

Bupa Care Homes (BNH) Limited

Amberley Court Care Home

Inspection report

82-92 Edgbaston Road
Edgbaston
Birmingham
West Midlands
B12 9QA

Tel: 01214404450

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05 March 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Amberley Court Care Home is a residential care home that is registered to provide care and accommodation for a maximum of 62 people who require nursing care. People using the service are younger adults, some with a physical disability, brain injury or disorder. 46 People were using the service at the time of the inspection.

People's experience of using this service:

Staff did not always keep people's confidentiality and privacy and dignity was not always maintained.

People were supported to have choice and control over their lives and staff understood that they should support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by staff to remain safe. There were enough staff available to people and people's needs were attended to in a timely manner. Risk assessments were in place to minimise any potential risk to people's wellbeing. Staff were recruited in a safe way. People received their medicines as expected. People felt that staff assisting them knew their needs. Staff received training and had been provided with an induction, and felt able to approach the registered manager with any concerns. Meals were nutritious and people were kept hydrated. People were supported to maintain their health.

People's care plans reflected their needs and preferences and staff could explain specific care that people required. Complaints were dealt with appropriately in line with the complaints procedure. People participated in activities that were tailored to their needs. End of life plans were in place and acknowledged by staff.

Quality monitoring systems included audits, checks on staff practice and checks on people's satisfaction with the service they received, using questionnaires. The provider had systems in place to ensure they kept up to date with developments in the sector and changes in the law. People knew the registered manager and felt they were visible around the home and were approachable.

Rating at last inspection: The rating for the service at our last inspection was 'Requires Improvement' with our last report published on 23 August 2017.

Why we inspected: This was a planned comprehensive inspection that was due based on our scheduling targets. At the last inspection the key questions around Safe, Caring and Well led were rated 'requires

improvement'. This was due to concerns around staffing and staff knowledge around safeguarding procedures, lack of confidentiality and respecting people's wishes and lack of consistency in management and staff's response to this. At this inspection we found that some issues around confidentiality and staff members responses to people remained, but other concerns had been resolved.

Enforcement:

No enforcement action was required.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was not always caring

Details are in our Caring 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 well-led

Details are in our Well-Led findings below.

Good ●

Amberley Court 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The Inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type:

Amberley Court Care Home is a residential care home that is registered to provide care and accommodation for a maximum of 62 people who require nursing care. People using the service are younger adults, some with a physical disability, brain injury or disorder. 46 People were using the service at the time of the inspection.

The service had a manager registered with the Care Quality Commission. 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. There had been a change in management since the last inspection and the current registered manager had been in place around six months.

Notice of inspection:

The inspection was unannounced.

What we did:

The inspection activity started on 05 March 2019 when we visited the location. We visited the location to see people using the service, their relatives, the registered manager and staff; and to review care records and policies and procedures.

We reviewed information we had received about the service since they were registered with us. This included details about incidents the provider must notify us about, such as allegations of abuse and we

sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually 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.

We spoke with eight people that used the service and one relative to gather their views on the service being delivered. We also spoke with the area director, the registered manager and four staff members. We used this information to form part of our judgement. We carried out a Short Observational Framework for Inspection (SOFI) to observe the interactions of people unable to speak with us.

We looked at two people's care records to see how their care and treatment was planned and delivered. Other records looked at included two recruitment files to check suitable staff members were recruited and received appropriate training. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service. Details are in the 'Key Questions' below

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- During the last inspection we found that staff sickness was having a negative impact on staff members ability to support people in a timely manner. At this inspection we saw that improvements had been made regarding staff numbers and whilst there was still some reliance on agency staff to cover sickness and absence, there was a recruitment plan in place. This included interviewing prospective staff members for permanent roles to ensure that the staff team was working within the required numbers of staff, which would limit the use of agency staff.
- There was a mix of opinion regarding whether enough staff were available to people, however people we spoke with acknowledged that the new registered manager had a recruitment plan in place. One person told us, "Always nurses and staff around they are very visible and approachable". A second person said, "Good days and bad days, lots of residents need one to one, staff are thinly spread and lots of agency staff used". Staff members felt that enough staff were employed on each shift to keep people safe. One staff member told us, "The staffing is getting better, we are interviewing, but we won't take just anybody, they have to want to do this job, it takes dedication".
- We found that rotas reflected the amount of staff on duty at the time of the inspection.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

