

Amberley Care Home Limited

Amberley Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Amberley Care Home is a care home providing personal and nursing care. The home can support up to 72 people aged 65 and over. The provider had made the decision to keep one floor of the home closed since opening in March 2020.

At the time of the inspection the home could accommodate up to 59 people and 54 people were receiving care and support. Plans were in place to open the second floor of the home.

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

People did not always feel there were enough staff on duty to keep them safe. Staffing levels in relation to care had not increased in line with the number and needs of people using the service. Systems and processes for audit and quality assurance were in place but had not been fully utilised. Areas for improvement had not been fully explored at the time of this inspection.

Communal areas were comfortable, but we did not see these used to their full advantage. Signage and equipment to help support and orientate people living with dementia was minimal. There were no consistent contingency plans in place to replace the absent activity co-ordinator. People told us they were bored on occasions as there was little to do. We have recommended that the provider explores these two areas and makes improvements.

Infection control had been well-managed during the COVID-19 pandemic. The service was clean, spacious and there were no odours. Changes had been made to a lounge environment to ensure people could receive visitors without coming into direct contact with them, when national guidance allowed this. Staff had helped people maintain important relationships with family and friends throughout the pandemic. Families had appreciated the efforts of the home during the COVID-19 pandemic. The service was keen to re-establish partnerships with professionals that had declined during the COVID-19 pandemic.

Premises checks and all maintenance records were up to date. Required test and safety certificates were in place. Systems were in place to protect people from abuse, including safe systems for the administration of medication.

People enjoyed the food on offer. People were complimentary about the care and support provided. People told us that they preferred regular, consistent staff who were more aware of their wants and needs. The meal-time service was more relaxed when catering staff provided assistance. Electronic care plans were informative and guided staff as to people's care needs and preferences.

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.

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

Rating at last inspection

This was the first rating for the service.

Why we inspected

We undertook this comprehensive inspection to provide the home with a rating and also to follow up on specific concerns we had received about the service. The inspection was prompted in part due to concerns received about the administration of medicines provided at Amberley Care Home. A decision was made for us to inspect and examine those concerns.

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.

We reviewed the information we held about the service. The rating for the service is requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. We have identified breaches in relation to safe care and treatment and good governance at this inspection. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Amberley Care Home on our website at www.cqc.org.uk.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Amberley Care 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 Care Act 2014.

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 carried out by two inspectors and an Expert by Experience. One inspector had a specific expertise in the management of medication. 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

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. Inspection activity started on 2 June 2021 and ended on 14 June 2021. We visited the home on 2 and 7 June 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We took this into account in making our judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and two visiting relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, deputy manager, two senior carers, five care workers on days and nights, a housekeeper and the catering manager.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

After the inspection we continued to seek clarification from the provider to validate evidence found. We looked at audits and quality assurance records. We contacted two night-care workers and gained their views over the telephone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People we spoke with did not always feel there were enough staff on duty to keep them safe. One person's mobility had deteriorated, and they relied on staff support. They told us staff were largely available when they needed them, but there were occasions when they waited five or 10 minutes after sounding their call bell.

- Another person had eaten their lunch in their room and had called for staff to remove empty plates. These were still in the room at 2pm and staff had not yet attended to their request. The person was upset this had not been done.

Staff we spoke with also had concerns about the current staffing levels. The home had opened in March 2020. The numbers of people living at Amberley care home had increased but staffing levels in relation to care had not.

- In 2020 the company had reviewed staffing structures. Working hours had been reduced for kitchen assistants and activity co-ordinator posts.

- The registered manager was asked for a dependency tool to check how current staffing levels were calculated to safely meet the needs of people living in the home. A dependency tool was not being used but the registered manager started to complete this during the inspection.

- We observed and people told us that staff were not always able to attend to people's needs in a timely manner.

The provider had not ensured sufficient staff were available to provide consistent care. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were recruited safely, and appropriate employment checks were in place. Identity checks, criminal record checks and appropriate references had been obtained for newly appointed staff. These verified staff were suitable to work with vulnerable adults.

Assessing risk, safety monitoring and management

- Risks were assessed, and plans were in place to reduce the risk of harm. People at risk of skin damage had specialist mattresses and were regularly repositioned to reduce the risk of skin break down.

- Where people were assessed as being at risk, for example of pressure damage to their skin or weight loss, information was held on the electronic care plan system.

- Staff confirmed they had easy access to this information on electronic devices. These were used to document when people received personal care including re-positioning if confined to bed and when they received food or fluids.

- People had access to specialist equipment, such as hoists, chairs and stand aids, to help keep them safe.

Hoisting equipment was stored in a corner of a corridor on one floor of the home, but this did not impact on people's safety. The company was considering turning the space into a storage room.

