

A M Care Home Limited

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Inspection report


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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on the 30 June and 7 July 2015.

A M Care Home is a service owned by A M Care Home Ltd. The service provides accommodation and support for up to eight adults with learning disabilities, autistic spectrum disorder or other mental health conditions.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were treated with dignity and respect and staff interacted with people in a kind, caring and sensitive manner. Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to protect people.

Summary of findings

There was a regular and consistent staff team. The provider had appropriate recruitment checks in place which helped to protect people and ensure staff were suitable to work at the service. There were sufficient numbers of skilled, well trained and qualified staff on duty. Staff told us that they felt well supported in their role. We saw that staff had received regular training and support.

We found that detailed assessments had been carried out and that the care plans were very well developed around each individual's needs and preferences. There were risk assessments in place and plans on how the risks were to be managed. People were supported with taking every day risks and encouraged to take part in daily activities and outings. There were systems in place to support people living at the service to make decision for themselves; to help ensure their rights were protected.

People were happy and relaxed with staff. Systems were in place for people to raise concerns and they could be confident they would be listened to and appropriate action would be taken.

People's medication was well managed and this helped to ensure that people received their medication safely.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were offered choice.

We found that people's healthcare was good. People had access to a range of healthcare providers such as their GP, dentists, chiropodists and opticians.

The provider had an effective quality assurance systems in place. People had the opportunity to feedback on their experiences. Staff tried to involve people in day to day decisions and the running of the service and the service was well managed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

Medication was well managed and stored safely.

People were safe and staff treated them with dignity and respect.

There were sufficient staff on duty and they had a good knowledge about how to keep people safe.

Good



Is the service effective?

This service was effective.

People were cared for by staff that were well trained.

Staff had received regular supervision and were well supported.

Staff had a good working knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People experienced positive outcomes regarding their health.

Good



Is the service caring?

This service was caring.

People were provided with care and support that was tailored to their individual needs and preferences.

Staff understood people's care needs, listened to them and responded appropriately. Staff provided people with good quality care.

Good



Is the service responsive?

This service was responsive.

People received consistent, personalised care and support and, where possible, they had been fully involved in planning and reviewing their care.

People were empowered to make choices and had as much control and independence as possible.

Good



Is the service well-led?

This service was well-led.

Staff understood their role and were confident to question practice and report any concerns.

Quality assurance systems were in place and effective.

Good



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced and took place on the 30 June and 7 July 2015.

The inspection was undertaken by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and details of any improvements they plan to make. The provider had completed this form and returned it within the set timespan given.

As part of our inspection we also reviewed other information we hold about the service. This included

notifications, which are events happening in the service that the provider is required to tell us about. We used this information to plan what we were going to focus on during our inspection.

During our inspection we spoke with the registered manager, a team leader and three members of the care staff. We also approached relatives and health care professionals for feedback on their views of the service and where possible this has been added to the report.

We also observed people, reviewed records and looked at other information which helped us to assess how their care needs were being met. We spent time observing care in the communal area.

As part of the inspection we reviewed two people's care records. This included their care plans and risk assessments. We looked at the files of two staff members which included their recruitment records. We also looked at the service's policies, their audits, the staff rotas, complaint and compliment records, medication records and training and support records.

Is the service safe?

Our findings

People told us that they felt safe living at the service. People were relaxed in the company of staff and they had good relationships. Relatives feedback included, "I can relax as I know [person's name] is ok and it takes the worry off my shoulders." A health care professional reported that they felt the service provided a "Safe, trusting and non-judgemental environment" for people, and they had noticed an improvement in the people they supported since they started living there.

Staff knew how to protect people from abuse and avoidable harm and they had completed relevant training. Staff were able to express how they would recognise abuse and how they would report their suspicions. The service had policies and procedures on safeguarding people and these were there to help guide staff's practice and to give them a better understanding. This showed that the service had systems in place to help protect people from potential harm and staff had been trained to take appropriate action. The service had a whistle blowing procedure in place for staff to use and this provided information on who they could take any concerns to.

Risk assessments had been routinely completed and they identified how risks could be reduced to help keep people safe. People were supported to take risks and where possible encouraged to make choices and decisions during their daily lives.

Appropriate monitoring and maintenance of the premises and equipment was on-going. Regular checks had been completed to help ensure the service was well maintained and that people lived in a safe environment.

There were enough staff available to meet people's individual needs. People were able to follow their interests and past times because there were enough staff to support them. People were well supported and provided with care and support promptly when they needed it or on request. Feedback from relatives included, "They are very well staffed and they get the help and attention they need."

There were systems in place to monitor people's level of dependency and help assess the number of staff needed to provide people's care. The manager added that the

assessing of staffing levels was an ongoing process. They provided examples of where in the past they had requested more staff for individuals due to their care needs changing or specific activities where higher staffing was required. Some of the people living at the service had an individual staff member allocated to them on a one to one basis due to their care needs and this was utilised so they could take part in individual activities in the community.

