Amberwood 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

This was an unannounced comprehensive inspection that took place on 10 and 11 November 2015.

Amberwood Care Home is a care home registered to accommodate up to 44 people who are aged over 65 and who may also have a physical disability. The home is located on two floors, with lift access to both floors. All bedrooms are en-suite and there are five bath or shower rooms. The home has a variety of communal rooms and areas where people can relax. At the time of the inspection 43 people were using the service.

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

Summary of findings

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.'

The feedback from relatives we spoke with was that they felt people were cared for very well.

People received care and support that was centred on their individual needs. Their care plans included information about how they wanted to be supported.

People told us that they felt safe. Staff knew how to identify and report abuse and the provider had a system in place to protect people from the risk of harm.

The provider had a robust recruitment process in place and carried out pre-employment checks.

People received their medicines safely and at the right time.

Staff were supported through training and supervision to be able to meet the needs of the people they were supporting.

People were involved in decisions about their care and support and care plans included assessments of risks associated with this. Support was offered according to people's likes, dislikes and preferences.

Staff knew people well and understood their care needs. Staff treated people with dignity and respect.

People were supported to take part in a wide range of activities.

Staff and relatives told us they were happy to raise any concerns with the manager and felt confident they would be listened to.

There were effective systems in place to monitor the service being provided.

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?
The service was safe.

People told us that they felt safe. Staff knew how to recognise and respond to abuse correctly.

Staff managed the risks related to people's care well. Individual risks had been assessed and identified as part of the care planning process.

People received their medicines safely and at the right times.

Good

Is the service effective?
The service was effective.

Staff received regular training to develop their knowledge and skills to support people effectively.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005.

People had access to the services of healthcare professionals as required.

Good

Is the service caring?
The service was caring.

Staff were kind and treated people with respect and dignity. Staff knew people's likes, dislikes and preferences.

People's privacy was respected and relatives and friends were encouraged to visit regularly.

Good

Is the service responsive?
The service was responsive

People's care plans were developed around their needs and were kept up to date and reflected people's preferences and choices.

People were able to participate in a wide variety of activities.

People knew how to complain and felt confident to raise any concerns.

Good

Is the service well-led?
The service was well-led.

There was a registered manager in post. There was a manager who had applied to become the registered manager in post. This person had managed the service for 13 years.

Staff told us that they were supported by the managers and that they were approachable.

People and their relatives were encouraged to provide feedback and their views were actively sought by managers.

Good

Amberwood Care Home Limited

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.

This inspection took place on 10 and 11 November 2015 and the first day was unannounced. The inspection was carried out by two inspectors 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.

The service was previously inspected on 30 May 2013 when it was found to be fully compliant with the regulations. Before the inspection we reviewed the information we held about the service and information we had received about the service from people who contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service. We reviewed the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had not received this form prior to the inspection but completed the PIR and sent it to us within a few days of the inspection.

We met people who used the service and we spoke with six people on a one to one basis. We observed staff communicating with people who used the service and supporting them throughout the day. We spoke with six relatives of people who used the service. We spoke with the manager, the office manager, the care standards manager, the cook, two senior care staff and two care staff.

We looked at the care records of five people who used the service and other documentation about how the home was managed. This included policies and procedures and records associated with quality assurance processes. We looked at four staff recruitment files to assess the recruitment process.

Good

Is the service safe?

Our findings

People who used the service told us that they felt safe. Comments included, “I feel safe here,” “I feel very safe here, I know that they come and check on us at night, that makes me feel very safe”, and, “When I first came I was able to walk whilst being assisted by a worker. They would make sure that I was safe.” All relatives who we spoke with told us that they felt that the service was safe. One person told us, “The staff have been excellent.”

Staff we spoke with had a good understanding of how to protect people from types of harm and abuse. They understood their responsibilities to report any safeguarding concerns to a senior staff member. The management were aware of their responsibilities to report any safeguarding concerns to the local authority. Staff told us they were confident that any concerns they raised would be taken seriously by the registered manager. Staff training records confirmed that staff had received appropriate safeguarding training that was up to date.

