

Mr & Mrs M Shaw

Amber House Residential Home Limited

Inspection report

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Date of inspection visit:
22 January 2020

Date of publication:
25 February 2020

Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service

Amber House is a residential care home providing personal and nursing care to 17 people aged 65 and over at the time of the inspection. The service can support up to 18 people in one adapted building, over two floors.

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

People told us they were having to sometimes wait for their care and support as they did not feel there were enough staff deployed in the evenings. Governance systems had been updated but were not yet fully embedded which meant some areas for improvement had not been identified.

People felt safe living at the service. Staff understood how to keep people safe, they were able to manage risks to people's safety, recognise the signs of abuse and reduce the risk from cross infection. Medicines were administered safely and when things went wrong there were system in place to learn and make changes.

People were supported by staff that had been trained and received guidance in their role. People had access to health professionals and were supported consistently by staff that worked in partnership with other agencies. People had a choice of meals and were having a balanced and healthy diet.

The home had adaptations in place to support people but consideration of the needs of people with dementia was required. We have made a recommendation about adaptations for people living with dementia.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff that were caring and understood their individual needs. People could make choices for themselves and were supported by staff that protected their privacy and were respectful.

People were supported to identify their individual needs and preferences and staff supported people in a person-centred way. Staff were responsive to individual needs and provided opportunities for people to engage in activities of their choice. People and relatives told us they understood how to make complaints. Where needed care at the end of people's life had been discussed and their future wishes documented.

People, relatives and staff told us they thought highly of the service and the management team. People, relatives, staff and other professionals were asked for their views on the service and these contributed to overall improvement plans. The registered manager understood their responsibilities and encouraged partnership working and a learning environment.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 February 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was not always safe.

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector and an 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 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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, trainee care manager, senior care and care workers. We observed people's care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at records relating to the management of the service, including meeting records and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, care plans and staff rotas.

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 requires improvement. At this inspection this key question 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.

Staffing and recruitment

- People were not always supported by staff at the time they required support. One person told us, "I have noticed staff try and get you up to your room earlier and earlier." The person added sometimes as early as 6pm.

A relative told us, "There are not really enough staff at night, there are not enough to go around at teatime, it can be hectic when people want to go to bed."

- Staff told us they mostly thought there were enough staff during the day and people did not have to wait too long for their care. However, in the evenings it was more difficult as there were only two staff available to support people so sometimes people would need to wait for a short period.

- We saw it was busy at times and in particular in the early evenings as staff numbers were reduced.

- The registered manager told us, they are monitoring staffing levels and trying different approaches to see what works best and had increased evening staff on a trial basis following the inspection. We will check this at our next inspection.

- Staff were recruited safely. Checks were carried out to make sure staff were safe to be working with vulnerable people.

Using medicines safely

At our last inspection the provider had failed to ensure people received their medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines as prescribed. One person told us, "I get my pills regularly and if I need any painkillers, I just ask."

- Medicines were stored safely and there were accurately completed medicines administration records in place and people had enough medicines in stock. However, when we completed some stock checks we found some errors with recording. The registered manager investigated these straight away and made corrections.

- Staff received training to administer medicines and there was clear guidance in place to support staff with administration. We saw staff followed the procedures including seeking consent from people to receive their medicines.

Assessing risk, safety monitoring and management;

- People had risks to their safety assessed and plans put in place to reduce them. One person told us, "I am a diabetic which is controlled by diet and I do have my blood tested."
- Staff understood the risks to people's safety and could describe the actions they took to keep people safe. For example, with protecting people's skin from breaking, supporting people at risk of falls and how to help people move safely.
- However, care plans sometimes lacked details on how to manage some risks to safety. giving enough guidance for staff on how to manage risks to safety. Staff knowledge meant people were still supported safely and nobody had come to harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse and told us they felt safe at the service. One person told us, "I certainly don't have to worry about intruders here and I used to worry about that at home." One relative told us, "[Person's name] is definitely in the right place for their safety. It's put our mind at rest."
- Staff could describe the signs to look for to recognise potential abuse. Staff had been trained and were able to describe the procedures for reporting any concerns.
- Where concerns had been raised these had been reported to the appropriate authority. The registered manager ensured notifications were submitted as required.

Preventing and controlling infection

- People were protected from the risk of cross infection. One person told us, "The staff keep my room nice and clean. The sheets are changed every week and the room is done every day."
- Staff understood how to prevent the risk of cross infection and had received training. Staff used protective gloves and aprons when supporting people.

