom which they told us they would investigate.
- Cleaning procedures and staff responsibilities were not always clear. Cleaning schedules used by night staff were not always completed and there was a lack of effective action taken to ensure all cleaning tasks were completed on a regular basis. The provider told us they were going to address this by the formulation of a new form for the home to follow to check all cleaning was completed on a regular basis.
- Relatives told us that the home was tired and in need of investment but despite this, they were very happy their relatives lived in Amber House, due to the standard of care given. We found the home was warm and decorated in a homely style, people's rooms were personalised and there was a communal garden people could access.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance systems in place were still not effective in delivering and sustaining service improvement despite 3 previous CQC inspections where the rating of Requires Improvement had been given. This inspection identified breaches in regulations regarding person centred care, consent, safe care and treatment and governance where service delivery had not met the fundamental standards expected.
- Systems and processes in place did not effectively assess and monitor the quality of the service provided, to ensure the fundamental standard of person-centred care was always provided. People were not given choices regarding their night-time continence care, what time to get up in the morning, what to eat for their daily main meal and whether they wished staff to shave them every day. This meant care and treatment was not personalised as people's preferences were not identified and accommodated.
- Systems in place failed to identify where lawful consent to care and treatment was not always in place. This meant people were denied the protection of the MCA safeguards regarding decision making within a legal framework. Mental capacity assessments were not always completed within the requirements of the Mental Capacity Act (2005) and code of practice. We also saw the provider following unlawful welfare decisions for 1 person living in the home as they did not understand the legal authority of the different types of Power of Attorney (POA).
- Systems in place to assess, monitor and improve service quality and safety were not effective. The provider told us that people's care plans and risk assessments were updated monthly or following a change in need by senior care staff, but we did not see this in the care plans we reviewed. The provider told us they reviewed people's care plans monthly but did not document this. This meant we could not be assured the provider had completed audits of people's care records to assess, monitor and improve the quality of the service provided.
- Quality assurance systems in place were not effective in driving improvement. Where mandatory training was overdue, systems in place had failed to ensure staff completed the training within a reasonable timescale. Following our inspection, the provider advised us that staff had been given 2 weeks to complete all overdue training.
- Governance systems in place did not identify that staff were not receiving regular supervision. This meant the provider was not providing supervision in line with their own schedules to support and maintain the competency of staff.

The provider did not have effective governance, including assurance and auditing systems or processes in

place to assess, monitor and drive improvement in the service. Systems and processes in place did not effectively assess, monitor and mitigate risks relating to the health, safety and welfare of people using services and others. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Ratings from the last CQC inspection were displayed on the provider's website as well as within the service.
- There was a registered manager in post, notifications had been sent to CQC and the registered manager was aware of their legal responsibilities under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's views and experiences of the service were reported to be gathered using a 'Resident of the Day questionnaire'. The provider told us this was used to obtain feedback regarding food choices in menus and activities in the home. From the records seen, there did not appear to be a review recorded of the activities in the home with any future wishes or wants. There were some questions regarding food choices, but it was not clear how these choices drove change in menu planning.
- Relatives told us the provider communicated with them on a regular basis regarding their relative's care needs to provide updates and share any relevant service information where needed.
- Staff relationships were co-operative. We observed staff engaging with each other positively whilst providing care and support. Staff told us Amber House was "lovely, I like the homely part, it's nice to come into". The registered manager was visible in the home which had a positive atmosphere and staff told us they felt supported.
- The provider worked in partnership with other agencies. The local authority told us they had been working with the provider to drive improvements in the service. The provider had taken advice from the local authority in regard to the improvements completed, and in progress, and were also completing areas of improvement identified by a recent Infection Prevention and Control audit. Our inspection found some positive changes had been made in the home to deliver service improvement

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider failed to ensure that care given was always person-centred, appropriate to meet need and reflective of people's preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's consent to care and treatment was not always sought in line with the Mental Capacity Act (2005) and mental capacity assessments were not always completed within the requirements of the act.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care was not always safe as the provider did not always assess, monitor and manage risks to promote the health and well-being of service users.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective governance, including assurance and auditing systems or processes in place to assess, monitor and drive improvement in the service. Systems and processes in place did not always effectively assess, monitor and mitigate risks relating to the health, safety and welfare of people using services and others.</p>

The enforcement action we took:

We have issued the provider with a warning notice. We will check the provider is taking action to comply with the legal requirements set out in the warning notice.