Staff managed the risks related to people’s care well. Each care plan had detailed information about the risks associated with people’s care and how staff should support the person to minimise risk. For example, one person had a risk assessment in place for the use of bed rails. This had been completed to make sure that the person understood that these were used to prevent falls, and if there were any additional risks, for example if the person would climb over the rails. This meant that if bed rails were needed to protect someone from falls they would be used safely. Risk assessments were reviewed monthly, or when someone’s needs changed. This was important to make sure that information was current and was based on people’s actual needs.

People told us that they generally felt there were enough staff, but that they sometimes had to wait for assistance. A person told us, “If you press the buzzer they come straight away.” Another person said, “There always seem to be enough staff on duty, but when I press the buzzer they seem to take a while.” Another commented, “Sometimes there is enough staff around, and sometimes not.” One relative told us, “Staff seem busy, sometimes they are running around, but you don’t have to wait unduly.” Staff told us that they felt there were enough staff. One staff member said, “Every shift is different, some days more busy than others, always a manager available and activity staff to help.” We saw that the staff appeared to be busy but when people requested help staff would assist them as soon as they could. There was a system in place to monitor the time taken to respond to each buzzer. The manager monitored this information to make sure that people were not waiting for a long time when they had pressed the buzzer. If someone appeared to be waiting for a long time , the reasons for this would be investigated. On the day of the inspection we saw the system in use and saw that buzzers were responded too within ten minutes.

Staff maintained records of all accidents and incidents. These were monitored by the manager and an audit was carried out around falls to try and prevent these happening. For example when one person had fallen more than once advice was sought from the GP to review the persons sleeping tablet to try and make them safer. This did result in less falls for the person.

The premises were clean, tidy and well maintained. Cleaning schedules were in place and domestic staff were employed. Staff told us that fire drills and system tests were carried out regularly. We saw that regular testing of fire equipment and evacuation procedures had taken place. The manager advised that where people may need additional support in the event of an evacuation this had been identified on an evacuation list that would be provided for the fire service. Individual personal emergency evacuation plans were to be introduced to identify where someone had specific needs. Where someone had specialist equipment, for example a hoist, we saw that this had been regularly serviced.

The provider had a recruitment and selection procedure in place to ensure that appropriate checks were carried out on staff before they started work. We looked at the staff records for four people who currently worked at the service; the files contained relevant information including a photograph of each staff member, a record of a Disclosure and Barring (DBS) check, and references. These checks help to make sure that staff are suitable to work at the service.

People received their medicines as prescribed by their doctor or pharmacist. One person told us, “My medication is given to me regularly and on time. They make sure you take it.” We saw that medicines, including controlled drugs, were stored, administered and disposed of correctly and there were policies and procedures in place to support this.

Good

Is the service safe?

Staff had received training in medicines management and their competencies to continue giving people their medicines were assessed annually. The majority of medicines were supplied by the pharmacy using a blister pack system. This system provided doses of peoples medicines in individual containers. This reduced the risks of medicine administration errors.

We saw that where people were prescribed medicines as PRN (as required) there were protocols in place for staff to follow to ensure that people received the right amounts at the right time. A member of staff who we spoke with who administered medicines could describe when PRN medicines should be administered but they were not aware of the written protocols being in place. We saw that PRN medicine had been administered safely and in line with the guidance. The manager advised that they would discuss PRN protocols with all staff who administer medicines to make sure that they knew where to find the written protocol. We saw that there was an audit process in place that the deputy manager completed weekly to make sure that all processes were followed correctly.

Good

Is the service effective?