Learning lessons when things go wrong

- The provider had systems in place to learn when things went wrong. Accidents and incidents were reviewed, and action was taken to prevent these types of incidents from happening again.
- The provider had acted following quality checks undertaken by the commissioning Local Authority. All actions had been completed within the given timescales.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection the provider had failed to implement systems which worked within the principles of the MCA. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- The registered manager had worked with the local authority to access training and support with effective implementation of the MCA. Staff had a good knowledge of the principles of the act and worked within them.
- We saw people had their capacity assessed to consider specific decisions. Best interest discussions were held, and these were documented in people's care plans. For example, all aspects of care had been considered separately and there were individual assessments for immunisations.
- Where people were subject to restrictions the appropriate applications had been made to the authorising body. Care plans were in place which reflected the least restrictive options as documented in authorised DoLS.

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

- People had their needs assessed and plans put in place to meet them. People and relatives told us they were involved in their initial assessment and care planning.
- Staff understood people's needs and could describe how they supported people effectively. For example, how to support people with their nutritional needs and specific health conditions.
- Care plans were in place and were mostly detailed. We did find some care plans lacked detail. There was no impact on people as staff understood how to support them. The registered manager updated the plans straight away and shared these with us after the inspection.

Staff support: induction, training, skills and experience

- Staff had received an induction, ongoing training and support in their role.
- Staff told us they had regular updates to their training and were confident in their role. They told us they had regular opportunities to discuss things with the manager and seek support.
- The training records did not show all completed training dates. The registered manager explained this was due to the training provider not giving them the information, but this was being followed up and they were confident all training was up to date.

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

- People were supported to have enough food and drinks and could choose what they wanted to eat. One person told us, "I enjoy the food and I can eat as much as I like. I like a good breakfast and I can sit where I like in the dining room at mealtimes." Another person said, "The food is good. Home cooked and hot."
- Staff understood people's risks around people's food and drink intake and could describe how they supported people safely. For example, where people were at risk of malnutrition or required modified diets.
- Care plans gave information about people's preferences and the support they required to make choices about their meals. We saw people were able to choose what they wanted, and people's intake of food and drink was monitored when required.

Staff working with other agencies to provide consistent, effective, timely care

- Staff were providing consistent care to people. People told us advice from health professionals had been sought when needed.
- Records showed staff engaged health professionals promptly when needed.
- We saw staff were consistent in how they supported people. There were systems in place to communicate and share information.

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

- The home had been adapted to meet people's needs and people had individual rooms. One person told us, "My room is kept very clean and I have my own personal things in there."
- We saw there were adapted toilets and bathrooms, a lift to the first floor and picture signage on doors to help people locate communal areas.
- The home was supporting some people living with dementia. Consideration of whether any further adaptations may be needed to support people was required. We will check this at our next inspection.

We recommend the provider consider current guidance on adaptations for people living with dementia and act to make changes accordingly.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health and wellbeing and were referred to health care professionals as required. One person told us, "If I need to see the doctor, I just have to tell staff and they will organise it. Staff come with me to the dentist or hospital too. They wouldn't let you go on your own."

People had seen improvements to their health and wellbeing since living at the service. One person told us, "My leg was very poorly when I came, but they have fixed it up for me nicely."

- Staff were aware of people's health conditions and we saw they escalated any concerns to the management team for action to be taken. Care plans gave guidance to staff on how to meet people's health needs.
- People had their oral health care needs assessed and plans were in place to meet them. Staff understood people's needs and were able to describe how they supported people to maintain good oral health.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and relatives told us staff were kind and caring and they had good relationships with the staff. One person told us, "The staff are very kind to me when they are helping me." A relative told us, "There is a lot of activity here, [person's name] gets lots of attention and conversation. They have good banter with the staff."
- Staff treated people well and were observed being kind and caring. We saw staff offer reassurance to people, check how they were feeling and engaged people in conversation.
- People's individual characteristics had been considered including protected characteristics such as sexuality, religion and culture. Where needs were identified this was included in care plans.
- People told us they were happy living at the service. One person said, "My son found this place. I haven't looked back. It's nice to be with other people and I still worry, but not as much."

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

- People were supported to express their views and make choices and decisions about their care and support. One person told us, "I can choose a bath or shower as often as I like here." Another person told us, "I choose my own clothes in the morning when they help me wash and dress."
- Staff made sure they consulted people about all aspects of their care. We saw staff asking people questions about what support they needed. For example, at meal times, with adjusting clothing and when moving around the home.
- Care plans included information for staff on how to support people with making choices and detailed their preferences.

Respecting and promoting people's privacy, dignity and independence

- People were respected, and their privacy, dignity and independence were maintained. One person told us, "The staff are very good at making sure you are covered up when they are helping you."
- Staff spoke about people respectfully and could share examples of how they maintained people's privacy.
- Where people were able to walk staff encouraged them with patience to move around the home safely. Where needed people were using adapted plates to ensure they could eat independently.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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 received personalised support which took account of their preferences. One person told us, "I could have a shower every day if I wanted, but usually I do that once or twice." Other people told us staff understood how they liked to have their tea made and we saw staff made tea exactly as the person preferred.
- Staff were responsive to people's needs. One person told us, "When my son didn't come on Sunday as usual, I started fretting and they called him and let me speak to him so that I stopped worrying. I would certainly tell others it is a nice place to live." Another person told us, "I don't have family nearby, so if I need toiletries, the carers get them for me."
- People told us staff knew them well. One person told us, "The staff know who I like to sit with. They know me well and the new staff are getting to know me."
- Care plans included details about people's preferences. Reviews took place of people's care plans on a regular basis. Some relatives commented they had been involved in the care plan initially, but not in the reviews.

