

Priory Elderly Care Limited

Amberley House

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



Overall summary

We inspected Amberley House Care Home on 13 and 14 November 2014 and we arrived unannounced. Amberley House is registered to provide accommodation and nursing care for up to 74 people. The service provided care over three separate units. People who use the service had physical health and/or mental health needs, such as dementia.

The service did not have a registered manager in post. 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 and associated Regulations about how the service is run. At the time of the inspection the registered manager had recently left the service and we had been informed the week prior to the inspection that the project manager had taken over the running of the home in the interim.

People told us that they felt safe when they were supported by staff. Staff were able to explain how they kept people safe from harm and the actions they needed to take if they felt someone was at risk of harm.

Summary of findings

We found that people received their medicines as prescribed. Some improvements were needed to ensure that appropriate advice was sought when administering medicines covertly.

People's risks were assessed and managed. We saw that staff carried out support in a safe way and followed the guidance contained in the care records.

We saw that there were sufficient qualified and experienced staff available to meet people's assessed needs. The provider had effective recruitment procedures in place that ensured people were supported by suitable staff.

People who used the service and their relatives told us the staff treated them with compassion, dignity and respect. We saw that staff listened to people and encouraged them to make choices and decisions about their care.

Staff received regular training but this did this was not always effective as staff were unsure of their responsibilities under the Mental Capacity Act 2005.

We found that some people who used the service were unable to make certain decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were being met by the provider. The

Mental Capacity Act 2005 and the DoLS set out the requirements that ensure where appropriate decisions are made in people's best interests when they are unable to do this for themselves.

People had opportunities to be involved with hobbies and interests that were important to them. The provider had recently implemented a new way of engaging with people who had dementia through touch, smells and sensory environment.

There was a complaints policy in place that was followed by staff and management. People we spoke with knew how to complain and were happy with the action taken when they had raised concerns.

We saw that the provider promoted an open and inclusive culture. People and staff told us that the management were approachable and that they listened to them. People, relatives and staff were given opportunities to provide feedback on changes and improvements to the service.

The manager regularly monitored the quality of the service provided and action plans were in place where improvements were needed. The provider was involved with the service and undertook visits to assess and monitor the quality of the service provided and gain views about people's experiences.

Summary of findings

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 consistently safe.

People who used the service told us they felt safe. Staff understood their actions to take to safeguard people from harm.

There were enough suitably skilled and experienced staff available to keep people safe. The provider had effective recruitment procedures in place.

We found that medicines were managed safely. However, improvements were needed to ensure that where medicines were provided covertly professional guidance was followed.

Requires Improvement



Is the service effective?

The service was not consistently effective.

Staff received training and support that enabled them to provide support to people who used the service.

Where people did not have the ability to make decisions about their own care the staff followed the legal requirements which ensured decisions were made in people's best interests.

People were supported to eat and drink and where concerns were identified referrals to health professionals had been made.

Requires Improvement



Is the service caring?

The service was caring.

People who used the service told us they were happy with the care provided and staff were caring and kind.

Staff gave choices to people and they listened to their wishes when they provided support.

People who used the service were treated in a way that promoted their dignity.

Good



Is the service responsive?

The service was not consistently responsive.

People who used the service received personalised care that met their health and social care needs. Improvements were needed to ensure that people on all the units were supported to undertake meaningful activities.

Staff were responsive to people's changing needs which ensured people were supported to maintain their health and wellbeing.

The provider had a complaints policy in place and people knew how to complain if they needed to.

Requires Improvement



Summary of findings

Is the service well-led?

The service was well led.

We found that there was a clear open and inclusive culture across the service.

Staff felt supported by the manager and there were systems in place to enable people, relatives and staff to provide feedback about the quality of the service.

Quality assurance systems were in place and the registered manager carried out regular audits. We saw that action plans were in place where concerns had been identified.

Requires Improvement



Amberley 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.

This inspection took place on 13 November and 14 November and was unannounced.

