

Avery Homes (Nelson) Limited

Amarna House Care Home

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

Amarna House Care Home is registered to provide residential and nursing care for up to 80 older people and younger adults who may be living with dementia, a physical disability or sensory impairment. 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. The home is situated in the Acomb district of York. The home is split into four units over two floors. People who required nursing and residential care were supported on the ground floor and on the first-floor people living with a dementia related illness were supported in two separate areas.

This inspection took place on 6 and 7 September 2018. The first day was unannounced and the second day announced to ensure the registered manager was available to speak with us.

At our last inspection we rated the service 'good'. At this inspection, the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing 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.

The service had a registered manager who had been in post since January 2018. A registered manager is a person who has registered with the CQC 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.

Staff understood their responsibility to protect vulnerable adults from abuse and poor practice. Staff ensured documentation was reviewed to continuously meet the needs of people living at the service

People were kept safe by staff who were trained to monitor and risk assess the safety of equipment and utilities. There were communal areas for people to interact or sit quietly, which were clean, tidy and welcoming.

People's bedrooms were personalised and staff were clear about the importance of paying attention to people's well-being, privacy, and independence.

The service provided safe staffing levels, and care workers received consistent supervision and training.

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

The staff provided a good standard of care to the people who lived there. They were aware of people's needs and treated them with dignity and respect. Staff listened to people and acted accordingly when

asked for assistance.

People who used the service told us staff were caring. We observed meaningful interactions between staff and people throughout the inspection; feedback from people and their relatives was positive.

Care plans were person- centred and contained detailed information about people's support needs.

A variety of activities were available every day and people who lived at the service were involved in the planning of these activities .

The registered manager worked in partnership with external health and social care professionals to ensure people's health and social care needs were met. Quality assurance processes were in place to monitor the quality of care delivered.

Further information is in the detailed finding 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? The service remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well-led.	Good ●

Amarna House Care Home

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 6 and 7 September 2018. This was unannounced on day one and we told the provider we would be visiting on day two. On both days of our inspection two adult social care inspectors visited the service.

We reviewed information we held about the service, such as notifications we had received from the provider, information from the local authorities that commissioned services with them and Healthwatch. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. Healthwatch is an independent service which exists to speak up and publicise the views of local people in health and social care settings.

Before the inspection, we reviewed the Provider Information Return (PIR) that the provider completed in January 2018. 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.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with six people living at the service and three visitors. We spoke with the regional manager, the registered manager, two senior care staff, two care workers and the cook.

We looked at records including; six care and support plans for people who used the service, five medication records, three staff recruitment files, training and supervision records. We looked at records involved with maintaining and improving the quality and safety of the service which included a range of audits and other checks.

Is the service safe?

Our findings

People who lived in the home told us they felt safe there. Comments included, "I love it here, it's not home, but it's not far off," "I feel very safe here" and "I know where I am and I like it."

Staff said people were safe living in the service. They knew how to identify and report abuse. One staff member told us, "I would report any signs of abuse to the manager, they would take action and if not, I would go further. It is my duty, I need to protect people."

The service was clean and tidy. Cleaning rotas were in place and the registered manager completed daily 'walk arounds' to monitor the cleanliness of the environment. Staff had knowledge of infection control and personal protective equipment (PPE) was available for staff throughout the building. We observed staff using PPE when supporting people.

Risks to people had been assessed and continually monitored to ensure people's safety. Risk assessments were used to identify and manage risks within the environment. Regular checks were carried out in the home to ensure the premises and equipment were safe for people to use. Fire safety checks were consistently completed and the service had plans in place to manage people's safety, in the event of a fire.

Observations showed there were enough staff working in the home to meet people's needs and to support people. People told us there were enough staff to support them. One person said, "There is always someone here to offer me help when I need it." Call bells were answered promptly and staff were visible throughout the day.

Robust recruitment checks were carried out, including of staff's previous conduct in employment and Disclosure and Barring Service checks (DBS). These checks helped to ensure people were supported by staff who were suitable to work in a care service.

New staff members said they received a thorough induction, which included training sessions and shadowing more experienced staff. They were also given time to spend with people who lived in the home and to get to know individuals and what was important to keep them safe. This was all completed before they worked as a member of the staff team.