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 carers.

- The registered manager was meeting their responsibilities to follow the accessible information standard.
- People had their individual communication needs assessed and plans put in place to meet them. Communication passports gave guidance to staff on how to understand what people wanted and share information with them effectively.
- Staff followed the guidance in place and adjusted how they communicated with people to support them effectively.

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 mixed views about the support they had to follow their interest. One person said, "I enjoy using the books in the reading room because they are changed regularly." Another person told us "I like the Hoopla (smiling). I win." Whilst another commented, "I really enjoy the craft things we do. I made Christmas and Birthday cards for my family."
- However, some people expressed being bored and not able to do things they enjoyed. One person told us,

"There is no exercise here, which is unfortunate as I like to walk and keep fit." Another person told us they used to go to the shops which they enjoyed but hadn't been for some time.

- People had support with their religious beliefs. One person told us, "I do go to the Church service here. I enjoy that, and I have my hair done every week and join in the games when I feel like it."

- People were supported to maintain relationships which were important to them. One person told us, "I have made some friends here and we tend to sit near each other in here (lounge) or at mealtimes and chat. If I want to be quiet, I just ask them if I can go to my room."

- Relatives told us they felt welcome at the home and people enjoyed the activities. One relative said, "I certainly am made to feel welcome and they call me by my name now and offer me a hot drink." Another relative told us, "They do encourage [person's name] to join in the activities. They like Bingo and doing crafts and are quite content now."

Improving care quality in response to complaints or concerns

- People understood how to make a complaint. People told us they had complained about things for example laundry going missing. One relative told us, "I don't think [person's name] would have any trouble complaining if they were not happy."

- There was a complaints policy in place and we saw where people had made complaints these had been investigated and responded to. Actions had been taken to address the concerns people had raised through changes in the laundry.

End of life care and support

- There was nobody receiving end of life care at the time of the inspection.

- There were systems in place to consider what peoples wishes were at the end of their life and these had been documented in care plans where appropriate.

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 requires improvement. At this inspection this key question has now remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider had failed to implement systems to check on the quality of people's care, seek feedback and follow safe recruitment procedures. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Governance systems had been changed but were not yet fully embedded. We will check progress on this at our next inspection.
- For example, the medicines audits had not identified some stock balances were inaccurate. Care plan audits had not identified where some care plans lacked detail on how to manage risks. There was no impact on people's safety from these concerns.
- The governance system had identified concerns with staffing and the registered manager was reviewing staffing to determine what action to take to address this.
- The provider had made improvements to the recruitment procedures. Staff files showed the procedures in place had ensured staff had been safely recruited.
- Systems were in place to gather people, relatives, staff and other health professionals' views about the service. The information shared was being used to make improvements. For example, following feedback decorating had been completed and changes made to the laundry system.
- We checked and the last CQC inspection rating was on display as required by the regulations.
- Audits had been updated to ensure the quality of service was checked. Infection control audits were effective and driving change. For example with the environment and equipment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager told us they tried to create a homely environment and valued keeping the home small and personal. Staff also told us they valued the small homely service and the support from the

registered manager.

- People and relatives said the registered manager was approachable. One person told us, "All the staff seem very approachable, including the registered manager. The registered manager is out here [lounge] doing things for people often. I think they all work together. There is a nice atmosphere anyway."
- The registered manager understood the duty of candour and they were meeting their legal responsibility to share information when things went wrong.
- Relatives confirmed the registered manager kept them well informed of issues or incidents. One relative said, "The staff get in touch with us pretty quickly if anything happens to [person's name], so we don't worry too much."

Continuous learning and improving care

- The registered manager was able to share examples of how they had sought advice and guidance from other agencies following concerns at the last inspection.
- We saw advice on infection control procedures, care plans and mental capacity had been sought from statutory agencies to update systems and paperwork. This had been effective in improving the care and support people received.
- Where external agencies had carried out quality audits and issued an action plan the actions had all been completed. Following feedback at the end of the inspection, the registered manager took immediate action to make improvements to the issues we raised.

Working in partnership with others

- The registered manager had sought to work in partnership with other agencies to make improvements to the service. For example, they had worked with local authority staff to access training for senior staff in supervision and competency checks.
- The staff worked with local health professionals including, doctors, district nurses, the speech and language therapists to support people with their care.