The inspection team consisted of a lead inspector; a second inspector and an Expert by Experience, who had experience of older people's care and dementia services. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we had asked the provider to complete 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 had not received completed PIR at the time of the inspection. We reviewed other information that we held about the service which included notifications of any incidents, deaths and safeguarding referrals.

We spoke with 13 people, three relatives, eight members of staff, the project manager and the operations manager. We observed care and support in communal areas. We viewed 11 records about people's care and records that showed how the home was managed. We also viewed seven people's medication records, observed how medication was managed and administered to people.

Is the service safe?

Our findings

People we spoke with told us that they felt safe at Amberley House. One person said, “I feel very safe. I wouldn’t want to go home now as I would be frightened”. Another person told us, “The staff keep me safe here as I couldn’t manage on my own”. One person told us that they felt safe “most of the time” but not when they were having a shower. We viewed the care records and found that there was guidance for staff that ensured this person felt safe. Staff we spoke with told us that they gave this person encouragement and talked to them about the support which helped to put them at ease.

We spoke with staff who were able to explain the various types of abuse and the actions that they would take if they thought someone was at risk of abuse. Staff told us that they would report any concerns they had to the nurse on duty. We spoke with the nurses on all three units who told us how they would report any incidents of alleged abuse and they were aware of the local safeguarding procedures to make a referral. One nurse told us, “I would report any concerns immediately by ringing the local safeguarding team and make a referral. I would ensure that the person was protected from harm and take actions to ensure that the person was safe by removing the member of staff. I would then report this to the manager”.

We spoke with staff who had a good understanding of people’s risks and the actions that they needed to take to keep people safe. Risk assessments were in place for people who were at risk of falls, pressure sores and when equipment was needed for people to move around the service safely. Risk assessments had been updated where people’s needs had changed and staff told us that any changes were discussed with staff when the shift changed.

We saw that people who used the service had risk assessments in place that staff needed to follow in the event of an emergency and people needed to be evacuated from the building safely. Staff we spoke with understood the individual needs of people and how they needed to be supported in an emergency.

We found that incidents and accidents had been recorded which showed details of the accident and the action taken at the time. The manager analysed the accidents on a monthly basis so that any trends or themes could be

identified and the actions required were recorded. We saw that one person had their risk assessment reviewed and equipment had been sought to lower the risks of further accidents for this person.

People told us that they felt there were enough staff available to meet their needs. One person told us, “The staff are very busy but I only have to wait a few minutes when I need help”. Another person told us, “As soon as we ask (the staff) anything they are very helpful”. We saw that there were enough suitably qualified staff available to support people with their needs. We saw that the provider had a system in place that ensured there were enough staff available to meet the individual dependency needs of people who used the service. The manager told us that there were staff vacancies and they were undertaking recruitment processes to fill the vacancies. We were told that agency staff were not used regularly because permanent staff covered any shortfalls in staff.

Staff we spoke with told us that they had been subject to checks before they were employed by the service. One staff member told us, “I provided identification so that the manager could check that I was suitable and I didn’t start until these checks had been completed”. We saw that references were sought from previous employers and criminal record checks had been undertaken before staff provided support to people who used the service.

We observed people being supported with their medicines. Nurses took their time when administering medicines and encouraged people in a way that protected their dignity. We saw that medication administration records (MARs) were signed after medicines had been administered and these were checked by the second nurse on duty which assured that no errors had been made. The medicines were administered from a trolley which were locked each time the nurse left and the trolleys were stored in a locked room when the medicine round had been completed. We saw that temperatures were being monitored daily in the room and the fridges where medicines were stored. The records showed that these were being stored at the appropriate temperatures.

We found that where medicines needed to be crushed to be disguised in food there had been no contact made with the pharmacy to make sure that by administering the medicines this way it did not change the effectiveness of the individual medicines. We asked the manager if they had checked with the pharmacy and they told us, “I agree we

Is the service safe?

need pharmacy advice and we haven't sought this, but we will do this now". This meant that the provider had not sought the relevant guidance to ensure that potential risks associated with the crushing of medicines were considered and documented.