Accidents and incidents were recorded appropriately and systems were in place to monitor and identify common themes. The registered manager completed action plans to communicate to staff, any actions to ensure safety within the service. This also included lessons learnt from incidents.

Medications were managed safely. Records confirmed people had received their medicines as prescribed. They showed care workers had completed medication training and plans were in place for this to be updated. All medication was stored correctly and safely.

People were protected because staff had been trained in carrying out their roles safely. We observed staff

were quick to respond to risks to keep people safe. Records we looked at showed staff had completed appropriate training including health and safety, infection control, food safety and fire safety. Competency checks were completed.

Is the service effective?

Our findings

Staff consistently assessed people's needs. Care plans and risk assessments were in place to support staff to provide care and support to people in line with their beliefs, likes and dislikes. Care plans and risks assessment were consistently updated and detailed changes to people needs.

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 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of these pieces of legislation and when they should be applied. The registered manager had made appropriate applications to deprive people of their liberty. Mental capacity assessments and best interest decisions had been documented when necessary.

Consent to care was sought from people who were able to give consent. Staff talked to people and encouraged them to make decisions for themselves, providing people with sufficient information to enable this.

Staff had the skills and knowledge to support people. People told us, "They [staff] are brilliant", "The staff definitely know what they are doing" and "They do a fantastic job." Staff completed regular training in the form of eLearning and face to face training. New staff members completed the 'Care Certificate'. The Care Certificate is a nationally recognised set of standards that sets out the knowledge, skills and behaviours expected of care staff. Staff received support in the form of consistent supervisions and annual appraisals.

People were supported in line with their needs to maintain a healthy diet. People told us, "The food is lovely", "I look forward to the meals" and "The food is good." The chef was aware of people's nutritional needs and showed a clear understanding of their special dietary requirements. Drinks and a variety of snacks were offered to people between mealtimes and people were given choice. The service has been awarded a five-star rating for food hygiene.

People could access healthcare professionals with the support from staff. Records showed visits from various health professionals, including, doctors, specialist nurses, opticians and chiropodists.

At the previous inspection the service was divided in to four separate areas. At this inspection the registered manager had monitored the area on the first floor and found the door that separated two areas was not needed. They explained that people living with a dementia spent a lot of time knocking on the partitioning doors wanting to get through. The doors had been removed to create one large area for people to explore. People were happy within this environment and while the two separate areas were managed by staff, people were free to eat and engage within the area they choose.

There were various displays around the home, celebrating different religions and religious celebrations giving cultural information to people. Peoples rooms were personalised to them and contained personal furniture, photographs and ornaments. Clear signage supported people to move independently around the

home.

Is the service caring?

Our findings

People and their relatives gave positive feedback about the service. They told us, "Staff are very kind, nice and a good laugh", "They are all very caring" and "I would be lost without them [staff]." A relative told us, "They are superb, they know [name] really well and they are really happy here."

We observed meaningful interactions between staff and people. For example, one person had a teddy bear for comfort and reassurance. A staff member spent time talking about the teddy and actively listening to what the person was saying. We observed one interaction where a member of staff did not answer direction questions from a person. The staff member did not respond to the person or offer any reassurance to them. The registered manager was informed and addressed this at the end of the first day of inspection by speaking with the staff member concerned.

Staff knew people well including their likes and dislikes and were able to explain these to us. People were encouraged to maintain relationships with relatives and friends. We observed people's relatives and friends were made to feel welcome and they had privacy when people visited. One relative said, "Staff are always welcoming. I can visit any time and can help myself to drinks."

People had free movement around the service and could choose where to sit and spend their time. People could spend time the way they wanted. They had formed relationships with each other and we observed staff supporting these relationships during a meal time, where they rearranged the seating so people could sit together.

Regular meetings were held with people who used the service. People and their relatives were given the opportunity to be involved with the running of the service and were given information of various services that were available to them. People told us they were asked for feedback on the care received. One person told us, "They do surveys and they come and ask me for feedback." One relative told "we get invited to meetings regular."

People's privacy was respected. For example, where people did not wish to give their life story they did not. Staff spent time talking with people and found out about them through natural conversation, which was then detailed in activities and daily notes. People told us they felt valued.

