

Mr and Mrs A Baxendale

Amelia House Residential Home

Inspection report

Amelia House
Pocombe Bridge
Exeter
Devon
EX2 9SX

Tel: 01392213631

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Amelia House is a residential care home that provides personal care for up to 19 people aged 65 and over. There were 16 people living there at the time of the inspection; some of whom were living with dementia.

People's experience of using this service and what we found

People were relaxed with one another and the staff group. They looked relaxed in their surroundings, chatting together in one of the lounges or spending time in their room. People told us they were pleased with their choice of home and they had no plans to move. Visitors were equally pleased how well their relative had settled in, for example one commented, "A very caring home, my mum is happy here." People living, visiting and working at the home said they had or would recommend the home to others.

The registered manager, the day to day manager and the staff team worked with a shared purpose to keep people safe and to support their well-being. A relative told us, "I cannot praise the staff enough for her care, they are amazing and I would certainly recommend this home to others."

Despite national staffing shortages, the management team had worked hard to ensure they recruited new staff. Recruitment checks helped ensure staff were suitable to support people.

People were complimentary about the staff group. For example, one person told us the staff were "marvellous" because they took good care of them, and then said, "Yes, I'm very happy that I will be staying here." A relative wrote, "All the staff I've been in contact with are amazing."

People looked well cared for; visitors said they were reassured by their relative's appearance and contentment. The service provided safe care to people. People looked at ease and comfortable in the company of staff. For example, they said the staff were "so good" and "marvellous." People's views mattered; staff listened to them, respected their choices but also took time to explain their suggestions.

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

Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff followed current hygiene practice to reduce the risk of infections. People praised the cleanliness of the home. Health and safety checks of the premises and equipment were carried out at regular intervals. People received their medicines in the way prescribed for them.

Before people moved to Amelia House an assessment was completed to identify the level of support they

needed. This assessment included risks to their health and well-being. People's care needs were regularly reviewed and updated.

A number of relatives commented on the positive friendly feeling when they visited. They praised the manager's approachability and availability. For example, they said, "Yes, we know (the manager), she is very approachable we often have a chat when we visit and if we need to ring her to ask questions, she is always available to answer them."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 4 April 2018).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Amelia House Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by one inspector and an Expert by Experience who made calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Amelia House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Amelia House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager who was also the provider. However, a manager oversaw the day to day running of the home. The aim was for them to register with CQC as the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service. We used this information to plan our inspection.

During the inspection

We spoke with 7 people living at the home. An Expert by Experience spoke with 4 relatives to gain their feedback on the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. And 3 relatives shared their views by e-mail.

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 may not be able comment directly on their care.

We gave staff an opportunity to respond to us by e-mail and spoke with staff during the inspection. We also spoke with the registered manager and the provider. We reviewed a range of records. This included 3 people's care records and people's medication records. We looked at 1 staff file in relation to recruitment and looked at records relating to staff supervision and training. We reviewed a variety of records relating to the management of the service including handover information, audits and safety checks.

The inspection concluded on 31 January 2023 when verbal feedback was provided to the registered manager, the provider and the manager.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service provided safe care to people. People looked at ease and comfortable in the company of staff. For example, they said the staff were "so good" and "marvellous."
- Relatives said they would recommend the service to other families. For example, they said "Amazing. The staff are gorgeous people. I can see that (name) likes them and feels comfortable in their company, which is important" and "It makes all my family feel relaxed to know she is safe and well looked after."
- Staff had received training on how to safeguard people and were able to identify different types of abuse and explain both internal and external reporting processes.

Assessing risk, safety monitoring and management

- Before people moved to Amelia House an assessment was completed to identify the level of support they needed. This assessment included risks to their health and well-being.
- People's care needs were regularly reviewed and updated when necessary, to ensure they reflected the person's current needs. Where appropriate, care records identified risks in relation to falls, nutrition or pressure care.
- Staff confirmed they were updated on each shift through verbal handovers and written records, for example if people's care needs had changed. Staff said the quality of shared information was good which enabled them to provide appropriate monitoring and support to everyone.
- The environment and equipment were well maintained to keep people and staff safe. Checks included fire equipment and hot water temperatures. Staff said, "Residents are also kept safe in a secure hazard free environment."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. We saw deprivation of liberties applications had been applied for appropriately.

Staffing and recruitment

- The staff team met people's care needs. For example, people told us staff responded to call bells in a timely manner. Despite national staffing shortages, the management team and provider had worked hard to attract new recruits, while also keeping a core stable team of staff.
- Relatives commented on the friendliness of staff. We saw staff were attentive, for example checking on people's well-being and taking time to listen to them. They encouraged people's friendships and were careful to ensure all the people using a communal space felt included. For example, people who had recently moved the home and were getting to know the others living there.
- The staff team had worked hard to ensure staffing levels were suitable to meet people's needs. Staff covered shifts at short notice when there was sickness and worked well as a team.
- Relevant checks were completed to ensure staff were suitable to work in a care setting and there was a thorough recruitment process.

Using medicines safely

- Current records showed people received their medicines in the way prescribed for them. People told us they received their medicine in a timely way.
- Medicines were stored appropriately, with well completed administration records. Further work was planned to ensure care plans for 'when required' medicines were personalised to help staff to identify when people might be in discomfort or anxious.
- Specific staff administered medicines, they were trained and had their competency checked. Records showed staff were up to date in their training.
- Monthly audits were completed. Where necessary, action was taken to make any improvements needed.

