

Countrywide Care Homes (2) Limited

Amber Court

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 ●

Summary of findings

Overall summary

Amber Court is registered as a care home with nursing and provides accommodation for people who require nursing or personal care. The home is in a residential area of Blackpool. It can accommodate a maximum of 33 people. Accommodation is over two floors with bedrooms and communal facilities on both floors with lift access. There is a car park at the front of the home.

At our last inspection in May 2016, we rated the service overall good. However safe was rated as required improvement. This was in relation to staffing. People who lived in the home, relatives and staff told us there were times when staffing was too low and staff were rushing about. We also observed this on that inspection. We made a recommendation about regularly reviewing staffing rotas to ensure safe and sufficient deployment of staff.

During this inspection visit on 10 January 2019 we found staffing was sufficient to meet the needs of people supported. We found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the time of the inspection 33 people lived at the home.

The inspection visit took place on 10 January 2019 and was unannounced.

There had been a change of registered manager since the last inspection. The new manager had been the registered manager for the home since July 2018. 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 told us they felt safe and cared for by staff. There were procedures in place to protect people from abuse and unsafe care and staff were aware of their responsibilities in keeping people safe. Risk assessments had been developed to minimise the potential risk of harm to people. Any safeguarding concerns, accidents and incidents were dealt with appropriately.

Medicines were managed safely. People received their medicines when needed and appropriate records had been completed.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs. Most people said there were sufficient staffing levels in place. One person said, "I only have to shout and they are here quickly."

We saw and people told us staff provided care in a way that respected peoples' dignity, privacy and independence. People told us they enjoyed a variety of social and leisure activities and staff were welcoming to their families and friends. People said this assisted their well-being.

We saw people had access to healthcare professionals. People told us staff cared for them in the way they wanted and met their care needs promptly. They referred them to healthcare professionals in a timely way.

People's care and support had been planned with them and was person centred and informative. We saw they had consented to their care and treatment wherever possible. People had been supported to have maximum choice and control of their lives and were supported in the least restrictive way possible. The policies and systems in the service supported this practice. People had information about support from an external advocate should this be required.

Most people told us they enjoyed the food provided and had choice and variety. People received sufficient food and drink and the assistance they needed. The kitchen was clean, organised and stocked with a variety of provisions and staff were trained in food safety.

We looked around the building and found it was clean and hygienic, had been maintained and was a safe place for people to live. There were safe infection control procedures and practices and staff had received infection control training. Staff wore protective clothing such as gloves and aprons when providing personal care to people so they did not risk causing cross infection. The design of the building and facilities in the home were appropriate for the care and support provided. We found equipment had been serviced and maintained as required.

People and staff were complimentary about the management support in the home. The management team sought people's views in a variety of ways. They assessed and monitored the quality of the service through audits, resident, relative and staff meetings and surveys. People felt able to complain if they were not satisfied with their care and said action would be taken. They told us the management team were supportive and approachable.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service improved to Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Amber Court

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Amber Court is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Before our inspection on 10 January 2019 we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received. Prior to our inspection visit we contacted the commissioning department at the local authority and Healthwatch. Healthwatch is an independent consumer champions for health and social care. This gave us additional information about the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection visit took place on 10 January 2019 and was unannounced.

The inspection team consisted of an adult social care inspector and two expert by experiences. 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 expert by experiences on this inspection had a background supporting older people and people with dementia.

Where people had limited verbal communication and were unable to converse with us, we observed staff interactions. During our inspection we used a method called Short Observational Framework for Inspection

(SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the visit we spoke with a range of people about the service. They included ten people who lived at the home and five visitors. We spoke with the registered manager and six staff. We looked at the care and medicines records of three people. We reviewed a variety of records, including care plans, staff training and personnel records and records relating to the management of the home. We checked staffing levels, arrangements for meal provision and checked the building to ensure it was clean, hygienic and a safe place for people to live. We also observed care and support in communal areas. This enabled us to determine if people received the care and support they needed in an appropriate environment.

Is the service safe?

Our findings

At the last inspection in May 2016 the service was rated as required improvement in safe domain. This was in relation to staffing. We saw and people who lived in the home, relatives and staff told us there were times when staffing was too low and staff were rushing about. We made a recommendation about regularly reviewing staffing rotas to ensure safe and sufficient deployment of staff.

During this inspection visit on 10 January 2019 we found staffing had been increased. Almost all people we spoke with told us there were sufficient numbers of staff available to meet their needs. Comments included, "From what I have seen – yes." And, "I think so, if I call, usually they are very quick." And, "There is always someone about to look after me." However, two people felt there should be more staff available. One person said, "No I don't! There never seems to be enough staff and those that are here are overworked and underpaid." We saw staff provided supervision and support for people and requests for assistance were responded to promptly. The duty rota showed sufficient staffing was in place and changes had been made to staffing when needed. Staff spoken with told us they were able to spend time with people in their care, meeting their care and social needs.