- Fire safety and moving and handling equipment were all inspected and serviced at regular intervals.
- Checks were undertaken on water systems to ensure that it was maintained at the correct temperature and risks associated with Legionella were well managed.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed and comfortable with staff and had no hesitation in asking for help from them.
- There were systems in place to protect people from abuse. Staff received training on safeguarding and knew how to report and escalate any concerns.
- Appropriate actions had been taken by the registered manager when concerns had been highlighted.

Using medicines safely

- Systems for administering, storage and monitoring medicines were safe. Medicines were kept securely in locked trolleys and cupboards. Stock levels were satisfactory.
- Medicine records were fully completed and well organised. We did find one medicine record error and brought this to the clinical lead's attention. This error was investigated and resolved.
- People received medicines to treat specific health conditions, for example Parkinson's, at the right time.
- When medicines were prescribed for use 'when required' (PRN) there was limited information for staff to know when these medicines should be given. PRN protocols were not person-centred.

Preventing and controlling infection

- The service had created a bespoke glass booth in the corner of a ground floor lounge. Access for visitors was via the garden area.
- This meant people had remained comfortable when receiving visitors. They were able to see them without coming into direct contact with them when national guidance allowed this.
- The service was clean, spacious and there were no odours. Staff were aware of their responsibilities in terms of infection control and what this meant especially during the pandemic. Thorough cleaning and sanitising regimes were in place.
- Staff had access to personal protective equipment such as gloves and aprons. We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

Learning lessons when things go wrong

- There were systems to record and report safety concerns and near misses.
- There was a process in place for the analysis of incidents and accidents to identify any trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

- The home had newly opened in 2020. The communal areas were plush and comfortable, but we did not see these used to their full advantage. The cinema area was not used during the two days of our inspection and many communal lounges remained empty.
- There was some signage to support people living with dementia, but this was minimal.
- The service had a large, enclosed garden and courtyard area. This was well used by relatives visiting people in the hot weather during the pandemic.

We recommend that people should be encouraged to make full use of the home's communal facilities. The provider should also explore ideas to make the environment more accessible for people with a diagnosis of dementia.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support were delivered in line with current standards and guidance.
- People's needs were assessed before the service started to support them to ensure that they could meet the individual's needs.
- Due to the COVID-19 pandemic senior staff had not been able to carry out face-to-face assessments. They had relied on information supplied by commissioners of care, for example social workers and hospital discharge co-ordinators.

Staff support: induction, training, skills and experience

- People and their relatives told us that staff were appropriately trained.
- Staff were positive about the training and could tell us about the on line subjects that they covered which included areas such as moving and positioning, first aid and fire safety.
- Face to face training was due to re-start soon after the inspection. Oral health training sessions had been arranged for staff.
- Staff meetings had been held during the pandemic although these had been limited to smaller groups of staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us that they enjoyed the food and had sufficient amounts to eat. People were complimentary of the food on offer.

- We observed that when one person did not want what was on offer, staff were able to provide them with an alternative promptly.
- People's weights were monitored. Nutritional assessments were undertaken where people had lost weight and at risk of malnourishment.
- The chef had been nominated for 'Chef of the Year Scheme', an internal awards programme operated by the provider.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive appropriate healthcare support.
- Care records evidenced ongoing involvement of health professionals.
- On site visits had been limited during the pandemic however, we saw evidence of appropriate contacts with speech and language professionals (SaLT), GP surgeries and occupational therapists.

Ensuring consent to care and treatment in line with law and guidance

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 Act 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We found that people were being deprived of their liberty and the manager told us that applications had been made to the local authority. These had been notified to the Commission.
- Staff had completed on-line training in MCA and were clear how to support people with their decision making. Throughout the inspection we observed staff offering people choices and listening to their wishes.
- People with capacity had their decisions respected and where people lacked capacity best interest decisions had been made with the relevant people involved.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed two meal-times sittings on the same unit. It was more relaxed when catering staff provided help with the serving of meals.
- Staff were then able to devote the time to helping people to eat their meals. Staff were observed to be patient and kind in their interactions with people, chatting with people on a one to one basis and offering words of encouragement. One care worker said to someone they were assisting with lunch, "Would you like a clothes protector on? Protect that nice shirt of yours."
- People and relatives we spoke to were complimentary about the care and support provided. People told us that they preferred regular, consistent staff as they were aware of their wants and needs.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care and we observed staff offering people choices.
- Staff could tell us about individuals, what they enjoyed and what was important to them. Staff were able to access electronic care plans via a tablet; these detailed people's preferred care needs. One member of staff told us, "They (care plans) help 100%, but it's important to talk to people too."
- People told us that staff knew them and respected their wishes. One person said, "They (staff) ask me if I want a wash down or a shower. I don't feel pressurised; they let me choose."
- The home catered for short stays via several discharge to assess (D2A) beds. People entered the home to recuperate and move on, either back to their own home or to another service. Relatives were complimentary of the way the home had managed the COVID-19 pandemic. Families were kept up to date with the latest guidelines and visits were facilitated when national or local restrictions permitted.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person told us, "Staff knock on the door if they enter my room; they are all polite and treat me with respect."
- Staff were clear about the importance of privacy and gave people time and space when they needed it.
- Staff were observed encouraging people to do tasks for themselves; staff promoted people's independence where possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us that there was a lack of entertainment. The provider had reduced the number of hours allocated to activity staff in 2020.
- No contingency plans were in place given the absence of the activity co-ordinator on the first day of our inspection. The home's communal facilities were under used.

