

Alliance Care (Dales Homes) Limited

Emberbrook

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Emberbrook is a care home which provides nursing care and accommodation to people. The service is divided into four living areas, all with their own dining and communal space. Most people living at Emberbrook are living with dementia or have a nursing need. At the time of our inspection 59 people were living at the service.

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

We found improvements we identified at our last inspection in June 2019 had been sustained. The new manager had created a positive atmosphere within the service and had continued to drive improvement.

People said they felt safe living at Emberbrook and they did not have to wait for attention from staff. People told us they received the medicines they required and that staff knew them well.

Changes had been made to the service during the pandemic to help reduce any spread of infection. No concerns were found in relation to infection prevention and control practices of staff.

Risks to people had been identified and staff were able to describe people's individual needs. Where people had an incident or accident these were responded to, lessons learnt and action taken to prevent further accidents.

The manager had an open-door policy and staff told us they felt supported and valued by them. They said they could approach the manager and deputy manager to raise concerns and they felt listened to.

A range of audits were completed to ensure people received a good level of care. The provider was consistently looking at ways to improve the governance of the service and as such had introduced a new auditing regime. We will check on the effectiveness of this at our next inspection.

Relatives told us they were very happy with the care their family members received. One relative told us the manager was, "Marvellous" and another said they had recommended the home to several people.

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 (report published 16 July 2019).

At this inspection we found improvements previously made had been embedded.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 18 June 2019. At that

inspection we awarded the service a Requires Improvement rating as although improvements were found we needed to be assured these would be embedded into practice.

We carried out this focused inspection due to the service having been rated as Requires Improvement at the last three inspections. The service had also been without a registered manager for some time. At this focused inspection we reviewed the key questions of Safe and Well-led only and this report covers our findings in relation to these key questions.

We found at this inspection improvements to the service and as such the ratings of the key questions of Safe and Well-Led have improved to Good. However, the ratings from the previous comprehensive inspection and breaches of regulation for key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained Requires Improvement.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme when we will carry out a fully comprehensive inspection looking at all key questions. 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Emberbrook

Detailed findings

Background to this inspection

The inspection

This was a focused inspection as the provider had been rated Requires Improvement for the last three inspections. The service had also been without a long-standing registered manager for some time.

Inspection team

This inspection was carried out by four inspectors. Two inspectors attended to complete an infection prevention and control assessment. This was part of a thematic review which is seeking to identify examples of good practice in infection prevention and control. The other two inspectors conducted the inspection.

Service and service type

Emberbrook 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 did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The new manager (referred to as 'manager' in this report) had submitted an application to register with CQC.

Notice of inspection

This was an announced inspection. We announced the inspection the day before we visited to discuss the safety of people, staff and inspectors with reference to the COVID-19 pandemic.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This was because this was a focused inspection following up on what we found at our last 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.

During the inspection

We spoke with five people who used the service and six relatives about their experience of the care provided. We spoke with 15 members of staff including senior management, the regional managers, the manager, the deputy manager, nurses and care staff. We also received feedback from a commissioning authority and one healthcare professional.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked the manager to provide us with evidence of audits, staff meetings, engagement with people and their relatives and their improvement plan.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection in June 2019 we issued a recommendation in relation to good medicines management practices. This was because we observed thickening powders being left out and the storage of medicines meant that dispensing medicines took a disproportionately long time for staff. At this inspection, we observed and heard how changes had been made and improvement embedded into practice.

- People received the medicines they required on time. One person told us, "Yes, I do get my medicines on time." A second person said, "Staff do my medicines and they always check I have taken them before they leave me."
- We observed thickening powders were now stored in medicine trolleys. This meant they were kept safe and out of reach of people until they were needed.
- The storage of medicines had improved as the manager had sought guidance from their pharmacy on best practice. Information on safe storage of medicines was readily displayed for staff which meant they no longer needed to move any medicines if room temperatures increased.
- Medicine administration records (MARs) were completed correctly. Double signatures were used where hand written entries were made, no gaps were seen on the MAR and pain patch body maps were filled in.
- Where people had topical medicines (medicines in a cream format) there were body maps in care plans to guide staff on where to apply these.