Systems and processes to safeguard people from the risk of abuse

- The last inspection discovered that whilst staff recognised the potential signs of abuse that people may encounter, some were unaware of their responsibility to report concerns quickly. At this inspection we found that staff understood different types of abuse and knew how to report them appropriately in order to safeguard people. One staff member told us, "I would go immediately to the nurse or senior and inform them and then it would be shared with the registered manager who would contact the correct authorities".
- People told us they felt safe with one person telling us, "Yes I do feel safe, there is no abuse of any kind". A relative told us, "Yes [person] is absolutely safe, no worries at all". Some people told us that the changes of management previously had made them feel unsafe, but they were hopeful for change with the new registered manager. A staff member told us, "We keep people safe here, [registered manager's name] is adamant that we will only have staff here who put people's safety as a priority".
- We saw that safeguarding referrals had been made as required.

Using medicines safely

- We found that people received their medicines safely. One person told us, "No problems with

medication". Staff told us how they had received training and spot checks on their competency in giving medication and felt comfortable in doing so.

- Staff were knowledgeable about people's requirements and could tell us about people's preferences in respect of how they liked to take their medicines.
- Medicine Administration Records (MAR) that we looked at recorded the medicines given with no gaps which indicated medicines had been given safely.

Assessing risk, safety monitoring and management

- Any risks to people were identified, with risk assessments in place that related to people's needs. Staff understood these risks and had knowledge on how to reduce any risk of avoidable harm.
- People's risk assessments considered risks presented by the home's environment and any medical diagnosis or social need.
- Risk assessments included, but were not limited to; nutrition and weight, clinical needs, medicines and skin integrity. Personal evacuation plans in the event of an emergency were in place.

Preventing and controlling infection

- People told us they felt that staff ensured hygienic practices were in place when assisting them.
- Checks on infection control were carried out periodically to ensure that a high standard was maintained. One person told us, "It is more than clean here".

Learning lessons when things go wrong

- The registered manager told us how they learnt from incidents where outcomes could be improved. An example was the registered manager was introducing therapy teams to assist people, as his prior experience had given him an insight of how beneficial this support could be to people using the service.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- An initial assessment was completed with people to ensure care was planned and reflected people's individual needs and preferences. This included, but was not limited to health and wellbeing, medical diagnosis and care needs.

Staff support: induction, training, skills and experience.

- People and their relatives told us about knowledgeable staff. One person said, "Yes the staff know how to help me". A second person told us, "The permanent staff know me very well, not so much the agency staff". A relative said, "Yes, the staff know [person's] specific needs and how to help".
- Some staff members told us that supervisions to discuss their work and training needs? was regular, but a small number had not had a supervision for some time. The registered manager told us that supervisions were being updated in this small amount of cases. All of the staff members we spoke with told of how they could approach the registered manager at any time.
- Staff received an induction, which included shadowing longer serving staff members and familiarising themselves with the people and the home. There was also an in-house induction workbook completed by staff, which was equivalent to the care certificate. The care certificate is a set of standards, which sets out the required skills, knowledge and behaviours required of people working in health and social care sectors.
- There was a system in place to monitor training. This was updated and gave current information on training. We found that most staff members had completed the required training, with a plan in place for those who needed to complete training. The percentage of staff completing training was improving on a monthly basis.

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

- We saw that people had choices and enjoyed the food on offer. One person told us, "Yes, plenty of choices and you have access to drinks, I am trying to cut down on snacks, but they are always available". A second person said, "Very good chef, better choice of food, it has improved. We are encouraged to eat healthily like fruit, but can have chocolate too". A relative told us, "The food is so well presented, [person] had a Knickerbocker glory presented in a tall glass, you are more tempted to eat when it is nicely presented".
- We found that people were supported when they needed assistance with food and drink.
- Staff were aware of people who may be at risk of poor nutrition and monitored people's nutritional intake and weight as required.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other healthcare professionals to ensure positive outcomes for people.