Our findings

People told us that they felt that they were cared for by staff who knew them well. Only one person felt that the staff did not have enough training, They told us, “I don’t think that the staff here are trained to deal with my needs.”, However, Relatives felt that the staff had the skills and knowledge to carry out their role. One relative told us, “I feel that the staff are trained and experienced to care for my relative.” Another said, “The staff have been excellent”.

We spoke with the staff who told us that they enjoyed the training they had completed. Comments included, “Training is very good, we are supported to go on anything we feel would help us,” “The training is good, we get offered variety,” and “”I felt equipped to work here.” We saw the training matrix that was used to monitor the training needs of the staff team. This showed that staff had completed training in a range of subjects, including training that was specific for the needs of the people they worked with. The training matrix identified any gaps in training for each staff member with actions for when this would be achieved. Courses that needed to be completed included managing complaints, person centred care and care reviews. Some staff members had been trained to ‘Train the Trainer’ level in some courses. This meant that they could offer staff training in these areas on a regular basis to ensure training was kept up to date. The registered manager confirmed that there was an induction process in place. All the staff we spoke with told us that they had completed an induction that included training and shadowing more experienced members of staff. One person said, “I felt equipped for the work I was going to do.”

Staff told us that they felt supported by the management structures within the home. Comments included, “I had a supervision recently, but I know I can speak to my manager when I need to” and, “Supervision is regular, I discuss training and any concerns I have.” Staff received face to face supervision meetings with their manager, as well as observations of the care they provided and an annual appraisal. There were monthly staff meetings held and the minutes of these demonstrated that issues raised by staff had been addressed and resolved.

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. The application procedures for this in care homes and hospitals are 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 were being met. We saw that where people may have been deprived of their liberty the registered manager had made applications to the ‘Supervisory body’ for authority. These had been authorised as being the least restrictive option and in the person’s best interests.

Staff told us that they had received training in MCA and DoLS. They had an understanding of MCA and DoLS and could tell us about how people made choices. For example, one staff member told us that they supported people to make decisions by giving choices and information. Care plans included information about how people made choices and how they communicated them. We saw that the MCA and DoLS had been discussed in staff meetings and that staff had been told ‘It is not ok to tell residents that they cannot have or do something because they don’t like it, or don’t usually do it’. This meant that staff were being advised to work within the principles of the Mental Capacity Act.

People told us that there were choices at mealtimes. One person told us, “If we don’t like what is on the menu, they would offer you something else.” Another person said, “The food varies, but there is a choice.” People were supported by staff at mealtimes. Where support was required staff offered this to the individual. We saw that most people ate in the dining room but that some people had chosen to eat in their rooms. There was a menu in the kitchen with planned meals. We saw that meal choices had been discussed during residents meetings and the cook told us that people were involved with developing the menus. The manager told us that one person helped set the tables by folding the napkins. Throughout the day people were offered drinks and snacks. We observed the drinks trolley going around twice during the day. There were a variety of

Good

Is the service effective?

drinks on offer including hot and cold drinks, such as tea, coffee, squash and lemonade. There were a range of cold drinks available in the dining room throughout the day so people could help themselves if they wanted to.

People had care plans which included information on dietary needs and support that was required. We saw that soya milk was available for people who preferred that or had it for dietary reasons. We saw that where people had dietary needs appropriate referrals had been made to the dietician and Speech and Language Therapists (SALT). The information that had been given by the health professionals was recorded within the care plans. Staff we spoke with were able to tell us about people's dietary needs and were knowledgeable about how to support people who needed additional support. We saw that monitoring charts were used where needed to monitor people's fluid or food intake.

People's healthcare was monitored and where a need was identified they were referred to the relevant healthcare professional. One person told us, "They would always refer me to my doctor." Records showed that people were supported to attend routine appointments to maintain their wellbeing, such as the dentist and chiropodist. Care plans showed that information from health appointments was recorded. We saw that staff monitored any change in people's needs, sought advice from health professionals and recorded what actions they had taken. Where people had their health monitored, for example blood pressure, it was not recorded what a normal reading would be for that person. This meant that staff may not be aware if someone's blood pressure reading was low or high. The manager agreed that they would add this information to the recording charts. We spoke with a district nurse who visited the home on the day of the inspection. She told us that communication with the staff was good, and that the staff responded quickly when someone needed to see a medical professional.