We recommend that the service has contingency plans in place to offer both group and one to one activities and entertainment to people living at Amberley.

- On the second day of our inspection there was a themed event held in the garden. We heard care staff inviting people to the party and saw people outside enjoying the afternoon.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Electronic care plans were in place to guide staff; these were informative. They provided information on people's preferences such what they liked to eat and drink.
- Staff told us that unit nurses were involved in the handover process. Nurses then communicated people's needs and when additional monitoring was needed to care staff. Some care staff we spoke with felt that they would benefit being directly involved in each handover.
- Relatives told us the service communicated well and kept them up to date with any changes to people's health and wellbeing.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided in different formats and easy read was available.
- People were wearing their communication aids such as glasses and hearing aids.
- Care plans provided clear guidance for staff to follow when communicating with people. We observed staff communicating well with people, such as bending down and getting on the same level when talking with them.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. This could be made available in an easy read format.

- People told us that they knew how to complain. Complaints had been responded to in line with company policy.
- Relatives told us they felt the service was approachable and thought that management would respond positively to any issues raised.

End of life care and support

- People had end of life plans in place which identified what was important to the individual.
- The home had received numerous thank you cards, emails and messages for the end of life care provided to people during the pandemic. One relative we spoke with had stayed at the home to be with their relative. They spoke very highly about the home and said, "Everything is very calm; I feel really reassured that he is in good hands."
- End of life care was an element of on-line training. Staff we spoke with were keen to receive additional training to ensure people received high quality care at the end of their lives.

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. This was the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had made a business decision in 2020 to reduce the number of hours allocated to activities and kitchen support staff.
- People we spoke with expressed their concerns about low staffing levels in relation to activities staff and considered that support and care was not always timely. Staff we spoke with told us this had negatively impacted on the service.
- A number of surveys had been completed and had been returned to the home. The results of these were not yet collated however, we saw similar comments in relation to low staffing levels on three of the surveys. No action had yet been taken to review or address this.
- A dependency tool was incomplete at the start of this inspection. We were not assured that the staffing levels were adequate to meet people's needs.
- Supervision of staff had slipped during the COVID-19 pandemic. Supervision of staff was a priority for the provider.

Systems and processes for audit and quality assurance were in place but had not been fully utilised. Areas for improvement had not been fully explored at the time of this inspection. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was supported by other members of the home's management team, including a deputy manager and an office manager.
- There were systems in place to engage with people. People and those close to them were asked about their satisfaction with the service.
- Families had appreciated the efforts of the home during the COVID-19 pandemic. During this time communication with people's relatives had been by telephone, online video calls, pod visits and garden visits when national guidelines allowed.

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider was aware of their responsibilities in relation to the duty of candour.
- The manager kept an overview of all accidents, incidents and safeguarding concerns.
- The manager was aware of the legal requirement to notify the Commission of any authorised DoLS, safeguards or significant injuries to people using the service and appropriate notifications had been

completed.

Continuous learning and improving care

- The provider was keen to continuously learn and improve care. Weekly meetings with leads and heads of units were beneficial for the management team.
- Staff we spoke with were optimistic. They felt as a team they supported each other and were working well together.
- Opportunities to work closely with some external health professionals had been limited. Reviews and meetings had taken place on- line. The service was keen to re-establish partnerships with professionals following the COVID-19 pandemic.

Working in partnership with others

- The home worked in partnership with commissioners to support people to move from hospital into 'discharge to assess' placements at the home.
- People were then assessed whilst living at Amberley Care Home and decisions made regarding their future care needs.
- The service had a good working relationship with the local authority's medicines team. They worked in partnership to achieve good outcomes for people using the service both on a long and short-term basis.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes for audit and quality assurance were in place but had not been fully utilised. Areas for improvement had not been fully explored.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not always able to attend to people's needs in a timely manner. The provider had not ensured sufficient staff were available to provide consistent care.