

Colten Care (1693) Limited

Amberwood House

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

This inspection took place on 13 June 2016 and was unannounced.

Amberwood House is registered to provide accommodation with nursing and personal care to up to 54 people. The home specialises in the care of older people. At the time of the inspection there were 50 people using the service.

There was a new manager in place who had applied to the Care Quality Commission to become the registered manager. 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.

On the day of the inspection there was a calm and happy atmosphere throughout the home. People were going about their day as they wished, and were enjoying engaging with staff and taking part in activities. People who wished to remain in their rooms were supported by Colton Companions. Colton Companions are members of staff who are employed to support people in their rooms to prevent isolation.

There were sufficient staff to keep people safe. People were well looked after and staff were knowledgeable about their needs and how to meet them. Staff were kind and interacted with people in a friendly and respectful way. People, relatives and staff were complimentary about the service and spoke highly about the manager and head of care. One relative informed us, "Staff are brilliant". Another said, "We are happy, with the support provided, the manager is very professional".

The service had suitable arrangements in place to help ensure people were safe and protected from abuse. The service had a whistleblowing policy and staff told us they were confident to use it. Records showed all staff had received training in safeguarding of vulnerable adults. We observed posters around the home instructing staff on what action to take if they thought a person was being abused. They also had appropriate recruitment procedure to ensure people were supported by staff with the experience and character required to meet the needs of people.

Care plans provided information about how people wished to be supported and staff were aware of people's individual care needs and preferences. One person told us "The quality of care here is excellent, we are involved and our permission is always sought". People's needs were discussed with them regularly as the initiative 'resident of the day' and any changes agreed. All care plans included the person's written consent to receive care.

Systems were in place to manage risks, safeguarding matters and medication which ensured people's safety. People were seen to be moved by staff who had the correct skills to use manual handling equipment.

Following a manoeuvre a person told us they felt safe and secure whilst being moved, they told us "they always talk with me and tell me what is going to happen and check I am in my chair and comfortable before they [staff] leave me

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. People and visitors were complimentary of the food provided. Where people required specialised diets these were prepared appropriately. People's choices were seen to be followed, including what size meal they wished, the chef showed us the different sizes of dinner plates, they explained "People often want smaller meals as they don't like to waste food, they can always have more if they choose".

There were systems in place to monitor the care provided and people's views and opinions were sought on a daily basis. Suggestions for change were listened to and actions taken to improve the service provided. The manager told us "As a new manager to the home, I want to be able to assess and see what improvements need to be made, I have asked for a full audit of the home as a benchmark to work from".

All incidents and accidents were monitored, trends identified and learning shared with staff and put into practice. Daily meetings were held with heads of departments. The manager informed us the meeting was held daily and overseen by the head of care. They explained it was an opportunity for heads of departments to get together to update, share and discuss what is happening in the home. Items on the agenda also included, admissions, resident of the day, new staff, complaints and concerns.

The service had a complaints policy and procedure which was available for people and visitors to view. People said they were aware of the procedure and knew who they could talk with. People and staff said they felt confident they could raise concerns with the registered manager and they would be dealt with appropriately.

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.

There were sufficient numbers of staff to ensure people's safety and provide care in an unhurried manner.

Risks of abuse to people were minimised by a robust recruitment procedure.

People's medicines were safely administered by staff who had received specific training to carry out this task.

Risks were identified and managed well to ensure people were safe.

Is the service effective?

Good ●

The service was effective.

People received a diet in line with their needs and wishes.

People received care and support from staff who had the skills and knowledge to meet their needs.

People's health was monitored and they had access to appropriate healthcare professionals according to their specific needs.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff

People were supported by staff who respected their dignity and maintained their privacy.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good ●

The service was responsive.

The home was very much part of the local community which enabled people to stay connected to local people and events.

People were able to take part in a wide range of activities and follow their own interests and hobbies.

People said they felt comfortable to make a complaint if they needed to.

Is the service well-led?

Good ●

The service was well led.

The management promoted an open culture and were visible and accessible to people being supported by the service and the staff.

People were supported and cared for by staff who felt supported by approachable managers.

