

Amberley Care

Amberley Care Home

Inspection report

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Brierley Hill
West Midlands
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Amberley Care Home is a residential care home providing personal care for up to 25 people aged 18 and above, some of whom may live with Dementia. The service was supporting 24 people at the time of the inspection.

The accommodation is purpose built and comprised of a communal ground floor lounge and separate dining room. Some bedrooms were located on the ground floor with additional bedrooms on the first and second floor.

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

The quality assurance checks in place to drive improvement were not robust. They had not ensured the safety of care was sufficiently monitored.

Government guidance on COVID-19 had not been fully implemented.

Risks associated with people's health and care had been identified but risk management plans were not in place to guide and inform how the risks were mitigated. Recruitment practices did not ensure staff were safely recruited. Improvements were needed to medicine records.

There were processes in place to safeguard people from abuse. We observed some kind and caring interactions between people and staff. People and relatives spoke highly of the staff and the new manager. The home was clean and tidy. People and staff were being tested for COVID-19 regularly and had been supported to have COVID-19 vaccinations.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 02 December 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

We received some safeguarding concerns about the service and made the decision to inspect the service.

We looked at the safe and well led key questions only. The ratings from the previous comprehensive inspection for those 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 as requires improvement. This is based on the findings at this inspection.

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 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

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 to keep people safe and to hold the provider to account where it is necessary for us to do so. We have identified breaches in relation to the safe management of COVID-19, the management of risk and governance of the service at this inspection.

Full information about CQC's regulatory response to the 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 return to visit as per our re-inspection programme. 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

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 Care Act 2014.

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 was carried out by two inspectors. Both inspectors visited on day one and one inspector returned on day two to complete the inspection.

Service and service type

Amberley Care Home 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 registered manager had recently left the home and the new manager was in the process but was not yet 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.

Notice of inspection

This inspection was unannounced.

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 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. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the manager, care staff and home administrator. We also spoke with the provider. We spoke with one professional.

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

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 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.

Preventing and controlling infection

- Our last inspection identified some improvements to Infection Prevention and Control (IPC) needed to be made and we were given assurances by the manager at that time that the improvements would be made. However, at this inspection we found Government guidance on IPC was not always being followed.
- We were not assured the provider was preventing visitors from catching and spreading infections. People were not being assessed twice daily for the development of a high temperature. There was no system in place for the taking of temperatures of people, staff or visitors'. The monitoring of people's temperatures helps pick up on potential early warning signs of COVID-19.
- We were not assured the provider was admitting people safely to the service. A person was recently discharged from hospital and their COVID-19 test date and status had not been requested from the hospital until we brought this to the managers attention. The person was however supported to self-isolate. There is specific Guidance for providers to follow to prevent an outbreak (Admission and care of residents in a care home during COVID-19 updated 17 August 2021).
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed. There was no system in place to identify people or staff classed as clinically vulnerable or staff who may be disproportionately at risk of COVID-19. Therefore, specific action had not been taken to consider and reduce any impact.
- We were not assured the provider was promoting safety through the layout and hygiene practices of the premises. There was a bar of soap in a shared bedroom room and also in the bathroom which presented a risk of cross contamination between people. A rusty toilet raiser was in use in one toilet and the condition of this prevented effective infection control practices. The process to ensure people's personal items were not mixed up or shared was not effective. There were several bottles of shampoo and shower wash located on a shelf in the communal bathroom and communal jugs for rinsing people's hair.

At the time of our inspection no one living at the service had COVID-19. However, the provider was not always following Government guidance on COVID-19. This was a breach of regulation 12 (Safe Care and Treatment) Health and Social Care Act 2008 (Regulated Activities). Preventing, detecting and controlling the spread of infections.

The manager told us that action would be taken to address the above concerns to ensure the safety and wellbeing of people.

- We were somewhat assured that the provider's infection prevention and control policy was up to date. A policy was in place, but it was not always being followed.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Assessing risk, safety monitoring and management: Using medicines safely

- Risk's to people's safety were not always assessed and action taken to manage identified risks. Care records and risk assessments did not always hold sufficient and up to date information on how to support people safely.
- A nutrition and hydration screening tool had been completed and assessed a person as high risk, but no care plan or risk assessment was in place to inform how the person was being supported with this risk.
- Weight monitoring records had not been maintained consistently for people who were at risk of weight loss and when people could not be weighed alternative ways to monitor their weight had not been explored. Weight monitoring is important for people assessed as at risk of weight loss and may be an indicator of other health concerns.
- There was no risk management plan for sore skin. Although district nurses were involved with people's care and equipment in place was being used. There was no risk management plan in place to guide and inform staff, and to monitor and avoid further skin deterioration.
- A person required support from staff to transfer from their bed to wheelchair. The risk had been identified but there was no moving and handling care plan in place and no risk assessment for the use of the wheelchair.
- The laundry room had no lock on the door and washing detergent containers were stored to the rear of the room in an alcove. The first drying room had no lock on the door, paint and Dettol were stored in an unlocked cupboard. A room which was previously a lounge was being used as a storeroom and contained paint and drain cleaning fluid. All presented as a risk of harm to people and measures were not in place to remove the risk.
- Some hot pipes within people's reach were not covered including in the dining room and one shared bedroom and presented as a risk of injury to people.
- Fire drill records did not detail of which staff had been involved, and the outcome of the drills and any learning. Some fire doors were not closing and latching securely. The provider had assessed that two staff was adequate to support 25 service users at night, there was no risk assessment in place to support this decision.
- Risks in relation to a specific medicine for one person, had not been identified. The medication had not been given as directed and therefore the effectiveness of the medicine would be compromised and placed the person at risk of complications.

