

Amberley Care Home Limited

Amberley Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Amberley Care Home is a care home providing accommodation, personal and nursing care and the treatment of disease, disorder and injury. The service can support up to 72 older and younger people, living with dementia, mental health, physical disability and sensory impairment. At the time of the inspection there were 42 people living at Amberley Care Home.

The home is purpose built and provides care across 3 floors. At the time of this inspection the ground floor accommodated people mainly with nursing needs and the first floor was a residential unit for people with a diagnosis of dementia. The top floor of the home remained vacant.

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

Medicines were now managed safely, and competency assessments were carried out to monitor staff performance. Staff followed infection prevention and control guidance to minimise risks related to the spread of infection.

Risks to people were managed by staff following suitable risk assessments. Referrals were made to other services and health professionals when necessary. Systems were in place to safeguard people from the risk of abuse. Staffing levels were sufficient to meet people's needs and staff were recruited safely. Conditions attached to Deprivation of Liberty (DoLS) authorisations were recognised, recorded in care plans and were being adhered to.

There was a new registered manager in post. They provided leadership to the team and promoted an open team culture. People, their relatives and staff spoke positively of the manager and the changes they had made in a short space of time. They had started the application process for registration with the Care Quality Commission and became the registered manager soon after this inspection. Staff said the registered manager was accessible and supportive. They confirmed they had seen improvements in the quality of the service provided to people and the morale of the team was higher.

Governance systems were in place to ensure oversight and monitoring of the home. The manager responded positively when we highlighted any concerns and recognised systems could be further improved. The manager was aware recent improvements needed to be fully embedded in staff practice and sustained.

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 and update

The last rating for this service was requires improvement (published 12 December 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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 carried out an unannounced inspection of this service on 13 and 20 September 2022. Breaches of legal requirements were found, and a Warning Notice was served. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and consent.

We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met, to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

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 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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

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 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 carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day of inspection, 1 inspector visited the home.

Service and service type

Amberley Care Home 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. Amberley Care Home is a care home with 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 not a registered manager in post however, the manager was registered soon after this inspection.

Notice of inspection

The first day of inspection was unannounced. Inspection activity started on 14 March 2023 and ended on 24 March 2023. We visited the service on 15 and 16 March 2023.

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. 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 used all this information to plan our inspection.

During the inspection

We spoke with 10 staff including the manager, deputy manager, clinical lead, administrator, 1 nurse, 1 team leader, 2 care staff, 1 hospitality staff and 1 member of the maintenance team. We spoke with 8 people and 3 relatives about their views of the care provided. We received feedback from 3 health and social care professionals involved with the home.

We reviewed the electronic care records for 5 people, sampled 8 medicines records, viewed records related to governance systems and other documentation relevant to the running of the service. Following the inspection, the manager continued to supply evidence relating to the management and oversight of the home.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we could not confirm medicines had consistently been managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medication administration records were correctly completed, protocols for 'as required' (PRN) medicines were in place and stocks of medicines were better managed.
- The clinical lead provided valuable support to staff. They ensured the policies and procedures in place to make sure medicines were managed safely were followed. Staff responsibilities were clear.
- Time sensitive medicines were now given at the correct times, in relation to food. The times of administration were accurately recorded by all staff administering these.
- Medicine training and competency assessments had been completed by all staff administering medicines. People were given their medicines as prescribed and supported to have regular reviews.
- We received feedback from a medical professional who had carried out medicine reviews at the home prior to our inspection. No safety concerns had been identified regarding the administration of medication during these reviews.

Preventing and controlling infection

Good staff practice to help reduce the risk of the spread of infection was not consistent. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 admitting people safely to the service.
- 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.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service supported visits for people living in the home in line with current guidance. The home facilitated events to encourage people to visit the home and spend time with their loved ones. A glass pod in a ground floor lounge was still available to use for visitors if people preferred this

Assessing risk, safety monitoring and management

- Care plans reflected risks had been assessed and outlined actions staff should take to mitigate the risk where possible.
- People identified as high risk of acquiring pressure wounds or skin damage were turned at regular intervals to mitigate the risk. Whilst we were assured people received this care, it was not always recorded in electronic care notes. We brought this to the manager's attention who took action to address this.
- Risk assessments were reviewed monthly to ensure any changes were recorded.
- Staff we spoke to were knowledgeable about people's risks and how these should be managed.
- The environment and equipment were maintained to keep people and staff safe, and all building-related safety certificates were in place. Contractors serviced equipment in line with expected timescales, such as the passenger lift, hoists, the fire alarm system, gas and electrical equipment.

Staffing and recruitment

- The provider had recruitment checks in place to ensure staff were suitable to work in a care setting. This included identity checks, previous employment, references, their right to work in the UK and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Rotas confirmed there were enough staff employed to ensure people's needs were being met daily. People and their relatives also told us there were enough staff to meet their needs.
- Safe staffing levels were in place. Call bells were responded to, although we received some mixed feedback as to the timeliness of the response from staff. Comments included, "I have to wait sometimes; not long though" and "they [staff] mostly come when I press the buzzer; they are getting better of late." Several people we spoke with expressed the view that the standard of care had recently improved.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse and poor care. People and their families considered they were safe and had confidence in the manager and deputy manager.
- Staff had received safeguarding training and understood how to recognise and report abuse and poor care.
- The manager had made referrals to the relevant authorities when warranted and worked with other professionals to ensure people remained safe.

Learning lessons when things go wrong

- The provider had processes in place to ensure any accidents, incidents and concerns were documented and investigated.
- Learning was identified and used in a timely and effective way. Lessons learned were routinely shared in flash meetings and wider team meetings.