Is the service effective?

Our findings

We observed staff assisting a person to move with the aid of specialist equipment. This was carried out in line with national guidance, which showed that the training received was effective. Staff told us that they had received training to help them carry out their role. One member of staff said, “The training has been very good, we cover all different types of training”. Some members of staff told us that although they have received the mandatory training they were not always supported to develop their knowledge by undertaking further learning.

Staff told us that they felt supported and they had staff meetings to discuss any concerns they had. We saw records of these meetings which confirmed they had taken place. Staff felt that the registered manager and deputy manager were approachable and they could easily talk to them if they needed to. Staff told us that they had been involved in annual appraisals that covered their performance in their role and any actions that needed to be taken. This meant that provider ensured that staff were providing suitable support to meet people’s needs.

We spoke with staff about their knowledge and the actions they needed to take under the Mental Capacity Act 2005. Mental capacity is the ability to make an informed decision based on understanding a given situation, the options available and the consequences of the decisions. We found that the nurses on duty had a clear understanding of their role and how they needed to support people to make decisions in their best interests. We spoke with care staff who did not have a clear understanding of the Mental Capacity Act 2005 and were unsure if they had received training. We viewed the training records which showed that most staff had received training. This meant that the training staff had received had not always been effective.

We observed staff supporting people with decisions in a way that met their needs. Care staff were able to tell us how they supported people to make decisions. One member of staff told us how they gave people time to understand, were patient and gave people time to respond. One member of staff told us, “I look at the plans of care which help me to support people with decisions. I make sure people have time”. We saw that where people lacked capacity assessments had been carried out and these were

included in their plans of care which ensured that decisions were made in people’s best interests. This meant that staff supported people to make decisions and guidance was available for staff where people lacked capacity.

We found that three people had covert medicine plans in place which meant that they needed their medicines to be disguised in food or drink. The nurses we spoke with explained why these people needed to have their medicines administered this way and they told us that this was only used after they had attempted to administer the medicines with the person’s consent. One nurse told us, “I always try and encourage people to take their medicines and only revert to disguising them in food or drink if these attempts have failed”. We saw that there had been capacity assessments undertaken before the decision had been made to administer medicines covertly in people’s best interests. We saw that the G.P had agreed that the medicines could be administered covertly and the plans in place gave staff guidance that showed why and when the medicines needed to be administered this way.

We saw that one person had a Deprivation of Liberty Safeguards (DoLS) authorisation in place.

The Deprivation of Liberty Safeguards (DoLS) ensure that when people have their liberty restricted this is done in a manner that protects their human rights. This person had a DoLS in place as they wanted to leave the service but this would put them in danger as they were unaware of the risk to their welfare. We asked staff if anybody on the unit had a DoLS in place. The nurse knew who had a DoLS in place and the support they needed to provide, but the care staff were not aware. However, we observed staff supporting this person when they asked to go out which reflected the support required in the DoLS authorisation and care plan. The manager told us that they have plans to implement a register on each Unit so staff were aware of who was subject to a DoLS but this had not been implemented at the time of our inspection.

We saw that Do Not Attempt Cardio Pulmonary Resuscitation orders (DNACPR’s) were in place for some people, which had been reviewed regularly with the G.P. We saw that best interests assessments had been carried out where people lacked capacity to make an informed decision with regards to the DNACPR’s, which ensured any decisions made were in the person’s best interest.

Is the service effective?

We spoke with people who used the service and their relatives about the quality of the food. The comments we received were mixed and included; “The food is nice”, “I like the food here but it can be a bit repetitive at times” and “The quality of the food is average” and “The food is good here. I have put weight on since I have lived here”. We viewed the menus which showed that the meals were varied each week. We observed people being supported at lunch and found people were provided with two choices of main meal and dessert. People who didn’t want the choices were offered another choice for example; some people had a yogurt for their dessert. Some people who used the service needed assistance to eat their meals and we observed staff providing assistance and encouragement in a patient way.