Systems were in place to monitor and improve the quality of the service for people.

Amberwood House

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.

The inspection was completed by two adult social care inspectors and was unannounced. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We also obtained the views of service commissioners from the local council who monitor the service provided by the agency.

During the inspection we spoke with 12 people and five visitors about their views on the quality of the care and support being provided. We also spoke with the manager, clinical manager and quality manager, and six staff members; including a care coordinator, activities coordinator, the chef, and catering staff. We looked at documentation relating to six people who used the service, six staff recruitment and training records, and records relating to the management of the service. After the inspection we contacted four health professionals and received feedback from one of them.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Amberwood. One person told us, "I feel safe here when I ring my bell they [staff] always answer quickly". Another person told us "I felt scared the other night the staff came quickly when I rang my bell they [staff] were so kind and lovely they made me feel safe". Relatives also told us they thought their family members were safe. Comments included, "Yes they are safe" and "It is a great relief to us knowing [person's relative] lives in such a lovely safe home". Another told us "Falls have reduced since [person's name] came to live here, they keep a close eye on them and we know they are safe now".

There were sufficient staff to keep people safe, although some people felt there should be more staff on at night time. Other people felt they were supported by sufficient staff at all times, one person told us "Sometimes there seems to be lots of staff around other times not so many". The manager said he had listened to people's comments and had added more agency staff whilst they carried out a recruitment process for more nursing staff at night.

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident any concerns would be fully investigated and action would be taken to make sure people were safe.

Risks of abuse to people were minimised because the provider had robust recruitment procedures in place. Before commencing work all new staff were checked to make sure they were suitable to work at the home. Checks included ensuring staff were safe to work with vulnerable adults. Staff told us they had received induction training for the first two weeks in their role. One member of staff told us "The induction training was very good and gave me a good insight into my role, there was always someone checking I understood what I was learning". The manager told us each new member of staff would work towards a care standards certificate and had a dedicated mentor to ensure guidance was available. They said all new staff shadow an experienced staff member and were not allowed to work alone until their buddy/mentor was confident they were safe to lone work.

Risk assessments were implemented based on individual need.

People at risk of choking had the appropriate risk assessments in place in their rooms and also in their care plans. One person who had a risk assessment on display in their room, guidelines in their care plan identified information about the positions this person needed to sit in to eat without the risk of choking. We saw this process was not followed at lunchtime for this person. We raised our concerns with the senior person on the unit and the manager who assured us this was an isolated incident. Discussions were already taking place to highlight choking risks at the daily meetings to prevent this from reoccurring.

Records demonstrated assessments were undertaken to identify other risks to people who used the service. The staff we spoke with were knowledgeable about the identified risks to people. For example, one person was refusing to take their medicines. The person was being supported in their right to refuse the medicines,

however correct procedures were in place to manage the risk. For example the person's doctor had been contacted and was aware of the situation.

People who required nursing care received medicines from qualified nursing staff, those that did not received their medicines from senior staff who had received specific training and supervision to carry out the task. Good practice was seen to be followed. Medicines were stored securely. At the end of every shift the registered nurse checked people's Medicine Administration Records (MAR) charts. Unused medicines were returned to the local pharmacy for safe disposal when no longer needed.

Medicines were given to people at appropriate times for individual people as required. Staff were competent and confident in giving people their medicines. The manager explained that annual assessments were completed on all staff administering medicines to ensure they remained competent. Care plans detailed how people took their medication, for example in suspension form to make it easier for them to take. Staff explained to people what their medicines were for and ensured each person had taken them before signing the medication record. Senior care staff told us if they had any concerns about people and the medicines they would seek advice from the nursing staff.

A separate housekeeping team ensured the home remained clean and free from infection or odours. One of the housekeeping team said "Once a month as part of the 'resident of the day' initiative we deep clean that person's room". People told us the home was always clean and their rooms were cleaned daily. One person told us "The cleaners are very helpful and will move furniture to clean, it's all very good here".