There was no evidence that anyone had been harmed. However, people were not fully protected from the risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) Health and Social Care Act 2008 (Regulated Activities).

The provider took action during the inspection to start driving improvements on matters that were brought to their attention. COSHH items were secured and locks were fitted to the laundry, drying room and store room door. Hot pipes were being covered and action was taken to adjust fire doors. We also sought advice from West Midland Fire Service (WMFS). This information was shared with the provider and they were asked to follow up on this with WMFS.

- Arrangements were in place to ensure medicines were stored safely.

- Staff explained to people why they were offering their medicines and supported people to take them safely.
- Staff completed medicine management training and competency checks were completed.

Staffing and recruitment

- The required checks to ensure staff's suitability to work in a care setting were not in place for all staff. This had been identified by the local authority during a recent visit to the service and the manager was in the process of ensuring the required documentation was in place.
- A Staffing level dependency tool had been completed and levels were maintained at the level identified through this process.
- Staff were available to respond to people's needs and staff told us there was enough staff on shift to provide safe care. A staff member told us, "I think the staffing levels are fine."

Systems and processes to safeguard people from the risk of abuse

- A safeguarding concern was still under investigation when we inspected.
- Staff received safeguarding training and showed an understanding of safeguarding procedures.
- Staff told us they were confident that any concerns raised would be dealt with by the manager.
- One person said, "I feel safe living here and the staff are lovely and kind."
- Relatives told us they thought the service was safe. A relative told us, "Things have improved since the new manager has taken over and I would be happy to approach them if I had any concerns."
- The manager had only recently started in post, they had identified safeguarding concerns at the service and had raised these appropriately with the local authority and CQC.

Learning lessons when things go wrong

- Records of incidents and accidents were recorded and reviewed by the manager. A new system had recently been implemented to look for trends, identify any learning, and to reduce the risk of an incident happening again.



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-centered 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 remained 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 requirement

- At the last inspection we identified breaches in the regulations had been met. However, improvements made, needed to be embedded. At this inspection the improvements had not been sustained and the provider was in breach of the regulations again.
- There was no system in place to audit staff recruitment files. Staff without the appropriate checks in place to confirm their suitability of working in care, had been employed.
- An IPC policy was in place, but had not been implemented effectively to prevent the risk of COVID-19 and other infections. For example, failure to monitor people's temperature, failure to complete risk assessment for clinically vulnerable people and staff at risk of COVID-19.
- Audits of care records and risks assessments failed to identify that effective oversight of people's risk and how they were being managed, could not be ascertained from the current recording systems.
- Audits of medicine management had failed to identify that a person's medication was not been given as instructed as specified in the patient safety instructions. The audits had also not identified that handwritten medication record sheets were not signed or counter signed to ensure accuracy and people's allergies were not recorded on the medicine administration records.
- Health and safety checks and audits of the environment had failed to identify some hot pipes had not been identified and steps had not been taken to remove the risk of harm to people. COSHH items had not always been stored safely. Potential safety hazards in areas of the home had not been identified and measures put in place to mitigate risks. For example, unlocked store room and laundry doors.
- Systems in place to assess fire safety had not identified some potential risks to people. For example, fire doors were not closing and latching securely and follow up and learning from fire drills had not taken place.

Systems in place to monitor and improve the quality of the service were not effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The registered manager had left the service in September 2021. The manager had worked at the service since June 2021 and had taken on the managers role when the registered manager had left, but was not yet registered with CQC.

During and after the site visits, requests for information and additional documents were made to the

manager, who co-operated and provided all information we requested. The manager also provided additional information and action plans, in response to this inspection. The provider took some immediate steps to address the health and safety concerns that we identified during our inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's and relatives views on the quality of service had not been sought. The manager told us they would be sending out a questionnaire to relatives asking for feedback on the service.
- A person we spoke with said, "I am very happy living here, I like to keep to myself and spend time in my room. The staff are lovely and kind and they are very good and come quickly if I need them. They are friendly and they put me at my ease." Another person told us, "I do miss my own home but I am happy here and the staff are kind."
- Relatives spoke positively about the service. A relative told us, "Things are a lot better since [new manager name] took over, I am a lot happier about things. We are more than happy with [relatives name] care."
- All the staff we spoke with were positive about the manager. One staff member said, "It is so much better now, [managers name] is really approachable and they are trying to improve things. Staff are happy to come to work now the atmosphere has really improved."

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

- Since being in post the manager had identified safeguarding issues and had raised them with the local authority and kept relatives informed.
- The manager had also identified some potential errors with the deprivation of liberty safeguards process (DoLS) and was taking action to rectify this.
- The last inspection rating was displayed within the home. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgements.
- After the inspection site visits, the manager submitted evidence and updates. They told us they were committed to making positive changes to improve systems and processes at the service and overall care people received.

Working in partnership with others

- The service worked in partnership with health and social care professionals and agencies, such as district nurses and social workers to ensure people received the additional care and support they needed.
- A health care professional told us, Amberley care home was a friendly home to come into and staff were caring and kind and followed their instructions about people's care.

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 12 HSCA RA Regulations 2014 Safe care and treatment Systems in place did not ensure that people would be protected from the risk of harm. |

The enforcement action we took:

Warning Notice

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance Quality monitoring systems were not effective. |

The enforcement action we took:

Warning Notice