We saw that people were supported and monitored to ensure that they received sufficient amounts to eat and drink. People were offered snacks and drinks throughout the day and where people needed the amount they ate and drank monitored this was in place. We were shown

that monitoring charts were kept and saw that where people had not eaten or drank the required amounts the nurse on duty referred people to the dietician or G.P for further advice or assessment.

People told us that they accessed health professionals when they needed to. One person told us that they had seen an optician within the home. One person told us, “If I am unwell I tell the staff and the nurse comes to see me. I have seen a doctor when I have been unwell”. We saw that people had been referred to specialists such as speech and language therapists and dieticians where concerns had been identified. We viewed records that showed that where advice had been sought from professionals this had been included in people’s care plans. We saw guidance had been sought from a dietician where a person had lost weight. We spoke with staff about this person’s diet and they were able to explain how they ensured that the risk of further weight loss was monitored and how they were given supplements to increase this person’s food intake.

Is the service caring?

Our findings

People we spoke with told us they were happy with the care and support they received from staff. Comments we received included, “I couldn’t have been treated any better if I had been royalty. It’s brilliant here. They are so caring” and “They (the staff) are kind and helpful and they have a laugh with me” and “Staff are good, caring and kind”. We observed staff treating people in a kind and compassionate way. Staff were patient with people when they provided support and were seen interacting and engaging with people in a positive manner. The atmosphere at the service was relaxed and staff spoke to people in a way that met their individual needs. For example we saw staff talking to people slowly and waiting for them to respond and providing touch and eye contact as a way of communicating with people who were unable to communicate verbally.

We observed staff giving people choices throughout the day. People were offered fruit and where some people were finding it difficult to decide the staff showed them the fruit and waited for people to make their choices. People we spoke with told us that staff listened to what they wanted

and they chose what they wanted to eat, when they wanted to go to bed/get up and if they wished to get involved with activities around the home. One person told us, “The staff come and ask you if you want anything. I can choose what I want for breakfast and get what I want”.

People told us that they were treated with dignity and respect by staff and felt that their privacy was protected when staff provided support. We saw that staff talked to people respectfully and bent down to people so that they were talking to them face to face whilst they were sitting in chairs. One person told us that they had recently requested a ‘do not disturb sign’ that they could place on their bedroom door so that they could have private time with their relative. The person told us that they were confident that this would be acted upon.

Relatives told us that they could visit whenever they wanted to and they were never restricted from seeing their relative. One person told us that their relatives didn’t live near to the home and wasn’t able to visit regularly but the staff supported them to contact them by telephone. This person said, “I ask the staff when I feel I want to talk to my relative and they help me to do this straight away”.

Is the service responsive?

Our findings

People we spoke with told us that they enjoyed the activities on offer. We observed that there were various activities such as; card games, arts and crafts and one to one chats being provided in the communal lounge on the upstairs unit. One person told us, “I like the entertainment and join in with the activities I want to. I don’t like all the activities but I enjoy some of them like the painting of pottery” and “I go to Longton town on the bus with staff and I can shop for my own clothes. I will be going soon as I need some more”.

The provider had recently introduced a Dementia Coach at the service. We spoke with the dementia coach who told us how they were undertaking a different approach to providing stimulation for people with dementia. We saw that there was a dedicated room for people to access that provided activities that were meaningful to people which included hand and foot massage, touch and familiar smells. People were offered drinks and snacks throughout the sessions and staff told us that they had seen differences in people’s communication and appetite when they have been involved in these sessions. One relative we spoke with told us, “My relative has really enjoyed that session and they are really calm and relaxed now. It’s great”.

Some people on the ground floor unit commented that the activities had recently stopped. One person told us, “I have really enjoyed the activities on offer and I especially like the quizzes and bingo. There are not a lot of activities now, I think this is wrong”. Another person said, “I’m fed up, there is nothing to do, I just watch television”. We spoke with the activity co-ordinator who told us that they had recently been asked to concentrate on the upstairs dementia unit. They told us, “I understand that the staff have been asked to provide the activities downstairs. I know what different people like, some like the entertainment and some people like quieter activities like quizzes and chats etc. I try to ensure that the activities suit the individual needs of people”. We fed this back to the manager at the end of the

first day and when we returned on the second day we saw that activities were split across the two floors and people on the downstairs unit were happier. This showed the provider responded to feedback to meet people’s needs.