- The manager planned to implement a new electronic care planning system. This would enable staff to accurately record care interventions and give them more time to spend with people.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection conditions attached to Deprivation of Liberty Safeguards (DoLS) authorisations had not been identified and were not being complied with. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Records now demonstrated any conditions in place were being met. We saw these were recorded in care plans and evidenced staff were adhering to these.
- Systems were in place to assess people's capacity. Staff encouraged people to make their own decisions.
- If people lacked capacity to make specific decisions about their care the provider would involve people's representatives, relatives, and healthcare professionals to ensure any decisions taken were in people's best interests.
- DoLS applications to deprive people of their liberty had been properly made and authorised by the appropriate body.
- Staff had received training in the MCA and associated codes of practice. Staff understood their responsibilities under this Act and asked for people's consent prior to carrying out any personal care.

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

- Initial assessments were carried out by the home to ensure people's needs could be met prior to them coming to Amberley Care Home.

People's care needs were assessed and reviewed regularly to ensure their care needs were relevant to them.

- Care plans recorded people's preferences and choices about their care.
- Staff knew people well and gave examples of how they supported people.

Staff support: induction, training, skills and experience

- All staff completed an induction which included both e-learning and face-to-face training.
- Staff received relevant ongoing training to perform their roles and help meet people's needs. They updated their training and attended refresher courses. The service had concentrated on upskilling nursing staff, so they were confident in their role.
- Staff felt better supported and could ask for help if needed. Staff received one-to-one supervision sessions, and these were formally recorded.

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

- Staff supported people to maintain a diet of their choice. We observed the lunchtime service and people were offered choices of food and drinks throughout. Outside of mealtimes, people were offered drinks and snacks at regular intervals.
- Staff understood people's dietary requirements and meal preferences. People with swallowing difficulties, or who were at risk of choking, were provided with suitably modified foods. These were prepared in accordance with the instructions provided by speech and language therapists (SaLTs).
- For those people who required support to gain weight, food and fluid charts were in place and people were regularly weighed to reduce risk of malnutrition.

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

- Referrals were made to external health professionals to ensure people had the right equipment, such as profiling beds, airflow mattresses or specialist seating.
- People were supported to access health care services. Staff were quick to respond if people were unwell.
- There were weekly meetings involving a GP and other clinical professionals. Staff were able to raise any concerns regarding people's health and welfare in a timely manner.
- The service worked closely with health and social care professionals to review and make changes to a person's care plan when appropriate.

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

- The design and layout of the home supported people's individual needs.
- The environment had been improved for people living with dementia. There was better signage around the premises which helped people identify areas they might wish to access such as lounges, the dining room and toilets.
- There was better use of memory boxes outside people's rooms. These contained photos and meaningful memorabilia that reflected people's past lives.
- People's bedrooms had been individually furnished in line with their choices and preferences. Some had decorated their room in line with their interests, such as their favourite football team.

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 requires improvement. The rating for this key question has remained the same.

This meant the service management and leadership was not yet consistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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

At our last inspection the provider had failed to consistently assess, monitor and improve the quality of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a Warning Notice to the provider after our last inspection.

Improvements had been made at this inspection. The provider had complied with the Warning Notice and was no longer in breach of regulation 17.

- The manager was relatively new to the home and had started the registration process with the Commission. They gained registered manager status shortly after this inspection.
- Governance systems were in place to ensure oversight and monitoring of the home. There was increased monitoring both at a local level by the manager, and also from the provider.
- There was a suite of audits to assist the manager and help improve the quality of care. Some of these needed to be more meaningful. For example, we spoke with the person nominated as 'resident of the day' on the first day of inspection. They were not aware of this. We also identified that record keeping in relation to repositioning people needed to improve. We provided feedback to the manager who took this on board.
- There was improved support for the manager from the provider. The quality team carried out audits and training. Standardised systems and processes, for example flash meeting and walk round templates, assisted the manager and contributed towards the management and oversight of the service by the provider.

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

- The manager was supported by a deputy manager and a clinical lead, who had knowledge and experience of the home. The new management team promoted a more positive culture in the home.
- The manager had relocated in the home to be more visible and accessible to people, their relatives, staff

and professionals. They shared an office with other members of the senior team which aided communication.

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 duty of candour was understood by the manager and throughout our inspection the manager and staff were honest and open. Complaints were responded to in a timely manner and actions taken when things had gone wrong.
- The manager had complied with the requirement to notify CQC of various incidents, so we could monitor events happening in the service.

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

- The new manager had held a meeting for residents and relatives soon after coming into post. This had been attended by a representative from the local authority.
- We observed positive relationships between staff, people living in the home and their relatives. One relative we spoke with was complimentary about the new manager and said, "[Manager] asks questions and is polite to the staff. I am asked my opinion on matters. I feel well informed and receive an online newsletter."
- Formal surveys about the service had not yet taken place but the manager was planning to consult with people and their relatives to address this.
- The manager completed daily walk arounds of the home and held daily 'flash' meetings. These were short meetings with heads of units to ensure any changes in the service and other relevant information was shared and effectively communicated.
- Staff meetings took place to share views and staff told us they felt listened to.

Continuous learning and improving care; Working in partnership with others

- The manager had recently introduced champion roles for staff to develop and improve their knowledge of specific areas of care, such as end of life and medicines. This new process needed to be fully embedded to contribute towards improvements in the quality of care.
- The provider had worked closely with the local authority. An action plan was in place and was regularly updated.
- The manager recognised the improvements that were needed but felt the home was on the right track.