Confidential information was stored securely, records were kept in locked cabinets in offices when not in use, in line with current legislation.

Is the service responsive?

Our findings

People who used the service received the appropriate care when they required it. People told us, "The staff know me well", "If I need anything, they always get it for me" and "I get to see a doctor when I need to." A visiting relative told us, "They are very good at recognising when my [relative] is not themselves and act appropriately."

Care plans were person-centred and held detailed information on people's preferences, likes and dislikes. People's medical history was clearly documented and information around specific conditions was available. This enabled staff to recognise changes in a person's health and respond appropriately. Care plans were reviewed consistently. The service had a system in place called 'resident of the day'. Staff told us on this day a full review was completed with that person to ensure the information within the care plan was accurate and meeting their needs. One person told us, "They [staff] are always asking me if I am happy with things."

Care plans contained detailed life stories and staff knew people well. The service was in the process of creating 'life story boards' for people. Each board was unique to the person and pictures were used to tell their story. The provider had completed research and staff had spent time talking to people using Tom Kitwoods philosophy of person-centred dementia care. Tom Kitwood was a professor and a pioneer in the field of dementia care. The registered manager told us people were really enjoying completing this and, when they were completed, they would be displayed in the person's bedroom. This supported anyone interacting with them, for example, Doctor and other health professionals would have an insight in to the person.

A variety of activities were available for all people throughout the day, every day. Records showed people were involved in the planning of activities and feedback was sought from people on how they had found them. Each person received a weekly planner of activities, which detailed what was on and where it was happening. This was also displayed around the home in an accessible format to all people.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure people with a disability or sensory loss are given information in a way they can understand. Care plans detailed how people preferred to communicate and displays and posters, which were all around the service, provided people with information in an accessible way to meet this standard.

The provider had a complaints procedure displayed in the service for people and visitors to access. Where complaints had been made, records showed they were not always responded to in line with company policy. For example, there were no response letters or investigations documented. A complaints log showed dates of when responses and investigations had been completed and the registered manager informed us that all complaints are responded to and investigated but not always recorded.

People's end of life care needs were written in detail in their care plan. This provided staff with information to ensure people received a dignified, comfortable and pain free end of life care.

Is the service well-led?

Our findings

People and relatives spoke positively about the management of the service. They told us, "Its lovely here" and "I go and see them [management] in the office, they always have time for me." A visiting relative told us, "They [management] have made some great changes here."

The service had a registered manager in place. The registered manager was supported by an operations manager and unit managers. There was no deputy manager in post at the time of the inspection. The registered manager told us that they have recruited a deputy and they will be starting at the service in a months' time.

The service's most recent rating by CQC was prominently displayed within the location in line with legislation. The registered manager understood their legal responsibility to notify the CQC about incidents that affected people's safety and welfare; records showed they had done so accordingly. The registered manager told us they kept up-to-date with changes within the service by working on the floor with other staff and by attending internal meetings on company policy.

The registered manager was passionate about providing person- centred care and creating an environment which was inclusive to all people. They spent time monitoring the service and identifying areas that needed changing to support the people living at the service. The registered manager had made various changes within the service. For example, 'resident of the day' was introduced to ensure records were kept up-to-date, the environment was changed to make people feel more comfortable and a daily meeting was held with senior staff to discuss people's changing needs and agree the most appropriate action to be taken.

Throughout the inspection there was a real emphasis on team work and working together to support people. Staff felt supported and confident with the registered manager. One staff member told us, "The manager is always here and very helpful. They've made me feel more confident in my role." Staff meetings and supervision were held regularly and staff told us they felt confident to approach the registered manager if they had any problems. People were supported by staff that were happy within their work.

Systems were in place to ensure the service was consistently monitored and quality assurance was maintained. Daily health and safety checks were completed by staff. The registered manager completed monthly audits to identify any issues or trends within the service. Where concerns or trends were identified, detailed action plans were put in place and communicated to staff through daily meetings and handovers.

Feedback from people and their relatives was sought through regular meetings and questionnaires. This gave people and their relatives the opportunity to make suggestions or raise concerns about the service.

Community links within the service were maintained by visits from the local schools and garden centre.