

Amberley Care Home Limited

Amberley Care Home

Inspection report

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20 September 2022

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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 responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Amberley Care Home accommodates 72 people across three separate floors, each of which has separate adapted facilities. At the time of this inspection there were 51 people living at the care home. The top floor did not accommodate any residents, but the provider was planning to reinstate these beds.

At the time of this inspection the ground floor accommodated people mainly with nursing needs and the first floor was a residential unit. The manager was planning to change this, with nurses on both floors and a specialised wing on the first floor for people living with a diagnosis of dementia.

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

At this inspection, we found improvements had been made in relation to the quality of person-centred care received by people and staffing deployment. However, further improvements were still required in relation to the safe management of medication, infection control, consent and good governance. The provider continued to be in breach of regulations.

We found medicines were not always managed safely across the service. The provider's internal medication audits had not been effective in identifying the issues and in driving the necessary improvements. Whilst there were processes in place to help manage the spread of infection, these were not always followed by staff. Risks to people's care had been considered and plans were in place to manage these.

We found inconsistencies in the application of the principles of the Mental Capacity Act. There were policies and systems in the service to support staff with this, but practice differed to these.

The service had failed to identify any conditions that were attached to people's Deprivation of Liberty Safeguard (DoLS) authorisations. Due to this, any conditions were not being complied with. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests. The manager rectified this after the inspection.

Premise checks and maintenance records were up to date. Required test and safety certificates were in place. Processes in relation to responding to a fire had been revised due to a recent fire inspection and the necessary improvements had been rectified.

Staff we spoke with told us they felt better supported in their roles and by the new manager. Training was being completed and further training planned. Supervisions had been completed; staff found these and the daily heads of service meetings beneficial.

People were complimentary about the activities on offer. The home had made links with a charity and a music therapist had started to visit the home. Quality checks and audits were undertaken but these had not identified the concerns we found with medicines, infection control and conditions attached to DoLS

authorisations not being complied with. The provider had made little progress since the last inspection in making the home environment more suitable for people living with a diagnosis of dementia.

The home was keen to work in partnership with professionals and organisations for the benefit of people living at the home. The manager collaborated with this inspection, acted on the issues found or outlined the actions that would be taken to address the concerns we identified.

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 17 August 2021) and there were breaches of regulation. The service remains rated requires improvement. At this inspection whilst we found some improvements had been made, the provider remained in breach of regulations. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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

We found no evidence during this inspection that people were at risk of harm from the concerns we identified. Please see the safe, effective, responsive and well-led sections of this full report.

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 not changed and it remains requires improvement, based on the findings of 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.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the management of medicines, infection control, consent, and good governance.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive 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 team consisted of 3 inspectors 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.

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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was not a registered manager in post. The manager was in the process for applying to be registered.

Notice of inspection

This inspection was unannounced. Inspection activity started on 13 September 2022 and ended on 20 September 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the manager and regional manager, the deputy manager, a nurse, a team leader, 3 care workers, a senior housekeeper, maintenance and a member of the catering team.

We also spoke with 7 people living at the home and 2 relatives. We reviewed 5 electronic care files in full plus other electronic care records; 4 staff files; induction, supervision and training records and a variety of records relating to the management of the service including medication records, policies, procedures and health and safety records.

After the inspection

We continued to seek clarification from the provider to validate evidence found and looked at supporting documents supplied electronically.



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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Although there were policies and procedures in place to make sure medicines were managed safely, staff practice did not always reflect this.
- There were delays in obtaining antibiotics that had been prescribed for a person the day before our inspection. Opportunities to collect and administer medicine prescribed to treat an acute condition without delay, as per the homes policy, had been missed.
- Time sensitive medicines were not always given at the correct times, in relation to food. Some medicines need to be taken on an empty stomach. The effectiveness of the medicine can be reduced if this doesn't happen. The times of administration were not always recorded.
- Stock levels of one medicine were not satisfactory and staff we spoke with were not aware if further stocks had been ordered. Waste medicines were not stored safely as per best practice guidelines.
- Protocols for 'as required' (PRN) medicines were more person-centred, however not all were in place.

Medicines had not been consistently managed safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Appropriate policies and procedures were in place to help with the control of infection however, these were not consistently followed by staff. Two inspectors were required to take a lateral flow test on arrival at the home. Two other members of the inspection team were not asked to do this.
- We observed staff not always donning the correct personal protective equipment (PPE) when entering areas where this was a specific requirement. Timely hand washing was not always observed when leaving high-risk areas, as is good practice.
- On the first day of inspection we identified an overflowing bin containing contaminated waste. This posed another potential risk for the spread of infection. We brought this to the attention of management on the same day. This was only addressed at the end of our second day of inspection.

There was an increased risk for the potential spread of infection. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following a conversation with the local infection control team they supplied face to face refresher training with staff the day after our inspection, which the home engaged with.
- Bedrooms and communal areas were clean with effective cleaning schedules in place.