The service had a recruitment procedure in place to help ensure correct checks were completed on all new staff and this practice helped to keep people safe. The manager had recently recruited a number of staff and had gained the required documentation, which included health declarations, identification, references and checks from the Disclosure and Barring service (DBS). Potential employees would be invited into the service for a trial day to spend time with the people who lived at the service. This was so they could see how the service was managed and to allow management to gain feedback from the people who live there by assessing how they interacted and engaged with each other.

The service also had a disciplinary procedure in place, which could be used when there were concerns around staff practice and keeping people safe.

People received their medicines safely and as prescribed. Medicines had been stored safely and effectively for the protection of people using the service. They had been administered and recorded in line with the service's medication policy and procedure.

Medicines had been recorded and signed for. Each person's medication folder was accompanied by their photograph and a record of any allergies they may have. This supported staff to ensure that the correct person received the medicines prescribed for them. There was also a record of medicines that had been destroyed or returned to the pharmacy when they were no longer needed. This meant that all medicines could be safely accounted for.

Staff involved in managing medicines had received medication training. Regular medication checks and audits had been completed by the service and also by an external pharmacist.

Is the service effective?

Our findings

People were observed with staff and were able to show that they were happy with the care provided. Staff had a good understanding of people's care needs and were able to demonstrate they knew people well and ensured that their care needs were met.

Newly recruited staff had completed an induction and this included information about the running of the service and guidance and advice on how to meet people's needs. A new staff member stated that the induction was very good and gave them an opportunity to meet people and find out more about their care needs.

Staff we spoke with said the training was very good and it had provided them with the knowledge they required to meet people's individual needs. Staff had received regular training and been provided with the knowledge and skills to carry out their roles and responsibilities as a care worker. The manager was in the process of organising a refresher course on behaviour management to ensure staff had the information they needed for the people living at the service. Many of the staff had achieved a recognised qualification in care.

Documentation seen showed that staff had received support through one to one sessions, meetings and appraisals. Staff reported that team meetings had occurred and they felt the management were approachable and supportive.

The manager had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). All staff we spoke with demonstrated an awareness of the MCA and DoLS and had received training in the MCA.

People's capacity to make day to day to day decisions had been assessed to help ensure they received appropriate support. This showed that staff had up to date information about protecting people's rights and freedoms. Where

possible, consent had been gained and people or their relatives/advocates had agreed to the service providing care and support. People were observed being offered choices during the day and this included decisions about their day to day care needs and also future plans and goals.

Staff had knowledge of people's behaviours and what may trigger these. They were also aware what may help to change the person's behaviour and help make them to be calm and relaxed.

People's nutritional requirements had been assessed and their individual needs were well documented. Staff had a very good understanding of each individual person's nutritional needs and how these were to be met. There was a clear list of people's likes, dislikes, dietary or cultural needs. The service ensured people received a good balanced diet and had supported three people to lose weight and get healthy.

People received sufficient to eat and drink and were seen going in to the kitchen to make drinks and get snacks. The manager advised that one of the people living at the service took responsibility and assisted with the food preparation and cooking. This person would speak with the other people living at the service and arrange the main meals for the week. People stated that the food was good and they received enough to eat. One added that if they did not like the choice they would arrange to have something else. They also went out regularly for meals and would often have fish and chips on Fridays.

People had been supported to maintain good health and had access to healthcare services and received ongoing support. Referrals had been made to other healthcare professionals when needed and this showed that staff supported people to maintain their health whilst living at the service. Each person had a health action plan in place to identify any health care needs. Feedback from relatives included, "I can't praise them enough, they keep me up to date and I could not be happier with the care provided."

Is the service caring?

Our findings

People were receiving good care and support which was individualised and person centred. They were relaxed with staff and given the time and support they needed. Some staff had worked at the service for a number of years and knew the people very well. Care was provided with kindness and compassion and the staff worked hard to support people well, and it was clear that they wanted to make a difference to people's lives. Feedback from relatives included, "They are so supportive, they go the extra mile."

People's diversity had been respected and staff had supported people to ensure any diverse needs were met. Personal histories were also taken into consideration which meant that people received the care and support needed.

People received good person centred care and the staff did their best to ensure that where possible people had been involved in decisions about their care and the lives they lived. Relatives feedback included, "I live easier now. It is the first time I can sleep at night. [Person's name] is much more confident and can ask for help if they need it, and it is their second home." The service had a key worker system in place, which meant that each individual had a named staff member and this assisted with continuity of care and communication with family members.

People were supported to express their views about their care and support. Some had relatives involved in their care, but where they did not have access to family or friends the service had arranged for an advocacy services to offer independent advice, support and guidance to individuals. People were included in their care and treatment and encouraged to make decisions and to be involved. Staff were observed interacting and helping to ensure each person understood the choices available to them and assisting them in making decisions if needed.

People's privacy and dignity was respected. People were encouraged to be as independent as possible and staff were observed providing support and encouragement when needed. The care workers were seen talking with people and having general conversations about day to day life and how they were feeling. We saw that the staff on duty showed they had time for the people they cared for and also had a good understanding of each person's care needs. Feedback from relatives included, "They all work together to get the best out of individuals and look for ways they can improve their lives" and "The staff have succeeded in making my relative independent."