Good

Is the service caring?

Our findings

People mainly spoke well of the care provided and the staff. One person told us, "I feel very well looked after here." Another person told us, "The staff always treat me with respect when administering personal care." One person told us, "Some of the staff are friendly, some not so friendly and only speak to you when you speak to them." Relatives told us that they were happy with the care and the staff. Comments included, "They can't do enough," "We think that if [persons name] was in a nursing home rather than here they would not have improved as much as they have done," and "Nowhere else could have been as accommodating."

Staff knew the people they cared for, they were able to tell us about what people liked, and disliked and how they used this information to support and care for people. One staff member told us that they asked people how they wanted to be cared for. Another told us that they were encouraged to spend time getting to know people. We saw that when someone asked for a staff member to help them, the staff supported the person as soon as they had finished the task that they were completing. They did tell the person they would be with them as soon as they had finished helping another person.

People told us that they had been involved in reviewing their own care plans. We saw that reviews were held quarterly and people and their family were involved in their review. We saw that the care plans had information included about what the person wanted and what they had said. This showed that people were involved in planning their support.

Staff told us how they protected people's privacy and dignity, examples of this included knocking on doors, using people's preferred names, offering same sex carers if the person wanted and getting people to do as much for themselves as possible through encouragement and prompting. We saw that staff provided reassurance and explanations to people when they supported them.

Amberwood Care Home had received the Dignity in Care Award and the Quality Assessment Framework at silver level from Leicestershire County Council in 2015. This meant that they had been assessed as demonstrating an ongoing commitment to promoting and delivering dignified care services. The manager told us that ten staff had been trained as dignity champions. This meant that staff were committed to promoting dignity and equality in the home.

People told us that their family visited them. One person said, "Relatives can visit at any-time, day or night." Relatives told us that they could visit when they wanted to. One relative told us, "I am made to feel very welcome when I visit." We saw that relatives visited throughout both days of the inspection. Facilities were provided so that families and friends could make themselves a drink or a snack when they visited the home. Two computers with internet access had been provided so that people could contact family or friends using video calling so they could see each other or social media.

People were encouraged to personalise their own private space to make them feel at home. We were invited to see five bedrooms and people had brought their own items to make them feel at home. The communal areas had been decorated in a homely manner. For example, in the lounges there were pictures, ornaments and flowers placed around the home. There were areas where books and CD's were available so that people could use these. In one lounge there was a piano and the manager told us that people enjoyed playing this.

Good

Is the service responsive?

Our findings

Relatives told us that they contributed to assessments and care plans only with the persons consent. One relative told us, "I know [person's name] has a care plan, and they asked what he wanted, but he did it all himself, he is very independent." Another relative said, "We have been involved in the care package as she does not have the capacity to agree it herself."

We saw that care plans had information about each person, their needs, how to support them and any changes to their needs. The care plans had been updated monthly to help ensure the information was accurate. We saw that reviews were held involving the person and their family if they wanted them to be involved. At the review the person had the chance to discuss their care and ask for any changes. For example, one person asked that the staff support them at different times of the day. We saw that the care plan had been changed to reflect this request. This had been reviewed and the person had requested to go back to the times before. This meant that people were contributing to how they wanted to receive their care and were given choices about this. We saw that where people had expressed preferences about their care this had been recorded.

Information about people was shared effectively between staff. A staff handover was held between senior staff and the information was then passed to the care staff that were on duty. We saw that staff shared information about any changes to care needs, or if something had happened. This meant that staff received up to date information before the beginning of their shift.