At our last inspection the provider had failed to ensure staffing levels were appropriate. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was still no longer in breach of Regulation 18.

Staffing and recruitment

- Staffing levels were allocated in line with the provider's dependency tool. This is a system which determines how many staff are needed to meet people's assessed needs.
- Feedback about staffing levels from people was mainly positive. Everyone confirmed their needs were met and they were kept safe. Most people we spoke with told us staff responded promptly to the alarm. One person told us, "I used it once and they came quickly; before I expected them to." Another said, "They certainly come; I'll give them full marks."
- On our second day of inspection the rota did not accurately reflect everyone who was on duty. We discussed this with the manager, and this was updated accordingly.
- Safe recruitment processes had been followed when new staff commenced employment. This included seeking references from former employers and completing checks with the Disclosure and Barring Service to ensure applicants were of suitable character to work with vulnerable people.

Assessing risk, safety monitoring and management

- Electronic care records contained a range of generic and individual risk assessments. These provided staff with information about how to meet people's needs, reduce risks and keep people safe.
- Following a recent visit by the fire brigade the home was required to make improvements. At the time of this inspection we saw that actions had been taken to ensure compliance. For example, the home's evacuation plan had been updated and an automatic door closure mechanism had been fitted where necessary.
- Risk assessments of the environment and equipment used within the home had been completed, to ensure these were fit for purpose and used correctly.
- Ongoing safety checks had also been completed in line with legislation, with certification in place to confirm compliance.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding concerns had been reported in line with local authority guidance, with records kept documenting what had happened and action taken.
- Staff knew how to identify and report concerns and confirmed safeguarding training was provided and refreshed, to ensure knowledge remained up to date.

Visiting in care homes

- Government guidance around visiting had been followed.
- The glass visiting pod remained in one of the lounges on the ground floor. Pod visits could still go ahead if relatives and other visitors preferred this.

Learning lessons when things go wrong

- Accidents and incidents had been recorded on the home's electronic system. Documentation included what had happened, action taken, outcomes and lessons learned.
- The manager was keen to learn lessons from any accidents or safeguarding incidents to help reduce the risk of a reoccurrence.

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. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

- A home review carried out in April 2022 identified that CQC had not been informed of authorisation decisions approved by the local authority. In May 2022 5 authorisations were submitted retrospectively by the service.
- However, neither the service nor the review had identified the DoLS authorisations that contained conditions.
- One condition recommended a referral to mental health professionals to assess a person's cognitive state and monitor behaviour. This had not been done.
- The home had taken no action in ensuring conditions had been complied with.

Conditions attached to DoLS authorisations had not been identified and were not being complied with. This was a breach of Regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care plans contained information about people's capacity to make decisions. Where necessary best interest meetings and decision making had taken place with this documented in people's care records.
- Staff had received training in MCA and DoLS and understood how this impacted on the care they provided.

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

- Assessments had been completed both prior to and upon admission to the home, to help ensure the environment was suitable and the home could meet people's needs.
- People's likes, dislikes and how they wanted to be supported had been captured as part of this process. This enabled staff to provide care in line with people's wishes.

Staff support: induction, training, skills and experience

- New staff were required to complete an induction process. The home had recently recruited nursing staff from overseas. They were working limited hours in the role of senior carers, whilst doing all the required training.
- The manager stated these staff would not be assuming a clinical role until they had all the necessary qualifications required to work as a nurse in the UK.
- Staff had been provided with ongoing training and support which enabled them to carry out their roles safely and effectively. Training completion was monitored to ensure staff remained up to date.

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

- People spoke positively about the food provided and confirmed they were offered choices.
- Catering staff were made aware of any specific diets, for example diets to help control diabetes, or when food needed to be modified to reduce the risk of choking.
- Staff provided encouragement and assisted people to eat where required.
- One person told us they liked condiments such as black pepper and mint sauce, and the home provided these.

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

- People received support to stay well and access medical services and professionals as required.
- People had access to a variety of medical and health related services, such as general practitioners (GPs), speech and language therapists, tissue viability nurses and dieticians.
- Information following appointments or assessments and outcomes had been documented into electronic care records. The home was following advice and guidance from health professionals.

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

- The layout of the home catered for people's needs, however the manager recognised there was more to do to the environment to help people living with dementia orientate around the home.
- Equipment and adaptations were available to promote people's safety, independence and comfort. These included specialist chairs for people, rise and fall bathing equipment, wet rooms and grab rails to toilets and sinks.
- Lounges were furnished to a high standard, although there was not always a good use of space. One lounge being used for an activity soon became full, with people using specialist chairs or wheelchairs personal to them. The room was extremely crowded on one occasion, and the furniture added to this.
- People commented on how nice the home was. The décor and furnishings in the home were plush.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People received person-centred care which met their individual needs and considered their preferences, although these were not always documented in electronic care plans.
- People were supported by staff who knew them well. We observed staff interacting with people and found they were kind and considerate.
- One person we spoke with had recently moved to a different bedroom. They had wanted to be in a quieter area of the home and the manager had responded to their request.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans included information about communicating effectively with people.
- During our inspection we saw staff responded to people's body language and recognised when people required support.