Preventing and controlling infection

- The home was clean, tidy and free from persistent odours. Visitors and people living at the home commented positively on the standard of cleanliness.
- We were assured that the provider was preventing visitors from catching and spreading infections. A visitor described previous safety precautions, "Greeted by friendly staff upon arrival, I was pleased to note Covid testing measures and protocols were in place regarding health and safety."
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Work was in progress to create better storage following feedback from an infection control nurse.
- We were assured that the provider was admitting people safely to the service. The registered manager and manager jointly assessed people and explained the steps taken to complete assessments to minimise the risk of infection from people coming from hospital.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. A visitor said the home was "clean and tidy with a convivial atmosphere throughout."

Visiting in care homes

- People were supported to see visitors in line with current UK Government guidance. At the time of our inspection there were no restrictions on visiting.

Learning lessons when things go wrong

- There were systems in place to ensure accidents, incidents or near misses were reviewed by the management team and remedial action was taken to reduce any identified or emerging risk.

- Where necessary, changes to practice to reduce the likelihood of a reoccurrence were made. Due to a period of staff instability at the home the providers said they were working closely with the manager to oversee the running of the home to rebuild the staff group's confidence.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's quality of life was enhanced by the good leadership of the manager and their commitment to provide good quality care. A staff member said, "(Manager's name) is very professional, she ticks all the boxes, dots the I's and crosses the T's, I would not change a thing." We saw the manager was observant as she walked around the home, checking with staff about the support they were providing and chatting to individuals living at the home. It was obvious she knew people well and monitored the care on a daily basis, as well as through written audits.
- A number of relatives commented on the positive friendly feeling when they visited. Feedback from relatives showed the manager was valued. They praised the manager's approachability and availability. For example one said, "Yes, we know (the manager), she is very approachable we often have a chat when we visit and if we need to ring her to ask questions, she is always available to answer them." Relatives noted how the manager's leadership style impacted on the staff group as a whole, for example with good communication and updates from the staff team.
- People living, visiting and working at the home said they had or would recommend the home to others. A person who had recently moved in said, "Yes, I am very happy that I will be staying here." Relatives said, "All the staff I have been in contact with here are amazing" and "Very caring home, my mum is happy here." A social care professional said, "(Name) was extremely happy when I visited them and I was very impressed with how well your care staff have got to know them already and the person centred approach they are taking in delivering his care and meeting his needs."

Continuous learning and improving care

- The provider, the registered manager and manager had worked hard to rebuild the confidence of the staff group after an unsettled period when a temporary manager was in place. The registered manager and manager worked alongside staff and promoted best working practice, if necessary. The registered manager carried out unannounced visits and because they lived in the grounds could respond quickly if there was an emergency.
- Staff commented on the current manager's dedication and their caring attitude. For example, they said, "Yes, (manager's name) is approachable and fair in every situation including at times when a problem/concern has occurred."
- Staff were treated with respect which positively influenced their own approach with people living at the home. A staff member said, "Having worked at multiple care homes Amelia House has been my favourite, there is a high level of care coupled with great staff management and facilities which makes Amelia House

both a great place to work and for people looking for care."

- Staff described how all staff roles were valued and recognised as contributing to the well-being of people living at the home; all staff regularly interacted with people living at the home. For example, a staff member said, "The residents are great characters. I work in the kitchen but also serve breakfast to the 2 dining rooms and residents' rooms, so I do get experience of the whole house." They felt included in the staff team and responsible for the well-being of people living at the home. They met people when they moved in to make sure they understood their preferences and dietary needs. People told us the choice and preparation of food was good, and they enjoyed the cakes and snacks too.
- A relative said their family all agreed on the good standard of care and said, "We all think they are doing a good job of caring for her, when she needs to go to the toilet someone is always there to care for her needs ...and they all communicate with her really well."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was constructive engagement with staff, people using the service and family members in order to provide person-centred care, promote positive outcomes for people's well-being and reassure relatives.
- There was good communication within the home, for example staff said, "During every shift I receive a full handover for all the residents I am scheduled to care for. During this time any concerns are passed over to me and any issues are discussed to ensure the correct level of care is given."
- Staff supervisions enabled staff to discuss specific topics relevant to their roles and the needs of people living at the service. These included discussions about good practice and opportunities for the staff to learn new skills.

Working in partnership with others

- People and relatives spoke highly of the way the service was run. Staff participated in a weekly virtual GP call to share concerns or updates, and people told us they had access to other health professionals such as the dentist or optician.
- The service worked well in partnership with other health and social care organisations, which was evidenced through records, discussion and feedback.
- Relatives commented on the positive impact the ethos and care of the home had upon their relative, for example eating well and being relaxed in their manner. They told us staff always kept them updated.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was visible in the service and led by example. They were completing further professional qualifications and showed a strong commitment to improve their knowledge which they then implemented within the service.
- The provider, the registered manager, the manager and their staff team had the skills, knowledge and experience to perform their role and had a clear understanding of people's needs and oversight of the services they managed.
- Strong working relationships between the provider, manager and the staff team ensured a consistent approach and a clear understanding of their responsibilities.
- The management team understood the importance of Duty of Candour and working in an open way. The CQC rating for the service was on display and statutory notifications regarding events in the home were sent appropriately.