Hallmark Care Homes (Gaywood) Limited

Amberley Hall Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 20 and 25 January 2016. A breach of the legal requirements was found and a warning notice was issued in respect of this breach. After the comprehensive inspection, we gave the provider until 15 March 2016 to meet the legal requirements in relation to this warning notice. We undertook this focused inspection to check that they had undertaken changes to meet these requirements. This report only covers the findings in relation to that notice.

We have not changed the overall rating for this service as a result of this inspection, which was only to follow up our enforcement action. The service remains requires improvement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Amberley Hall Care Home on our website at www.cqc.org.uk

Amberley Hall Care Home provides accommodation and support to a maximum of 106 older people, some of whom are living with dementia. The home provides a mixture of nursing and residential care. We focused this inspection on two of the five units that are at the home, these were the Regency unit and the Windsor unit. The Regency unit provides care for people living with dementia who require residential care and the Windsor provides care for people living with dementia and who require nursing care.

At the time of this inspection, the home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the previous comprehensive inspection effective monitoring systems were not in place to ensure quality and safe care. This had resulted in people receiving poor care and being at risk of harm.

At this inspection we saw that there were effective systems in place that had been developed since our last visit. These were to monitor the quality and safety of people living at the home, and to reduce the risk of harm and poor care. The registered manager had identified where improvements had been needed and actions had been undertaken to achieve this, which was proactive and positive. The registered manager had, as a result of this also identified where they would like to make future improvements and a plan was in place for this.

The Warning Notice we issued was complied with.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

Requires Improvement

We found that action had been taken to improve leadership within the service.

Systems for monitoring the quality and safety of the service people received had been developed. The registered manager was aware and had taken action to make the improvements needed.

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

Amberley Hall Care Home

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.

We undertook an unannounced focused inspection of Amberley Hall Care Home on 7 July 2016. This was carried out to check that requirements of a warning notice, issued after our inspection in January 2016, had been met. We inspected the service against one of the five key questions we ask about services: is the service well led. This was because the warning notice was served in this area.

The inspection was undertaken by two inspectors.

During our visit we spoke to the operations director, registered manager and six staff. We focussed this inspection on two of the five units at Amberley. We looked at a number of systems and audits in regard to monitoring quality and safe care and reviewed four people's care records and medicines records.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection in January 2016, we found that certain governance systems were not in place. There was not an effective monitoring system to look at the quality and safety of the care being provided, or to limit risks to people's safety. This had resulted in people receiving poor care and being at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. We subsequently warned the provider about this and told them that they had to meet this regulation by 15 March 2016. At this inspection, we found that the necessary improvements had been made and the provider was no longer in breach of this regulation.

We saw that effective systems were in place to monitor the care and treatment people received. The registered manager had implemented a number of audits since our last inspection and they undertook them regularly. These assessed areas such as the monitoring of hydration needs of people at the service, falls, incidents and the accuracy of care plans, medication preferences and the competency of staff. We saw that where shortfalls were noted, these had been identified and action had been taken. The registered manager also told us that they had purchased an electronic care planning tool, which would be live from September 2016. The manager identified that this would support staff to see trends more quickly and take action to improve care delivery.

We had warned the provider that they had no effective system in place for ensuring there were enough staff to deliver safe care. We asked the registered manager what steps had been taken to assess what levels of staffing were needed on each unit, and how they had improved staffing levels. We also asked the registered manager how they were continually monitoring this to ensure they were consistently meeting the needs of people at the home.

The registered manager told us that they had undertaken a recruitment drive in order to increase staffing numbers. They had taken a new approach to this and started to use online recruitment in addition to local advertising. They said that using online recruitment had been a lot more successful than traditional methods. The home still used agency staff, especially at night, but had increased the number of permanent staff significantly. This meant that there was more flexibility for the registered manager to deploy staff where there was the greatest need and people received more responsive care. One visitor told us, "There are always some [staff] around, staffing is not an issue, and they have time for my [relative]". They went on to tell us, "The home has changed positively this year, and [the registered manager] was very approachable".

In addition to the recruitment drive, the registered manager had implemented an audit to look at call bells and the length of time staff took to respond. We saw the registered manager had identified areas where call bells had sounded for longer than five minutes, and what action they had taken. For example, the home used agency staff on occasion at night. The audit identified that on one specific occasion a call bell was recorded as being 'live' for over two hours. The registered manager discovered that agency staff did not always know how to cancel the call bell properly and systems were put in place to ensure this was done. Where other call bells had sounded longer than five minutes, these were logged separately for each unit along with reasons for the delay. We saw in audits that since March 2015 call bells were answered promptly

and this was because the home had recruited more staff. We observed care within the afternoon and staff were responsive to people's needs and had time to sit and talk to people.

In January 2016, we noted that some people were at risk of harm from poor care delivered by staff. We identified that staff competencies had not been recorded as completed. Therefore managers did not know when these were due, or when training had occurred. This meant that managers could not assure themselves that staff received the right support and resources to carry out their roles safely and without putting people at risk of harm.