- There were plans to link up with specific healthcare professionals and to adapt areas in the home to specific therapies, such as physiotherapy, which would promote people's health and wellbeing.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services and professionals according to their needs and agreement. One person told us, "Had a GP visit recently, more difficult to get an appointment for an optician [waiting times], staff organise visits to dentist". A second person told us, "Hospital visits organised by the care home, all booked and sorted out".
- Care staff knew what to do when people needed immediate assistance from healthcare professionals.

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 Act 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that applications for DoLS had been actioned appropriately and that approvals were in place where these had been granted.
- Capacity assessments were completed where required and where people lacked capacity, best interest decisions had been made in conjunction with family and professionals so that appropriate decisions could be made.
- People told us that staff asked for their consent before assisting them. One person told us, "Yes they [staff] ask for consent".
- Staff had a good working knowledge of how they should gain people's consent when providing personal care or assisting them. A staff member told us, "We ask for consent, before providing any care, people have rights".

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

- We saw that the building was decorated in a way which supported people's needs. For example part of the home had undergone redecoration, which gave the building a fresh and homely feel. There were plans to continue with the renovations.
- The activity room had a vibrant atmosphere due to the paintings on the walls of local landmarks around Birmingham and famous celebrities linked to the area.
- People's bedrooms were decorated to their taste, with photographs and pictures displayed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence

- During the last inspection we found that staff did not always keep people's confidentiality, and whilst we found improvements there were still incidences where staff were discussing confidential matters in communal areas. One staff member told us, "Some of the staff, both permanent and agency, still talk about confidential things in the home and in people's bedrooms, we have to deal with it as it can't continue". We spoke with the registered manager who told us that the lack of confidentiality had never been challenged prior to their appointment and now senior staff had been given the authority to challenge any lack of confidentiality on the spot and that any staff member found to be sharing such information inappropriately would be performance managed.
- We observed that staff did not always wait to be invited into people's rooms before entering. One person told us, "Carers knock and then come in automatically, they don't always wait". A second person shared, "All staff don't knock on the door. Male staff just walk in". This meant that people's privacy and dignity could be compromised. The registered manager told us that staff would be spoken with immediately, so that positive changes were implemented. The registered manager told us, "I want everybody to be treated with the upmost respect".
- We found that people were encouraged to be independent and one person shared, "Staff encourage me to be independent and I am reasonably independent, I can go out to the park myself". Staff members told us that they encouraged people to do things for themselves where they were able to.

Ensuring people are well treated and supported; equality and diversity.

- People and their relatives were positive about how staff provided personal care. One person told us "Yes, yes the staff take care of me when giving personal care". A second person told us, "The staff always remain professional when giving personal care".
- People told us that the staff were kind and caring towards them, with one person saying, "The staff absolutely are caring". Staff told us how they had good relationships with people and their relatives.
- The registered manager and staff were aware of the need to ensure people's diversity was respected and acknowledged. Any cultural and religious needs were acknowledged. Where a person identified as LGBT staff were supportive of them and their family. Where a person's first language was not English staff had learnt some basic phrases in the person's dialect, so they could communicate. There was also a multi-cultural prayer room in the building, which could be used by people from all denominations.

Supporting people to express their views and be involved in making decisions about their care.

- One person told us, "I have choices, food, what I want to wear". A relative said, "[Person] is asked their

opinion".

- People told us that they had been a part of their care plan and attended reviews. One person said, "Yes, there is a care plan, it is reviewed regularly". Staff shared that care plans were updated in the event of any changes.
- Where people required the services of an advocate the registered manager told us this would be arranged. An advocate supports people by speaking up for them so that their opinions are heard and their views are shared.