A grab file gave clear guidance about which coloured zone the staff should take people to, and what equipment was available in the case of an emergency. A grab bag contained emergency items such as residents list and torches for staff to use if they need to leave the home immediately once advised to evacuate. On the day of the inspection a fire test was taking place, each person was told individually about the time of the test and what to expect. One member of staff was heard to explain slowly in a caring way about the test, they then checked the person was ok and understood their door would automatically shut. The person told us "they always come and tell us what is happening so we don't worry".

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. Staff and managers knew people well, they spoke warmly of the people they cared for and were able to explain people's care needs and individual personalities. One person told us "The quality of care here is excellent, we are involved and our permission is always sought".

Staff had received training to ensure they had the necessary skills and knowledge to meet the needs of people including specific training when required. For example a relative said they felt staff were not aware of ways to manage hearing aids, so the manager arranged training for all staff in the management of hearing aids. Staff felt they had enough training to keep people safe and meet their needs. Comments from staff included "good training opportunities", "I can always ask for additional training if I feel I need it", "The leadership training was great and has given me the confidence to lead my team", "We had infection control training, it came in useful when we had some concerns about infection, we worked closely as a team and contained an outbreak, it felt good to have the knowledge on how to deal with the situation".

The training matrix showed 92% of staff had been trained in key areas such as manual handling, and safeguarding vulnerable adults. Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. The manager stated in their Provider Information Return (PIR) 'Our training department are continuously updating the training system to ensure that all staff within the home have received the most accurate and up to date training'.

Staff told us they received supervision and appraisal from their supervisors. They told us this gave them an opportunity to discuss their performance and identify any further training they may have. Records demonstrated supervisions were being carried out on a regular basis for all staff.

The majority of people living at the service were able to make decision for themselves regarding their care and treatment. One person told us "We are always asked for our permission before staff do anything for us". A member of staff said "I will always ask people what they would like, for example if someone is struggling with decision making I will help them". They went on to give an example of offering two items of clothing instead of lots for one person who didn't like too many choices. They explained by knowing the people they support well, they often know their preferred choice.

The management and staff had an understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. A health professional said "It is a very responsive service, they [staff] didn't seem to have a handle on the best interest process. Once this was raised with the management team, additional training was put into place to resolve the concern". People's capacity to consent was assessed at the pre admission stage, which is followed by mental capacity assessment on admission to the home. One relative felt that the pre assessment had worked well for their relative and themselves. There was good guidance for staff to follow the principles of the Act including who would be eligible to be the decision maker. Care plans showed best interest checks had been put in place involving all those involved in the person's care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available.

The manager confirmed if a person lacked capacity a best interest meeting would be held with the people relevant to them and their needs. The manager obtained proof that relatives had obtained the correct legal lasting power of attorney, before they were able to give consent on a person's behalf.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Care records showed the service recorded whether people had the capacity to make decisions about their care, where they did not best interest meetings had taken place.

People were seen to have good mealtime experiences. Visitors were welcome to join the person they were visiting for dinner either in the main dining area or small private dining areas. People also had the use of a café area where drinks and snacks were available throughout the day. A complementary pre-lunch drink was available which included wine, sherry or soft drinks. Locally brewed ales were available on request. People spoken to at the inspection said the food was excellent, comments included "Hotel style food", "full waitress service", "they [staff] don't let you go more than a couple of hours without food or drink, it's marvellous". Visitors all thought the food was to a high standard, comments included "always appetising", "can stay for a meal anytime we like, it is always first class, as good as you would get in a restaurant". Some people needed support to eat and drink as part of their care package, care plans were clear about how the person should be supported.

The catering team know people well and also knew their preferred snack and drink choices. The Chef told us "I meet with people when they first arrive at the home to establish their nutritional needs and wishes. We are always happy to give people a meal of their choice". People's choices were seen to be followed, including what size meal they wished, the chef showed us the different sizes of dinner plates, they explained "People often want smaller meals as they don't like to waste food, they can always have more if they choose".

The manager and quality assurance manager were proud of the "five star standard of cuisine" available to people at the home. The manager explained menus were provided to ensure people received well balanced, high nutritional meals, they said "If we feel a person is at risk nutritionally we ensure food and fluid charts are in place". Food and fluid charts were seen to be up to date for people who needed additional monitoring.