Is the service responsive?

Our findings

Staff assisted people with their care and support and were responsive to their needs. People received the support and assistance they needed and staff were aware of how each person wanted their care to be provided and what they could do for themselves. Each person was treated as an individual and received care relevant to their needs. It was evident that people were encouraged to meet their goals and when these were met then new ones were planned to help the person become independent and gain more confidence. Feedback included, “I am happy here, I have no concerns, but if I did I would speak with the staff.”

People’s needs had been fully assessed before they moved to the home. The assessment forms were easy to read and quickly helped to identify each person’s needs and assist the service to identify whether they could provide the care required. The care plans we reviewed were very in-depth and contained a variety of information about each individual person including their physical, mental, social and emotional needs. Any care needs due to the person’s diversity had also been recorded and when speaking with staff they were aware if people had any dietary, cultural or mobility needs.

Where possible people had been involved in the planning of their care. One person confirmed that they had written their own care plan with the support of the staff and this was updated regularly. Care plans seen had been reviewed and updated when changes were needed and these reflected variations in people’s needs. The service worked very closely with other professionals to ensure any changes to individual’s care were made as quickly as possible, so they received the support they needed.

Staff confirmed they had daily ‘hand over meetings’ to help ensure those staff who were coming on duty were up to date with any information they may require about each individual. This also included a daily audit of each individual’s medication, nutrition and behaviour.

People enjoyed meaningful activities. It was clear from discussions with staff that they tried to ensure each person took part in activities they liked and had interests in. People had been supported to follow their interests and take part in their chosen activities. All staff spoken with stated that there was enough staff to support the people living at the service and many were seen being supported in doing day to day tasks such as visiting the shops, going to college or attending health care appointments. Feedback from a health care professional included, “They appear to have the service users interests at heart and work to engage them in activities which interest them.”

People had just returned from a communal holiday and further holidays were being planned for individuals with staff support. Whilst on holiday some people’s bedrooms had been decorated in a colour of their choice. Many were pleased with the outcome and were in the process of organising shopping trips to buy matching bedding and accessories. One person stated, “My room has been decorated, I love the colour it is my favourite.” Bedrooms had also been personalised for each person.

People were encouraged to develop and maintain relationships with friends and family and one relative stated, “I have often been invited round for meals.” They continued that they felt that the service and people who lived there were now an “Extension to my own family.”

The service had effective systems in place for people to use if they had a concern or were not happy with the service provided to them. Management were seen to be approachable and they listened to people’s experiences, concerns or complaints. Staff stated that they felt able to raise any concerns they had. Relatives confirmed they would be able to speak with management if they had any concerns, but added that they were very happy with the service.

Is the service well-led?

Our findings

People showed us they had trust in the staff and management and it was a friendly and homely environment. It was clear that the staff and management were there to ensure the people had a good quality of life and they empowered people in this process. The manager was trying to involve people and staff in the development of the service and this included an open culture with good communication. Feedback from a health care professional included, "The manager of the home is always helpful and ready to support the person we work with. They have recently introduced team leaders for when the manager is on leave and this seems to be working well."

The service had a registered manager in post who was aware of their responsibilities and ensured the service was well led. There were clear lines of accountability and there was also an on call system so staff could always get help if needed.

Regular meetings had taken place with people who lived at the service and the manager had also recently arranged a meeting with just himself to give people a safe environment to bring any concerns or issues people may have regarding staff members or the running of the service. He added these had been very useful and helped to empower people and develop trust.

Staff we spoke with were complimentary about the management team. They said that they felt well supported and one added that management were 'very supportive'. The manager had an 'open door policy' and staff spoken with stated they were confident in the manager's ability to listen and follow up on any concerns they may raise.

Staff felt they were kept up to date with information about the service and the people who lived there. A regular handover took place between each staff shift so that important information was passed down to each staff team and people receive up to date care.

The service had clear aims and objectives and these included dignity, independence and choice. Staff were required to complete understanding equality and diversity as part of their induction. This looked at people's diversity and how to meet their needs. From observations and discussions with staff it was clear that they ensured that the organisation's values were being upheld to ensure continual individualised care for people.

The service had a number of systems in place to show that it aimed to deliver high quality care. Records seen showed that the manager and provider carried out a range of regular audits to assess the quality of the service and to drive continuous improvements. Where areas of improvement had been identified in the audits, the service had produced an action plan.

Environmental and equipment checks had been carried out to help ensure people's and staff's safety. Monthly audits had also been completed by the manager in line with the company's own policies and procedures. Documentation showed that the provider visited the service each month to complete an audit, to help ensure the paperwork and policies and procedures were being followed. Where concerns had been raised these had been actioned.

The service had systems in place to gain people's views. There were regular meetings with staff and people living at the service to discuss the running and management of the service. During our visit the office door was always open and people were seen regularly speaking with the manager and discussing issues and gaining support and advice.

The service had a pictorial complaints procedure and a copy of this could be found in the foyer of the service. The service has received a number of compliments and these included, "This is a lovely home and the staff are clearly very loving people."