People told us that they took part in activities. One person told us, "We have fortnightly activities sheets so that we know what is going on." We saw that people were supported to take part in activities. An activity co-ordinator had been employed who arranged a variety of activities for people each day. There were two planned activities each day. These included cooking club, trips out, arts and crafts, flower arranging and 'chairobics'. On the first day of the inspection we saw a singer came to the service and people told us they enjoyed this activity. The manager told us that where people did not want to, or could not get involved in the group activities they were offered a one to one session so that they also had the chance to participate. We saw that a hairdresser came to the home and people were waiting to see her on the day of the inspection. The manager told us that people could choose to go to their own hairdresser or have them visit the home if they would prefer this.

People told us that they had residents meetings. We saw that the minutes were available and kept on the residents noticeboards. We saw that staff, food, management and domestic issues in the home had been discussed at recent meetings. People were encouraged to give their views on the home, what was working for them, and what they wanted to improve. This meant that people were encouraged to express their views and they received feedback on what had happened. We saw that there was a suggestion box underneath the activities board where people could make suggestions to the manager. This meant that people and their relatives had an opportunity to tell the managers what they thought when they wanted to and anonymously if they would prefer.

All of the people we spoke with told us they would raise any concerns with the manager, who they referred to as the matron, or staff. Comments included, "I have no concerns, if I did I would speak to the matron," and, "If we have any concerns we would see the matron." All relatives we spoke with told us they knew how to make a complaint and were confident to do so. We saw a complaints policy was in place and was available in the prospectus for the home. There had not been any complaints received.

Good

Is the service well-led?

Our findings

People told us that they were happy living at Amberwood Care Home. Comments included, “They are excellent here,” and, “There is always someone to speak to.” Relatives told us that they felt happy with the care provided. One relative told us, “I would recommend the home,”. Another said, “The home is excellent”.

Amberwood Care Home is a family run home that has been operating for 23 years. The manager had worked at the home for thirteen years and was applying to become the registered manager. There was a registered manager in place however they wanted the person who was managing the service on a day to day basis to take on this role. The manager told us that they had management meetings each month to discuss how the home was running and make sure that they provided a high quality service.

Staff told us that they felt supported by the management. One staff member said, “The culture is open and transparent.” Staff told us that they felt valued by the managers. This was through financial incentives but also through the managers thanking people when they covered shifts. One staff member told us, “Everyone is important in delivering the service no matter what their role in the home.”

Staff told us that they could approach the managers and that they were visible in the service. Comments included, “The managers want to know if there are any problems and are willing to listen,” “the managers are visible and supportive,” and, “There is really good communication from managers, they tell us things, but we can speak to them and they listen.” All staff we spoke with told us that the home was run for the people who lived there. One staff member told us, “It is clear that this is very resident orientated, it is not run for the staffs benefit.” Another staff member told us, “This is a family orientated home; it feels like it is the residents home.” This meant that staff knew what the values of the provider were.

People were encouraged to provide feedback and their views were actively sought by managers. Residents meetings were held monthly. Minutes of the meetings demonstrated that feedback was valued and acted upon so that the service could work to constantly improve. A monthly newsletter was produced that was available to people who used the service and relatives. We saw a copy of this and it included stories about new staff, updates when staff had a baby or got married, information about activities and general information about the home. This offered people a way to keep up to date with what was happening at the service. We saw that staff also received a newsletter to update them what was happening in the home. This meant that staff could receive information about important updates from the newsletter as well as staff meetings.

The manager told us that they carried out audits to ensure that they provided a high quality service. This included audits on health and safety, documentation, falls and medication. The manager told us that this was to ensure that records were up to date and all tasks had been completed.

We saw that relatives had received surveys in the last twelve months to seek their feedback on the service and to listen to any comments that they had. Following the survey the results had been discussed and agreed actions were put in place.

The manager understood their responsibilities to report events that they were required to report to CQC. They had applied to become the registered manager and could explain the responsibilities of this role.