People had access to healthcare as required. Records demonstrated the service had worked effectively with other health and social care services to help ensure people's care needs were met. A local GP held a triage service at the home every Thursday.

Is the service caring?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. One person told us "I get up when I like and go to bed when I like". Another said "Staff know when I like to have support with my shower and are very good if I decide I want to do it at different times, they are always happy to support me". A health professional said "It is a very responsive team, any concerns raised are addressed normally at an operational level".

People were supported to take part in a range of activities according to their interests. The activities programme was full and varied. People and their visitors were seen to engage in different activities. One person said "There is something for everyone". On the day of the inspection people were playing a memory game, everyone had a chance to ask questions of each other, a member of staff said "The activity coordinators are amazing they involve everyone it builds friendships". People told us "There is always something to do of interest, we even go off on the bus every week it great fun." People discussed the recent garden party held the day before the inspection to celebrate the Queens 90th birthday, one person told us "It was a marvellous day, even the Mayor enjoyed it, and the staff were amazing and did not stop all day". A relative said "Our whole family had an amazing day, they [staff] always do such lovely things for the people that live here." Staff told us they had worked long hours, some of the hours in their own time, all felt it had been worth it to see so many people enjoying themselves.

As well as a full time activities organiser the service employed 'Colten Companions' who supported people who were unable to join in the activities downstairs or chose to remain in their rooms. Records showed that people who remained in their rooms were visited on a regular basis by the companions. The manager said their ethos was to provide a lively and energetic atmosphere within the home. Activity coordinators were seen to be engaging with people, family and friends were also seen to join in and enjoy the activity of the day. The activity programme was clearly visible throughout the home and displayed in the entrance to the home.

There were personal alarms and call bells in people's rooms, which were connected to pagers that staff carried. Staff were seen to respond quickly and in a timely manner when people called for support. People generally felt their calls for support were responded to quickly. People who remained in bed had call bells within easy reach, others who moved around told us they had pendants that alerted staff if they needed them.

People's care plans were based on people's assessed needs, abilities and preferences. Care plans showed that people and/or their representatives had been involved in writing and reviewing their plan of care. One relative told us "Following the assessment, a care plan was discussed with us all, so we felt very involved all the way. Staff tell us when a review is being held so we can attend". Staff told us the care plans gave them clear guidance on what support each person needed and enabled them to carry out the support effectively. The care coordinator informed us the care plans were being up dated and would include 'This is me' information. This is me is a document that staff produce with the person receiving the care which is all about

the person's past history, likes and dislikes and what is important to them.

People's needs were responded to on a daily basis, heads of departments met each day at the '10 @10' meeting. The manager informed us the meetings were held daily and overseen by the head of care. They explained it was an opportunity for heads of departments to get together to update, share and discuss what was happening in the home. Records showed items on the agenda for discussion included, admissions, and resident of the day, new staff, complaints and concern. A member of the housekeeping team informed us at the meetings they would discuss any concerns around infection in the home, or give general information about the cleaning schedule, and which person's room was going to be deep cleaned in response to 'resident of the day'.

People's individual needs were assessed when they first moved into the home. By way of continuing the monitoring on a regular basis the initiative 'resident of the day' system was in place. The manager informed us "The 'resident of the day' principle has a very positive impact on people, their families and also staff supporting them. The explained it enabled the team to have one to one quality time with a named carer, nurse the chef and housekeeper. The manager felt this made people "feel special". A member of the senior team told us when a person is nominated as 'the resident of the day' it is an opportunity for the person's care and wellbeing to be reviewed. They gave an example of checks undertaken such as weight, waterlow scores and skin integrity log and care plan reviews They also informed us people's hydration and nutrition was monitored over a 24 hour period.