People told us that they were involved in the planning of their care. One person told us, “I was asked what I liked when I came here and the staff know me well”. A relative we spoke with told us, “I am always involved in the reviews of my relative’s care and I was asked about their past history”. We spoke with staff who knew how people liked to dress and what their likes and dislikes were. We saw that the care plans were personalised to people’s individual needs. People and their relatives were involved in completing an “All about me” document. This included details of people’s past lifestyles, clothing preferences and hobbies and interests.

Staff were responsive to people’s needs. We saw that staff responded to people’s needs in a timely manner. One person had become confused and was presenting with a change in their behaviour. The records showed that the nurse had carried out checks and contacted the G.P due to the deterioration in their wellbeing. The G.P had confirmed that this person had an infection and required medicine and specialist equipment to help them with their breathing. We saw that this had been put in place which ensured that this person’s health improved.

Amberley House had a complaint policy and procedure which was available to people who used the service and their relatives. People and their relatives told us that they knew how to complain and when they have complained it had been acted upon and they were happy with the outcome. One person told us, “I would talk to the manager if I had any complaints, I’m happy enough though”. A relative told us, “I made a complaint because I felt that my relative’s care plan needed updating and this was looked into and changed where needed”. We viewed records which showed that complaints had been logged, investigated and responded to.

Is the service well-led?

Our findings

Staff we spoke with were positive about the provider and had a clear understanding of the values and ethos across the service. One member of staff told us, “I enjoy working here. The service has an open culture and we all strive to deliver the best quality care that is home from home for the residents. We are all pro-active and have a holistic approach to care. We are a good staff team and staff know they can approach me at any time with concerns”. Another member of staff told us, “I could approach the deputy manager and I know I will be listened to”.

Some staff we spoke with were concerned about the change in management. One staff member told us, “The only concern I have at the moment is the registered manager isn’t here and we don’t always get told what’s going on”. Another member of staff told us, “I know I could approach the nurse and the deputy manager. The deputy manager is really good as they will get involved and help out if needed”. We fed this back to the operations manager who told us they had planned to discuss the changes with the staff but they were still in the process of implementing the changes and would speak with staff once they had finalised the interim plans in management.

People told us that they were asked for feedback about the quality of care they received. The feedback contained positive comments about the service and the care provided. We saw that annual questionnaires were sent out to gain feedback on the service and the provider had analysed the feedback received and acknowledged any changes needed. We spoke with staff who told us they had been involved in discussions about the improvements to be made to the service. For example; the provider planned

to split the first floor unit as it was a large unit and staff were given the opportunity to comment on the plans and how the changes would affect care staff and the duties that the domestic staff carried out.

We spoke with the project manager and operations manager who told us that they strived to make improvements across the service and the implementation of the dementia coach has been part of their improvement plan. The provider had staff recognition awards (staff pride awards) which recognised where staff have excelled in their work and were nominated by the provider. Areas that staff could be nominated for an award included best care, assurance improvement and innovative practice. This showed that the provider promoted and recognised staff achievements.

We asked the registered manager to provide information to the commission by the way of a Provider Information Return (PIR) before we carried out the inspection. We did not receive this information from the registered manager as they had recently left the service and they were still showing on our records as the registered manager at the time that the PIR was sent out. We were informed of this change by the provider the week before the inspection was planned.

We saw that the registered manager had completed checks on the quality of care provided to people who used the service. We saw that audits were carried out which included medication, infection control and care plans. Where issues had been identified there was an action plan in place to show where improvements needed to be made and who would carry out these improvements. We saw evidence that the provider had undertaken unannounced visits to the service where they walked around the service and talked with people and relatives to gain feedback on the quality of the care provided.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.