At this visit we saw that competency checks on staff had taken place, and we observed good care practices and moving and handling procedures. We did discuss with the registered manager how this was audited by the management team, and they confirmed that these competencies forms were read by them. However, we did not see any evidence on the competency forms that this happened, and the registered manager agreed that it would be useful if they were signed by them.

Managers told us that they used supervision with staff to continue these competency checks, and we saw records that showed supervision dates. We asked staff if they received supervision and they confirmed they did as well as observational competency checks. This showed us that mangers were supporting staff and could see easily from records if someone was due for refresher training or an observational competency. This meant managers were assured staff had the skills to provide effective care.

We previously warned the provider that people were at risk of not receiving enough to drink, even though care records were specific about the amounts they should receive. We asked the registered manager to tell us how they were monitoring fluid intake and how they were managing situations if people were at risk of not drinking enough.

The registered manager told us that since the last inspection they had placed in each person's room a number of charts for staff to complete. These included repositioning, personal care support and fluid and food intakes.

Each night these charts were collected at midnight. The clinical lead and the residential lead undertook audits daily. Each morning the heads of departments met for a meeting to discuss the audit from the previous day and the impact on the people living at the home. This meant that senior management could discuss with heads of department where, for example, people had received enough to drink, and if they had not, the reasons for this.

This supported the registered manager to identify trends with people and ensure relevant referrals were made to improve the person's wellbeing. This could be referrals to the person's GP or to specific teams, for example the hydration team, to ensure they were receiving the correct care.

A visitor to the home confirmed to us that their relative had these charts in their room, and that they also reviewed them to ensure their relative was receiving the care they needed. We viewed these records alongside care records to see if they were consistent with the person's main record. People living at the service benefitted from having these charts in their rooms. It meant staff were able to identify if people were receiving the correct levels of care on a daily basis. For example, staff used these charts to see if people were receiving the correct levels of fluids they needed, and to prompt them to have more drinks if they were not.

At the last inspection, we noted that people's individual Medicines Administration Records (MARs) did not include personal information about their preferences for taking their medicines. There were records within

the person's main care record but these were not easily accessible to staff when they were administering medicines. This meant that staff on occasion did not adhere to the person's wishes and preferences and therefore people did not consistently receive their medicines in their preferred manner.

At this visit we saw that the individual MARs had been updated to include this information. There were still some records to finish, but staff were able to tell us what people's preferences were. We saw that these corresponded with the person's main care record. There were records in place to audit MARs, and we saw that where any errors had occurred these were addressed and appropriate action taken.

During the inspection in January 2016, we saw and subsequently warned the provider about the accuracy of people's care records. We asked the registered manager to tell us what actions they had taken to improve these and how staff were informed of any changes to care.

We saw the registered manager and senior staff had completed audits on the accuracy of care records; they produced an action plan for each record of areas still to complete. At each audit, the percentage of what was remaining to complete within the record was noted and with each audit the percentage had decreased.

When we viewed care records it was evident that additional new changes had been made since the last audit. This showed us that the registered manager and staff were continually reviewing care records so that they were relevant to the people living at the home. Staff told us that they were informed of changes as and when they occurred and that people's charts in their rooms were updated accordingly, giving them a point of reference. One staff member we spoke to said that this was a positive change since the last inspection, because their paperwork was scrutinised closely, they felt more confident in updating care records. With this process and supervisions they felt supported by the management team to make the improvements needed. They said that it improved care for the people living at the home as staff were more aware of their needs and could deliver care effectively.

The registered manager told us at the January 2016 inspection that they felt their current system for auditing incidents and accidents was not as comprehensive as they would of preferred. They told us that they were implementing a new system to ensure safe and appropriate care was received.

We saw evidence that the registered manager was auditing the accidents and incidents that people living at the home experienced. We saw that these corresponded with individual care records, citing an incident had taken place and the appropriate form was completed by staff. We noted that the registered manager had not always added the outcome of the incident to the individual's record in care files. However, these were recorded on the overall audit, which enabled the registered manager to identify trends and allow staff to make appropriate referrals to the falls team or the dementia intensive safeguarding team.

We spoke to the registered manager who said that they reviewed the records of incidents and in future would add this detail to the forms within individuals' care records. When we spoke with the operations director they told us about, and we saw, a tool they were developing to track individual incidents and how that would affect that person's dependency. The operations director told us that this would support the registered manager to better deploy staff and ensure needs were met.
We spoke with the operations director who told us that the registered manager was responsible for sending them a report of all the above audits each week and month. This was so that the operations manager also knew what action had been taken at the home, and what areas they were improving.

The provider employed two managers (in addition to the home's workforce), one who was a clinical lead for the nursing units at the home, and another who was responsible for the residential units. The residential

lead spoke with us and they too felt there had been a positive change this year. They confirmed that they had daily meetings and that audits had become an integral part of the role which supported them to effectively monitor the care provided. They added as well that they thought staff had better morale as a result of these changes. They wanted to be the department that provided the best care each day; it gave them more accountability and responsibility to carry out their role effectively and to meet people's needs.