Community Integrated Care

Amberleigh House Care Home

Inspection report

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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 caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out this inspection on the 25 and 26 January 2015. The inspection was unannounced.

Amberleigh House is a purpose-built home that provides residential and nursing care for a maximum of 38 older people. The home specialises in providing care for people living with dementia. At the time of the inspection 36 people were living at the home.

A registered manager was not in post. 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 2008 and associated Regulations about how the service is run.
We saw not all risk had been reviewed according to the home's monthly schedule. The interim manager and a nurse told us that the review of risk had been affected by the need to use agency nurses who did not have sufficient knowledge of people to complete the task.
We found that some of the records relating to covert medicines were not signed by a doctor and lacked sufficient detail to safely inform staff who were unfamiliar with the person.

All of the people that we spoke with told us that they felt the home was safe. Records indicated that all staff had received training in adult safeguarding in 2015. Staff were clear about what action they would take if they suspected abuse.

During the inspection we saw that there were sufficient staff on duty to meet people's needs, but we received different views regarding the suitability of staffing levels at the home.

We looked at staff records and were able to confirm that staff had been recruited safely following the completion of appropriate checks. Each record that we looked at contained references and a Disclosure and barring Service (DBS) check. A DBS check provides evidence that a person is suited to working with vulnerable adults.

The home completed regular checks of safety equipment and procedures. We saw evidence that emergency lighting, alarms and evacuation times had been tested and recorded. External organisations were used to service and test fire extinguishers, gas safety and electrical safety. The home had a file containing important information and guidance for use in emergency situations or when the building needed to be evacuated.

We looked at arrangements for the storage and administration of medicines. We observed staff

Staff had the knowledge and skills to meet people's needs. They were trained in a number of relevant topics including safeguarding, administration of medicines, health and safety and food hygiene. Staff were required to refresh their mandatory (required) training each year. The training records that we saw indicated that over 90% of training was up to date. Staff also had access to additional training in relevant topics.

Staff were given access to regular supervision, but we were told that the frequency of supervision varied. The records that we saw indicated that supervisions did not always take place as planned. Each of the staff that we spoke with told us that they felt well supported by the provider and able to access informal supervision if they needed it.

We found that the home was not operating in accordance with the principles of the Mental Capacity Act 2005 (MCA) because, although the home had assessed people's capacity it had failed to submit all of the necessary requests to restrict people's liberty within the correct timescales. We were shown evidence that requests were in the process of being submitted.

People were supported to maintain good health by staff. Health checks were undertaken on a regular basis and staff were vigilant in monitoring general health and indications of pain.

The design of the building meant that it was initially difficult to navigate and was poorly lit in places. Some areas had been recently decorated and areas were being created to support reminiscence therapy. Bedrooms were not clearly numbered and other signage was limited. This meant that people who were new to the service or were living with dementia would have difficulty finding their way around.

Throughout the inspection we observed staff interacting with people in a manner that demonstrated care, understanding and compassion, although some people were left without support for prolonged periods Staff knew each person well and were able to identify their care needs in detail.

Staff involved people in discussions about their care and encouraged them to make decisions. Throughout the inspection we observed staff taking time to explain to people what they were doing and what alternatives were available. Staff gave people information in simple terms and offered basic choices. Visiting relatives spoke positively about the staff's approach to the provision of care.

People contributed to the assessment process and the planning of care. The delivery of care was personalised and respected people's views and preferences. Care needs were documented and reviewed, but the use of agency staff had limited the frequency of reviews.

At the time of the inspection the home did not have a registered manager in post. A permanent manager had been appointed from within the organisation and was in the process of applying to be the registered manager. An interim manager was managing the home.

The interim manager was aware of the day to day culture within the home and the challenges that staff faced in maintaining safety and quality.

Staff clearly knew their roles and what was expected of them. They were motivated to provide good quality, safe care, but did express concern about staffing levels and the impact that this had on their ability to complete important tasks.

The home had a number of quality assurance systems in place including a monthly manager's report and a clinical governance report. The clinical governance report required the manager to provide information on issues like weight loss, falls and other incidents. The previous quality audit process was conducted by a regional manager. Neither process had identified a solution to the difficulties in reviewing care plans and risk assessments.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. These were in

relation to medicines management and the need for consent.

You can see what action we told the provider to take at the back of the full version of the report.

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.

The shortage of permanent nursing staff meant that risk was not reviewed on a consistent basis.

Covert medicines were not consistently authorised by a doctor and the associated administration guidance was lacking in detail.

The provider had taken effective measures to reduce the risk to people's personal safety by separating nursing and residential provision.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were trained and supported to an acceptable standard by the provider.

The home did not always operate in accordance with the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to maintain good health by the development of effective relationships with external healthcare professionals.

The building was not adapted to meet the needs of people living with dementia and limited their potential to use the facilities independently.

Is the service caring?

Requires Improvement

The service was not always caring.

Some people were not regularly engaged by staff and moved around the building without purpose or support.

We saw that staff treated people with kindness and received positive comments about the staff from visiting relatives.

Staff took time to speak to people and involve them in decisions about their care.

The staff that we spoke with clearly understood people's right to privacy and dignity in care and gave practical examples of how they promoted these rights in their work.

Is the service responsive?

Good

The service was responsive.