Throughout the inspection we saw staff supported people safely and with respect. People we spoke with told us they felt safe and supported at Amber Court. They told us staff looked after them in a careful and attentive way. They said they would feel confident asking a member of staff for support or if they felt something 'wasn't right'. One person told us, "I feel perfectly safe." A relative said, "[Family member] is perfectly safe and cared for."

Appropriate recruitment checks had been completed to reduce the risk of employing unsuitable staff. Procedures and training continued to be in place to reduce the risk of abuse or unsafe care. We asked staff to explain what they would do if they saw or suspected unsafe care or abusive practices. They said they would report this. One staff member said, "Definitely, I could not live with myself if I did not say something." Risks were reduced because staff continued to carry out assessments to identify possible risks of accidents and harm to people. These provided guidance for staff in how to safely support people and reviewed regularly.

Staff followed The National Institute for Health and Care Excellence (NICE) national guidance on safe management of medicines. We saw medicines continued to be ordered, checked on receipt into the home, given as prescribed, stored and disposed of correctly. People said staff supported them with their medicines safely. One person said, "They always give my medicines on time."

We looked at how accidents and incidents had been managed. Where any incident, accident or 'near miss' occurred, the staff team discussed and reviewed them to see if lessons could be learnt and if they could reduce the risk of similar incidents.

We looked around the home and found it continued to be clean, tidy and maintained. There were safe infection control procedures and practices and staff had infection control training. They understood their

responsibilities in relation to infection control and hygiene. We observed staff used personal protective clothing such as disposable gloves and aprons to reduce the risk of cross infection.

Is the service effective?

Our findings

Most people told us they enjoyed the food at Amber Court and were regularly offered drinks and snacks. One person told us, "I don't eat much but they make sure that I have something and if I did not like what was on offer they would find me something." Another person said, "I enjoy almost everything." A relative said, "The food is good, [family member] eats everything." However, one relative told us, they brought their family member meals as they didn't like the food. We saw from meetings minutes, one person commented, 'I like the juices and the snacks in the lounge. I like it when I see the juices I like to drink.'

We observed mealtimes in both dining rooms. The menu for the day was on display in the hallway on a notice board but was different to what was on offer for the day. This was confusing to people. There were sufficient staff to give people the attention they needed and food was provided promptly. The kitchen was clean, organised and stocked with a variety of provisions.

We saw the service continued to gain people's consent to care and treatment in line with the Mental Capacity Act (MCA). People's mental capacity had been considered and documented in their care records. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff made sure that people had choice and control of their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff continued to monitor people's health. People told us staff talked with them about their care and supported them to see GP's, district nurses, opticians and other healthcare professionals. They said staff would notice if they were unwell and were supported to see a doctor if they needed one. Care records seen confirmed this. One person told us, "They know me and would wonder why I was not doing what I do." Another person said, "They have called a doctor for me." Staff shared information with other professionals as needed to assist with people's care and treatment.

We looked around the building and saw accommodation, equipment and outdoor space continued to meet people's needs and be appropriate for the care and support provided. Bedrooms were personalised to people's individual taste. We found equipment to assist people with mobility and personal care was in place.

We spoke with staff and checked the staff training matrix. Training was frequent and included care training, safeguarding, infection control, health and safety and equality and diversity. One staff member told us, "I do enjoy working here. We get good training and support." We saw staff received regular supervision and annual appraisal. They said these were useful and provided feedback about their work performance.

We saw evidence the provider was referencing current legislation, standards and guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which was meeting their needs and protected their rights.

Is the service caring?

Our findings

People told us the staff were caring, patient and helpful. Comments included, "The staff are so pleasant." And, "I like this place, I could not be anywhere better – I am very happy here." We saw that staff interactions with people who lived at the home, visitors and other staff continued to be friendly and attentive. People told us they were supported in the way they wanted. They said staff provided care in a way that respected their dignity, privacy and independence. One person told us, "Caring has to come from within to be able to care for people like they do." Another person commented, "They do treat everyone with respect – yes." A relative said, "It seems to be [a nice place] everyone has a good word for it."

We saw staff showed concern for people's wellbeing and responded quickly when people required their help. They engaged them in conversation and activities taking people's preferences into account. They were aware the importance of upholding people's rights and diverse needs and treated people with respect and care. We saw staff respected people's privacy and dignity by knocking on doors and waiting for a response before entering. One person said, "They are always polite and treat me with the upmost care and respect." Another person told us, "They speak to me in a manner that shows they care for people." A relative said, "Definitely – ten out of ten." And a staff member said "Everything I do is for the people here. I have got to know them all very well."