Staffing and recruitment

At our last inspection in June 2019 we issued a recommendation in relation to deployment of staff because we observed occasions when people did not receive the support they required due to lack of staff. At this inspection, staff deployment was more consistent and people's needs were responded to in a timely way.

- People were cared for by a sufficient number of staff. One person told us, "They (staff) are very good. If they're busy at least they will come and tell you they'll be back (and they are)." A second person said, "I rang the bell once during the night and it was very effective." A relative said, "There are sufficient staff." A healthcare professional told us, "Staff have been better organised and it's more structured."
- The manager said they always met their minimum staffing levels. This equated up to sixteen care staff and four nurses during the morning and seven care staff and two nurses during the night. Since joining the service, the manager had engaged with one agency to fill any shortfalls in staff rotas. This allowed them to plan ahead to ensure consistency of agency staff.
- Staff felt levels of staff were appropriate. A staff member told us, "Yes, generally it is okay (staffing levels)."

A second said, "Staffing – most of the time (there's enough), sometimes it's been a little short, but it's always been manageable."

- Where people required assistance, we observed staff attended in a timely manner. One person had a sensor mat in their room which alerted staff every time they got up from their chair. We saw staff responded to the alert promptly when it was triggered.
- The service had recruited new staff since our last inspection and there was an on-going recruitment drive underway. We reviewed the recruitment records for four staff and found an application form and health declarations had been completed, references obtained and a Disclosure and Barring Service (DBS) check carried out. A DBS helps ensure prospective staff are suitable to work in this type of service.

Assessing risk, safety monitoring and management

- People felt safe and were known well by staff who were able to describe people's individual needs and risks. A relative told us, "Excellent – very careful staff who know her well."
- Two people had specific dietary requirements. Staff had a good knowledge of both. One person told us, "They (staff) are very good and I do feel they know me." A second said, "The staff are all very lovely."
- People told us they felt safe with staff. One person said, "I feel safe. Staff know what they are doing." A second person told us, "I feel very safe here, there is always someone around."
- Individual risks to people had been identified and guidance was in place for staff. One person had poor mobility and was unsteady on their feet. Their care plan recorded they should have their walking stick nearby and we observed this to be the case. This same person was also diabetic and they had a separate diabetes care plan detailing what signs staff should look out for that may indicate they were unwell.
- One person spent the majority of their time in their room, they were on a specific diet and were allergic to a particular medicine. Their dietary requirements were known to staff and their allergy recorded on their medicines records. A further person needed to wear well-fitting shoes and have their call bell to hand and we observed both of these in place.
- Where people were at risk of malnutrition records showed they were supported to check any changes to their weight weekly so appropriate care was provided.
- The service had a contingency plan in place which covered events such as power failure. The contingency plan had been reviewed and updated to include any risks related to COVID-19.

Systems and processes to safeguard people from the risk of abuse

- Where people had experienced incidents that constituted abuse, staff recognised these and took appropriate action in response. A relative told us, "I can't think of anywhere else I would have handed over so much trust to (in looking after my Mum)."
- Safeguarding concerns had been raised with the appropriate authority and the service worked with the safeguarding team to investigate or provide additional information when required.
- Staff had a good understanding of what constituted a safeguarding concern and told us they would report these to the office. A staff member said, "If a resident is neglected it must be reported to the nurse and the manager."

Preventing and controlling infection

- People lived in a clean environment and we observed housekeeping staff carrying out cleaning tasks throughout the day. A relative told us, "It never smells which I know sometimes you can get in other establishments."
- As part of this inspection we carried out an infection prevention and control assessment which did not identify any concerns about the service. Staff told us they had received infection control refresher training recently, which included practical assessment of correct use of personal protective equipment (PPE).
- Changes had been introduced to help prevent the spread of COVID-19. Zoning arrangements were in place

within the service to reduce the spread of infection. Agency staff had their temperature checked on arrival and weekly testing was in place for staff.