The manager informed us they had an open door policy, so people and staff could feel free to come along and discuss any issues. They explained they also ensured they see people on a daily basis. People spoke kindly of the new manager, a person told us they were the representative for all the people living at the home, they said "The manager is always around the home checking everyone is ok, they even join us for lunch". The manager informed us they were passionate this was to be a home that people and staff were proud of, they said "I go around the home every day and pop in to make sure everyone is ok, we ensure people have their newspapers so we can discuss current affairs, our Colton Companions make sure nobody is isolated in their rooms".

People were able to take part in a range of activities.

The provider had an appropriate policy and procedures in place for managing complaints about the service. This included agreed timescales for responding to people's concerns. The manager sought people's feedback and took action to address issues raised. Records showed six complaints had been received which had been fully investigated and resolved, the manager told us they took "each and every complaint seriously, if we get it wrong it's hand ups, we get it wrong we own up and learn from our mistakes".

People living at the home, visiting professionals and relatives had completed an annual satisfaction survey. The results of the survey were collated and analysed and formed the basis of the homes action plan for the forthcoming year. The result were positive with scores at 94% felt the home was well led, 96% said the home had good clinical knowledge, and 87% they would recommend the home to a friend or relative.

Is the service responsive?

Our findings

People were supported to take part in a range of activities according to their interests to help them be occupied if they wished to be. Activity coordinators were seen to be engaging with people, family and friends were also seen to join in and enjoy the activity of the day. The activity programme was clearly visible throughout the home and displayed in the entrance to the home. The activities programme was full and varied.

People and their visitors were seen to engage in different activities. One person said "There is something for everyone". On the day of the inspection people were playing a memory game, everyone had a chance to ask questions of each other, a member of staff said "The activity coordinators are amazing they involve everyone it builds friendships". People told us "There is always something to do of interest, we even go off on the bus every week it great fun." People discussed the recent garden party held the day before the inspection to celebrate the Queens 90th birthday, one person told us "It was a marvellous day, even the Mayor enjoyed it, and the staff were amazing and did not stop all day". A relative said "Our whole family had an amazing day, they [staff] always do such lovely things for the people that live here." Staff told us they had worked long hours, some of the hours in their own time, all felt it had been worth it to see so many people enjoying themselves.

As well as a full time activities organiser the service employed 'Colten Companions' who supported people who were unable to join in the activities downstairs or chose to remain in their rooms. Records showed that people who remained in their rooms were visited on a regular basis by the companions. The manager said their ethos was to provide a lively and energetic atmosphere within the home. They added, they were passionate that this was a home that people and staff were proud of, they said "I go around the home every day and pop in to make sure everyone is ok, we ensure people have their newspapers so we can discuss current affairs, our Colton Companions make sure nobody is isolated in their rooms".

There were personal alarms and call bells in people's rooms, which were connected to pagers that staff carried which meant alarms were not sounding throughout the home. Staff were seen to respond quickly and in a timely manner when people called for support. People generally felt their calls for support were responded to quickly. People who remained in bed had call bells within easy reach, others who moved around told us they wore pendants that alerted staff if they needed them.

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. One person told us "I get up when I like and go to bed when I like". Another said "Staff know when I like to have support with my shower and are very good if I decide I want to do it at different times, they are always happy to support me". A health professional said "It is a very responsive team, any concerns raised are addressed normally at an operational level".

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relative told us "Following the assessment, a care plan was discussed with us all, so we felt very involved all the way. Staff tell us when a review is being held so we can attend". Staff told us the care plans gave them clear guidance on what support each person needed and enabled them to carry out the support effectively. The care coordinator informed us the care plans were being up dated and would include 'This is me' information. This is me is a document that staff produce with the person receiving the care which is all about the person's past history, likes and dislikes and what is important to them.

People's individual needs were assessed when they first moved into the home. By way of continuing the monitoring on a regular basis the initiative 'resident of the day' system was in place. The manager informed us "The 'resident of the day' principle has a very positive impact on people, their families and also staff supporting them. The explained it enabled the team to have one to one quality time with a named carer, nurse the chef and housekeeper. The manager felt this made people "feel special". A member of the senior team told us when a person is nominated as 'the resident of the day' it is an opportunity for the person's care and wellbeing to be reviewed. They gave an example of checks undertaken such as weight, waterlow scores and skin integrity log and care plan reviews They also informed us people's hydration and nutrition was monitored over a 24 hour period.