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

- The home had recently engaged the services of a music therapist via a charity. The manager recognised the role that music could play in enhancing and improving people's lives, particularly people with a diagnosis of dementia.
- Activity co-ordinators and other staff were involved in ensuring social activities were provided for people. One person told us, "They are doing very well with activities, they try hard; there are lots of quizzes." Another person told us how they enjoyed weekly trips to local shops in Altrincham and Sale, with support from a member of the activities team.
- A cinema room was located on the first floor. Staff told us people liked to watch films and football matches in there. The home had a firestick and could access Sky television.
- On the first day of inspection a pianist came to entertain residents, playing the piano located in the foyer of the home. Attendance at this was limited however, due to the small space. We saw people enjoying the live music.
- People were involved in choosing how they would like to spend their day. Some people chose not to

participate in activities, preferring to stay in their bedrooms. They told us they were happy participating in their own pastimes such as reading, knitting or watching television.

Improving care quality in response to complaints or concerns

- People we spoke with said they would be comfortable in raising a complaint if they needed to. Two people we spoke with knew the manager's name. One person told us, "I like most of it; I can't say there is anything wrong", and another person said, "I can't complain about anything here."
- The provider had a complaints procedure and promoted the use of this if people or their relatives wanted to raise any concerns.
- Formal and informal complaints were dealt with as per the company's complaints policy.

End of life care and support

- The management team and staff were knowledgeable about how to support people who were in receipt of end of life care.
- When people were approaching end of life, plans were put in place to support people, including any additional medication. The registered manager was in contact with relevant professionals.
- Staff told us people were asked how they wanted to be supported if this was their choice. Family members were also involved in planning this stage of their relative's care.

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. At this inspection the rating has stayed the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- A range of systems and processes were in place to assess the quality and performance of the home and care provided, however these were not effective.
- Quality checks and audits were undertaken but these had not identified the concerns we found on inspection. We identified issues with medicines, infection control concerns and DoLS authorisation conditions not complied with.
- Improvements were required to make the home environment more dementia-friendly. Whilst the new manager was starting to address this, the provider had made little progress since the last inspection.
- There was some confusion over the responsibilities and accountabilities assigned to staff. Processes, such as the logging of DoLS authorisations and mealtime preferences information, were not always completed across the whole home and policies in place were not always being followed correctly.

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.

- The manager was not yet registered with the CQC but had submitted an application. There was support for the manager from regional and quality roles within the wider company and a deputy manager was in post.
- A service improvement plan (SIP) was used to log actions from audits. Concerns identified in a recent fire safety assessment had been addressed.

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

- People and relatives knew who the manager was and told us they were approachable and available should they wish to speak with them.
- Staff we spoke with considered the home was moving in the right direction under the new manager. There was more structure in the service and staff worked more as a team to ensure people received the right support.

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 home was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong.
- People and staff told us the manager was open, honest and listened. The manager had dealt appropriately with any incidents or concerns raised since coming into post.

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

- Daily management meetings were held with leads and heads of units. This provided senior staff across the home information they could communicate and share with their own teams. For example, about a new admission to the home or any changes in practice.
- There was evidence of formal engagement with people and relatives to ensure they were involved with their care and the wider home. A common theme was communication; people and their relatives considered this could be improved.
- The manager had written to families to gather people's life history information and to request memory box items. These would help staff engage in more meaningful ways with people living with dementia.
- The home circulated a quarterly newsletter. The summer edition contained details of past events and celebrations that people had joined in with.
- Staff meetings were held. Staff told us they felt involved in the meetings and comfortable in raising issues and/or concerns.

Continuous learning and improving care; Working in partnership with others

- We noted numerous examples of the home working in partnership with other professionals or organisations to benefit people living at the home.
- We contacted the local community health protection team. They were complimentary about the clinical team at the home, describing staff as being proactive in asking for support and best practice guidance.
- Feedback from the local authority was positive. In their opinion management were engaged and committed with working with the local authority to get the right result.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	Conditions attached to DoLS authorisations had not been identified and were not being complied with.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	We could not confirm medicines had consistently been managed safely. Good staff practice to help reduce the risk of the spread of infection was not consistent.

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Quality checks and audits were undertaken but the provider had failed to identify the concerns we found in relation to medicines, infection control concerns and DoLS authorisation conditions not acknowledged or adhered to. The provider had made little progress since the last inspection to make the home environment more dementia-friendly.

The enforcement action we took:

Warning notice