Staff had a good understanding of protecting and respecting people's human rights and about the importance of supporting and responding to people's diverse needs. All staff had received or were due to receive training which included guidance in equality and diversity. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010 which legally protects people from discrimination in the work place and in wider society. People's personal relationships, beliefs, likes and wishes were recorded in their care records and this helped people to receive the right support around their individual beliefs including religion, culture and sexuality.

Everyone said that family and friends were always welcome. Comments included "There are no restrictions on when family can visit." And, "I have people come to see me all the time at any time we want." And, "I have never been stopped from visiting, even when they are having meals! If I am here at meal times they ask if I want something to eat and I can make myself a cup of tea whenever I want."

We spoke with the registered manager about access to advocacy services should people need their guidance and support. The service provided information with the welcome packs. Advocacy services offer independent assistance to people when they require support to make decisions about what is important to them. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Is the service responsive?

Our findings

People said they were satisfied with the care and support they received. They said staff responded to requests for assistance promptly and were on hand for support. We saw staff reacted promptly to people's care needs. People told us they chose when to get up and go to bed and what to do throughout the day. One person told us, "They have been very good to me here and I get all the help I need when I want it. At the same time, they appreciate I want to do as much as possible for myself."

We saw care plans were informative, personalised and reviewed regularly. People told us and the care plans we saw demonstrated people and where appropriate, relatives were consulted and involved in care planning and reviews. One person told us, said "Yes, "It has changed from time to time and I am happy with it." A relative said, "They rang when they were to review [family member's] care plan and asked me if I wanted to sit in on the review, which I did." Relatives said they were kept informed if their family member was unwell. Comments included "They called me yesterday and got the paramedics to [family member]." And, "They have phoned me in the middle of the night if something is wrong. It doesn't take me long to get here."

We looked at arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen identified whether a person had communication difficulties and how they communicated. Staff recorded what help people needed to increase their abilities in communication. They shared important information about people's needs, including communication needs, with other professionals. This helped to guide other professionals, particularly where people were unable to communicate easily.

People told us there were frequent and varied social and leisure opportunities every day including arts and crafts, games, singing armchair exercises, pets visiting, entertainers and trips out. Comments included. "There is plenty of entertainment. The activities girl is really good." And, "They put on a lot of entertainment but I am never forced to join in." And, "We love the nursery visits. They are fantastic."

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how to complain and reassured people these would be responded to appropriately. People we spoke with told us knew how to make a complaint, would feel comfortable doing so without fear of reprisals and believed that their concerns would be acted upon. People told us they didn't have reason to complain. One person said, "I can't complain about anything here but know how to if I needed to." Another person said, "My relative complained once and it was sorted out straight away."

We saw from care records staff had discussed people's preferences for end of life care where people were willing to do so, so staff and families were aware of these. We found people had been supported to remain in the home as they headed towards end of life. This let them stay in familiar surroundings, supported by staff who knew them.

Is the service well-led?

Our findings

There had been a change of registered manager since the last inspection. The new manager had been employed by the service since July 2018. 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 who lived at the home, relatives and staff spoken with were complimentary about the registered manager and staff team. They said they were pleased with the way the home was managed and could talk with the management team if they had questions or comments.

The registered manager sought the views of people in a variety of ways including meetings, surveys and informal chats. People told us there were resident's meetings where they could raise any issues or ideas. One person told us, "We can get involved and always voice our opinion." Records seen confirmed meetings had been held on a regular basis to keep people up to date with what was happening in the home.

People were asked to complete satisfaction surveys about the care they received as were their family and friends. One person said, "They have sent me a questionnaire and I have filled it in and sent it back." Comments made at recent residents and relative meetings showed they were complimentary about the home under the registered manager. Comments included, 'Can I just say formally that you are doing a fantastic job since you came in here. You give us control on what we want.' And, 'I have never been so contented. Things are getting better and better each day.' And, 'It is different since you started here we are happy, everyone is happy.'

The registered manager understood legal obligations, including conditions of CQC registration and those of other organisations. There was a clear management structure in place and they were clear about their role and provided a well-run and consistent service. The staff team were knowledgeable and familiar with people's needs.

The management team carried out audits to govern, assess and monitor the quality of the service and staff. These included monitoring and auditing medicines, care plans, equipment and the environment. The registered manager also carried out unannounced monitoring checks at different times of day and night. Where omissions or shortcomings were found actions had been taken, learnt from and changes made in response to these.

The staff team continued to work in partnership with other organisations to make sure they followed current practice, providing a safe, quality service. These included healthcare professionals such as, district nurses, dieticians, speech and language therapists and mental health teams. This multi-disciplinary approach helped to support people in their care to receive the right support.

Staff told us they felt supported by the registered manager and management team. They said they could

contribute to the way the home ran through supervisions, daily handovers and staff meetings.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.