People's needs were responded to on a daily basis, heads of departments met each day at the '10 @10' meeting. The manager informed us the meetings were held daily and overseen by the head of care. They explained it was an opportunity for heads of departments to get together to update, share and discuss what was happening in the home. Records showed items on the agenda for discussion included, admissions, and resident of the day, new staff, complaints and concern. A member of the housekeeping team informed us at the meetings they would discuss any concerns around infection in the home, or give general information about the cleaning schedule, and which person's room was going to be deep cleaned in response to 'resident of the day'.

The provider had an appropriate policy and procedures in place for managing complaints about the service. This included agreed timescales for responding to people's concerns. The manager sought people's feedback and took action to address issues raised. Records showed six complaints had been received which had been fully investigated and resolved, the manager told us they took "each and every complaint seriously, if we get it wrong it's hand ups, we get it wrong we own up and learn from our mistakes".

People living at the home, visiting professionals and relatives had completed an annual satisfaction survey. The results of the survey were collated and analysed and formed the basis of the homes action plan for the forthcoming year. The result were positive with scores at 94% felt the home was well led, 96% said the home had good clinical knowledge, and 87% they would recommend the home to a friend or relative.

Is the service well-led?

Our findings

The manager informed us they had an open door policy, so people and staff could feel free to come along and discuss any issues. They explained they also ensured they see people on a daily basis. People spoke kindly of the new manager, a person told us they were the representative for all the people living at the home, they said "The manager is always around the home checking everyone is ok, they even join us for lunch".

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The manager was appropriately qualified and experienced to manage the home. They kept themselves up to date with good support from the provider and by attending regular external or in-house training. The manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

There was a clear management structure in place and staff were aware of their roles and responsibilities. The manager had the immediate support of a regional operations manager who carried out their one to one supervisions and supported them with their development and every day running of the home. They were further supported by a quality manager who visited the home regularly to carry out their own quality assurance checks. The manager told us they felt supported by the organisation and senior management team. A health professional said "The home is very well led, the previous manager had been there for a long time and was very focused, I hope this continues with the new manager".

The service had quality assurance systems in place to monitor and drive improvement in the quality of the service. Audits undertaken at the home were also overseen by the provider to make sure where action to improve the service needed to be taken this happened within the specified timescales. For example, the provider had a team of staff to ensure quality assurance was carried out and improvements implemented. Records showed the audits covered various aspects of support which included the care plans, medicines, weight loss, maintenance and incidents. The manager informed us where shortfalls in the service were identified an action plan was put in place and the progress reviewed with the quality manager

We spoke with the manager about their vision for the service, they told us they strived to uphold and maintain Colton Care's care ethos which was the promotion of friendly, kind, individual, reassuring and honest support. They said "People that live here are entitled to a high quality service we ensure their preferences and choices are paramount in what we do". They ensured they kept in touch with people living at the home by walking around and talking to people. The manager told us "As a new manager to the home, I want to be able to assess and see what improvements need to be made, I have asked for a full audit of the home as a benchmark to work from".

The manager stated in their PIR 'We have an open, fair, transparent culture within Amberwood and we will continue to develop this, by reflective practice and supporting staff to report any issues that arise promptly. We are continuing to improve our supervisions/appraisals, this is to ensure that they are meaningful, and

support staff to ensure that good and bad practices are identified through reflection. This could be by more training being offered to members of staff who have been identified as needing this requirement and support'.

Staff told us the manager was approachable and accessible and they felt confident in raising concerns with them. One staff member told us, "You can go to the manager at any time, they are always happy to help". Other comments about the manager included, "Their door is open, they are approachable" and "You can go to them, they listen and are very good with the staff and people in the home, they are around the home every day". Relatives were positive about the new manager, one person said "The other manager had been very good but we are happy that the standard of care will remain of a high quality with the new manager, we see him often."

All accidents and incidents which occurred in the home were recorded and analysed for themes and trends. Action points were recorded as an outcome and we saw evidence of these being completed.

As far as we are aware the home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.