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care plans were in place and these included, but were not limited to; moving and handling, health, mental health and medical diagnosis, personal care needs, eating and drinking, medicines and continence. Care plans were reviewed in a timely manner.
- People told us they received care that was personal and responsive to their needs. One person said, "Yes, there are care plans in place". A relative told us, "As a family we were involved in the care plan. Everything we asked for was available and in place".
- We found that care plans held a person's life history and also gave an insight into their likes, dislikes, hobbies and interests.
- We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. People told us that they had access to their records.
- We found that people were encouraged to participate in activities which were in line with their interests and preferences. We saw that some people participated in making pancake batter as it was pancake day. One person told us, "Yes, we have activities every day. Another person shared, "We are trying to make a newspaper and are finalising ideas, I am the 'would-be' Editor with staff help". We saw that one person with an interest in growing plants had grown some vegetable seedlings in the activity room.

Improving care quality in response to complaints or concerns

- People told us that they knew how to complain and would do so if they needed to. One person told us, "I would go to the Management, there are complaint forms by the front door". Another person told us how following a complaint a member of staff had been disciplined, so they felt that action was taken.
- The provider had a complaints policy and procedure. Written information about how to raise a complaint was available to people, this in accessible formats when needed.
- We saw that complaints were dealt with appropriately, with written responses provided for formal complaints and copies of all correspondence kept.

End of life care and support

- End of life plans were in place and staff were knowledgeable about these.
- We found staff were aware when people had made a choice not to be resuscitated in the event of a cardiac arrest and the 'Do Not Attempt Resuscitation' (DNAR CPR) agreements were easily accessible.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The previous inspection had identified that the number of management changes had impacted negatively upon people and staff and that some staff had been resistant to change. At this inspection we found that staff members fully supported the new registered manager and told of their hopes that he would remain in place in the longer term. One staff member told us, "[Registered manager's name] comes around in the morning. They are very good, communicates well". A relative told us, "We are very impressed with [registered manager's name] everybody seemed to know them. Gave me their business card in case we have any concerns, appears to be the right person for the job, open to suggestions". A staff member told us, "[Registered manager] is a breath of fresh air. The previous administrations destroyed Amberley, but things are getting better. [Registered manager] is a whirlwind, so positive they are always out on the floor, everybody knows them".
- The registered manager said they were supported by the provider and we saw representatives of the provider present throughout the inspection.
- The provider had ensured we were notified of events as required by the law. We also saw that the previous CQC inspection rating was displayed at the office and on the provider's website.
- Staff told us that they understood the whistle-blowing policy and would use it if they felt the need. A whistle-blower exposes any information or activity deemed not correct within an organisation.
- The service had a range of effective quality monitoring arrangements in place. For example, there was regular audits of medication, accidents and incidents and falls and skin care. It was clear that actions were taken in relation to audits, such as referrals to professionals.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- We received notifications of incidents as required. This enabled us to see how the provider had reacted to such incidents and how people were supported.
- People told us they liked living in their home and one person said, "I've been here for a number of years, I like it here". A relative told us, "[Person] is very content and is thriving, we are delighted we have found this place, the staff are always well presented, very professional".

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

- Only a small number of people had responded to satisfaction surveys sent out by the provider. The results of the survey showed that the majority of responders were satisfied with the care provided. We saw that a

print out of the findings were made available to people. Actions had been taken in response to the survey, in relation to activities.

- Residents meetings were carried out and a resident association was in place. One person told us, "I did go to a meeting, [registered manager] attended, there are a lot of changes coming in". A second person told us, "I have attended the meetings and have asked for staff to drive a minibus to take us shopping or to hospital appointments, I don't know if it will happen". The registered manager told us that information taken from meetings was always considered. Staff had attended staff meetings and told us they felt listened to.

Continuous learning and improving care

- The registered manager told us how they had plans to improve the service and this included providing specific therapy to people, renovation of the building and introducing an new and effective management team.
- The registered manager told us how they were always learning from people's needs and would continue to improve as much as possible.

Working in partnership with others

- The registered manager and staff told us how they worked closely with health professionals such as District Nurses and GPs. Staff told us how they worked with relatives to update them as to the person's wellbeing.