

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Amberwood Care Home Limited

218 Aylestone Lane, Wigston, LE18 1BD

Tel: 01162813474

Date of Inspection: 30 May 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Amberwood Care Home Limited
Registered Managers	Mr. John Ford Mrs. Margaret Ford
Overview of the service	Amberwood Care Home provides accommodation for up to 44 older people. Accommodation 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.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 May 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

A person who used the service told us, "It's wonderful here. I have a beautiful room. I like everything about living here. I'm very well looked after day and night. The food is good, we have lots of choice. When I use my buzzer staff come quickly." Another person told us, "I'm looked after so well. I get the care I need. The home had arranged for a GP to visit me when I felt out of sorts. The staff remind me about the medicines I need to take. The staff help me to be as independent as I can be. I get up when I want to, the meals are marvellous and there is always a variety to choose from. There are lots of activities to enjoy."

Relatives of a person who used the service told us, "We were involved in the assessment of our mother's needs and reviews of her care plan. We've had opportunities to provide feedback. The staff understand our mother's needs. The staff are attentive, we can't fault the staff. All of the staff, from manager to the cleaners, care about the people who live here. There are plenty of opportunities to take part in activities. It couldn't be a better home. We have recommended it to other people."

We found that the service provided a safe and caring environment and that the home was well run.

The provider may wish to note that the home does not provide treatment of disease, disorder or injury nor diagnostic screening procedures; and may therefore wish to review their registration for those regulated activities.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them because they and their relatives had been involved in the assessment of their needs and in reviews of their care plans. People who used the service had opportunities to attend residents meetings and meetings that specifically focussed on the types of activities made available to people. We found that people had contributed ideas and had been listened to. People we spoke with told us that they knew what activities were available which showed that people had been kept informed of the activities available to them. People's views had also been sought through a survey that invited people to express whether they were satisfied with the quality of the care and their experience of living at the home.

People had expressed their views and were involved in making decisions about their care and treatment at reviews of their care plans. People told us that had been able to discuss their care needs with staff at any time, not just at reviews. People had been able to contribute to discussions about the food available at meal times and about the range of social and individual activities.

People were supported in promoting their independence and community involvement. Staff had been able to support people to be independent because they knew what people liked and what their interests were. The service had an activities coordinator who had planned and provided meaningful and stimulating activities that reflected people's interests. The care staff understood that people who lived at the home had different levels of dependency. That meant that care workers knew that some people required more support than others to be independent. A person who used the service confirmed that to be the case when they told us, "I'm getting the care I need. The staff let me be as independent as I want."

People's diversity, values and human rights were respected. The service had arranged church services for people who wanted to attend services.

We found care workers, cleaning and domestic staff spoke with people in a respectful manner. Staff referred to people by their preferred name. We saw that staff knocked on people's doors and said who they were before they entered their rooms. Staff supported people with their mobility patiently and at a pace that suited the person they supported. When staff supported people they explained what they were doing and spoke to people and offered reassurance. A care worker we spoke with demonstrated a confident understanding of what 'dignity in care' meant in practice.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs had been assessed and care and support had been planned and delivered in line with their individual care plan. Care staff understood people's needs because they had referred to people's care plans. People we spoke with told us that they had been well cared for. Relatives of people we spoke with told us that they were confident that people had received the care and support they required.

Care and treatment had been planned and delivered in a way that was intended to ensure people's safety and welfare. Activities associated with people's personal care routines and other aspects of their care had been risk assessed and those risk assessments had been regularly reviewed. Care staff monitored changes in people's health and wellbeing and had made appropriate referrals to health professionals. Relatives told us that they had always been kept informed of any changes in their parent's health and wellbeing.

Most of the people who lived at the home had limited mobility and required support when they walked. The provider had assessed the risks to people of experiencing falls. All falls had been investigated to establish why a person had fallen and appropriate steps had been taken to reduce the risk of falls of the risk of injury from falls.

Care staff had received relevant and appropriate training to be able to support the people who lived at the home. One care worker who had joined the home after our last inspection in November 2012 told us that the training they had received had made them feel very well equipped to support people who used the service. Another care worker we spoke with told us that the training they had received had emphasised the importance of understanding people as individuals.

The home offered a range of meaningful and stimulating activities for people who used the service. People who had chosen not to participate in social activities had been supported to enjoy activities that were of interest to them. The home's activity coordinators had involved people in identifying activities they wanted to be organised for them.

We visited all communal areas of the homes and saw most bedrooms. All of the rooms and corridors we saw were exceptionally clean and well furnished. That made an important

contribution to the home providing a comfortable and caring environment for people.

There were arrangements in place to deal with foreseeable emergencies.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

The provider had a policy for the management of medicines. The policy covered the home's arrangements for obtaining, storing, administration and disposal of medicines. The registered manager had carried out weekly audits to ensure that all staff who had been responsible for handling medicines and done so in accordance with that policy.

The provider had robust and effective procedures for the safe storage of medicines. Only staff who had been judged competent to administer medicines had given medicines to people. Our review of records and our conversations with people who used the service confirmed that people had been given their medicines, or prompted to take their medicines, at the right times. Staff who administered medicines had not been distracted by other duties when they carried out medicines rounds.

People we spoke with told us that they knew what medicines had been prescribed for them and why they were taking them. One person told us, "I get the medicines I need. I know what I should have."

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The training and other records we looked at showed us that the provider employed sufficient numbers of suitably qualified and experienced staff to provide for the needs of the people who used the service. Five care workers were on duty each morning and afternoon; and three care workers had been on duty during the night. Day time care workers were supported by the manager and a deputy. Night time carers had access to an on-call senior. Care workers were only engaged in supporting people who used the service and were not distracted by other duties such as food preparation or cleaning. That was because the provider employed a housekeeping team, cook and kitchen assistants.

People who used the service told us that staff had always responded quickly to calls for assistance. We found that to have been the case during our inspection. Staff we spoke with told us that they felt that enough staff had always been on duty. A care worker told us that there had never been an occasion when a person who required the assistance of two care workers had not received that assistance. A person who required the support of two care workers confirmed that to have been so in their case.

We spoke with care workers and housekeeping staff. All of the staff we spoke with demonstrated that they knew how to recognise and respond to signs of abuse. All of the care staff we spoke with demonstrated that they understood the needs of the people who used the service. People who used the service and relatives told us that staff understood their needs. Relatives we spoke with were highly complimentary about the staff. One relative told us, "All the staff are brilliant, we can't find fault with any of them." We also saw 16 thank-you cards that were complimentary about the staff.

We found that there had been sufficient numbers of suitably qualified staff on duty to meet the needs of the people who used the service.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment through an annual survey. The survey included questions about important aspects of people's care and experience of the home. The survey had therefore been comprehensive and had been aimed at identifying what changes people wanted to see. People's views had been acted upon.

There was evidence that learning from accidents incidents and investigations took place and appropriate changes had been implemented to reduce the risk of accidents and injuries from accidents. Care plans and associated risk assessments had been regularly reviewed.

The provider took account of complaints and comments to improve the service. No complaints had been received, but at least 16 relatives had written to the home to thank and compliment the home about the quality of care that had been provided.

The provider had an effective process for assessing and monitoring the quality of care provided. That process included feedback from people, relatives and staff and more formal methods such as audits and care plan reviews.

The registered manager was familiar with the essential standards of quality and safety set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Information about those standards had been added to the service's induction programme for new staff.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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