Learning lessons when things go wrong

- Where people had incidents or accidents these were recorded, discussed, action was taken and lessons learnt to help prevent further occurrences. A staff member told us, "The carer should fill in the form, then we do it on Datex (electronic system)."
- An accident and incident log was kept to look for trends or themes. Where one person had experienced several falls, a sensor mat had been installed to alert staff if they stood from their chair.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection in June 2019 we issued a breach of regulation around personalised care. Although we did not include the key question of Responsive at this inspection to follow up on this specifically, we did observe people receiving person-centred care from staff. This and the results of audits reviewed demonstrated to us improvements had been made in this respect since our last inspection.
- Relatives and staff told us the manager operated an open-door culture within the service where people and staff were encouraged to come and raise concerns. A staff member told us, "She (the manager) is very 'hands-on', often working in uniform to be closer to the team."
- The manager carried out daily walkabouts and 'flash' meetings with senior and clinical staff. These covered learning from accidents, safety alerts, rotas, infections, weekly weights and medicines. These meetings helped to drive improvement within the service.
- Positive feedback was received on the impact the manager had had on the service. Staff told us they felt valued and supported by them. One staff member said, "It's better now we have a leader." A second told us, "She is a good mentor." Staff said team work had improved and the atmosphere in the service became more positive as a result.
- Relative's reiterated these comments. One told us, "The manager is marvellous. It runs smoothly and staff seem happy." Another said, "[Manager name] is very sociable and we like the deputy. Any worries I mention it to them."
- The provider was looking to improve outcomes for people. They had introduced a new auditing process, telling us, "We want to add value (to the service), not for it just to be a tick box exercise. We look at what, why and how it will benefit people."

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

- Staff were clear about their role within the service. A staff member told us the deputy manager had carried out various roles in the service during the pandemic and had been at the service constantly. They said, "[Name] was amazing at the start of the pandemic as we had no manager for the first three weeks."
- Our observations showed staff worked well together and understood what was required of them.
- Staff told us they felt supported by the manager and the provider told us, "I am happy there is now stability."
- However, we did hear from the staff that they had not always felt valued or supported by the senior

management and the provider. We were told, "We do not feel valued by the company. Senior managers and area managers did not call the home and enquire if staff were okay." We fed this back to the regional managers at the end of our inspection.

- Audits were carried out within the service. These covered areas such as falls, nutrition, continence, end of life care, resident's involvement, medicines, the environment and infection control. Audits had identified shortfalls in mental capacity assessments and best interests paperwork which was a shortfall we had found at our last inspection. The manager told us these had been reviewed for everyone.
- Requirements of registration were met by the service. We received notifications relating to incidents, accidents or safeguarding concerns.
- We read letters of apology sent to complainants in response to their complaints. In one example, an emergency team meeting was held to investigate a relative's complaint.

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

- Resident and staff meetings were held, giving people the opportunity to be involved in the running of the service and to voice their opinions. Staff meetings covered a range of topics and staff said they felt comfortable to speak up and felt listened to. A staff member said, "The call bell in the toilet was too far back from some people, so a handheld call bell was introduced."
- During the pandemic the manager kept in touch with relatives by telephone, email and letter.
- Supervisions and appraisals continued during lockdown and the manager told us, "The loyalty of the staff cannot be faulted." A staff member said, "Management are very good. I can go to them." A second told us, "I now feel supported and valued. I hope she (the manager) stays." A further staff member said, "This is the longest I have stayed in a job, we're a big family here really."

Continuous learning and improving care

- Since our last inspection in June 2019 the provider had introduced a new dependency tool. This was used to determine the number of staff needed to care for people. The manager told us this was working well as it helped them plan ahead. In addition, they had continued to reduce the need for agency staff to have a more permanent, consistent staff base.
- The manager had continued to embed improvements found at our last inspection and to drive further improvements. This included reviewing medicines for people and introducing new aspects to people's care plans, such as creating 'stress reaction' information.

Working in partnership with others

- The service worked with the local hospice, GP, speech and language therapy team and the local clinical commissioning group.
- A healthcare professional told us the service felt more stable now and there was a positive difference. A local commissioner said they had heard from family members that things had improved since [manager] had started.