People and their families were encouraged to contribute to the assessment and planning of care although care plans had not always been reviewed according to the home's schedule.

People's life histories and preferences for care were recorded and used by staff to deliver care and develop activities.

People knew how to complain about their care and the home responded appropriately to concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

A registered manager had not been in place for an extended period.

The interim manager was aware of the day to day culture within the home and the challenges that staff faced in maintaining safety and quality.

Quality assurance and monitoring systems had not identified a solution to failings in the review of care plans and risk assessments.

Amberleigh House 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 and 26 January 2016 and was unannounced.

The inspection team included an adult social care inspector, a specialist advisor in nursing care and an expert by experience in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the service about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We spoke with people using the service although for some people their ability to share their views was impaired by their health conditions. We also spent time looking at records, including seven care records, six staff files, staff training plans, complaints and other records relating to the management of the service. We observed the delivery of care and sampled the lunchtime menu. We contacted social care professionals who have involvement with the service to ask for their views.

During our inspection we spoke with five visitors. We also spoke with the interim manager, a nurse, the activities coordinator, the cook, a visiting healthcare professional and four other staff.

Requires Improvement

Is the service safe?

Our findings

We looked at how risk was managed within the service. The seven care files that we saw showed evidence risk had been assessed and reviewed. Risk assessment was undertaken at the initial assessment phase and reviewed regularly once the service had started. We saw not all risk had been reviewed according to the home's monthly schedule. We saw that risk had been reviewed following significant incidents.

We looked at arrangements for the storage and administration of medicines. We observed staff dispensing and administering medicines and looked at procedures for storage and record keeping. Medicines were stored safely in a locked room. Temperatures in the room and in the medicines' refrigerator were not monitored and recorded regularly. This meant that some medicines may not have the desired effect as they were not being stored incorrectly. This was discussed with the nurse in charge who agreed to produce a daily record as a priority.

Controlled drugs were stored safely and associated records were completed correctly. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Legislation. PRN (as required) medicines were administered safely in accordance with the relevant protocol. We checked the medicines administration records (MAR) and found that they had been completed correctly.

We were told that there were seven people currently living at the home who required their medicines to be administered covertly. Giving medicine covertly means medicine is disguised in food or drink so the person is not aware that they are receiving it. We found that some of the records relating to covert medicines were not signed by a doctor and lacked sufficient detail to safely inform staff who were unfamiliar with the person. Decisions to administer covertly were not made with specific reference to each medicine and it was unclear if the decisions had been made following a best-interests meeting. A best-interests meeting is usually attended by a representative of the person and healthcare professionals. It determines if the provision of care is in a person's best-interest when they have previously refused or are likely to refuse in the future. We spoke with the nurse about this. Before we completed the inspection we were told that the doctor would be visiting the home within 24 hours to review the records for each person on covert medicines. A nurse was subsequently able to confirm that this visit had taken place and that all necessary signatures and instructions were in place. The provider had administered medicines without proper authorisation or consent.

This is a breach of Regulation 12 (2) (g) Safe care and treatment; of the HSCA 2008 (Regulated Activities) Regulations 2014.

We asked if people were safe living at Amberleigh House. All of the people that we spoke with told us that they felt the home was safe. One person living at the home said, "Now and again people come into my room, but they seem to be quickly followed by staff who make sure that they leave." A relative said, "Oh yes, [relative] is safe." Another relative told us, "We've no cause for concern."

Prior to the inspection we had received information of concern from the provider regarding incidents

between people living at the home. We asked the interim manager about this and were told that the separation of residential and nursing care and the installation of a lockable door had reduced these incidents. This view was reflected in the incident records for the home. Staff understood what was required of them to keep people safe and the different types of abuse that might occur. Records indicated that all staff had received training in adult safeguarding in 2015. Staff were clear about what action they would take if they suspected abuse. One member of staff said, "If I suspected abuse I would speak to my manager."

We saw records which indicated that accidents and incidents were appropriately recorded. Records were produced electronically and included a good level of detail. Each record had to be signed-off following an evaluation by the manager.

During the inspection we saw that there were sufficient staff on duty to meet people's physical care needs, but we received different views regarding the suitability of staffing levels at the home. A relative told us, "Staff are alright and there's enough of them." A member of staff told us, "They [provider] are taking on people with higher needs. I think nights need another carer." We looked at staff rotas and spoke with staff to confirm the numbers of staff available for the 36 people living at the home. The care staff were separated for nursing and residential care and were supplemented by dedicated cleaners, cooks and an activities coordinator at various points during the day. Levels of care staff varied between nine (mornings) and four (over-night). We spoke with the interim manager about these concerns. We were told that there had been some additional pressure identified each evening when people were being supported to bed, but that a 'twilight' shift had been introduced to provide an additional member of staff at these times. Staff rotas confirmed that this additional member of staff had been made available, but that the shift had not always been covered. We discussed what would happen if a person needed support to go to hospital during the night. The interim manager said that they could make use of the provider's on-call manager to ensure that staffing levels remained safe.

We looked at staff records and were able to confirm that staff had been recruited safely following the completion of appropriate checks. Each record that we looked at contained references and a Disclosure and Barring Service (DBS) check. A DBS check provides evidence that a person is suited to working with vulnerable adults.

The service completed regular checks of safety equipment and procedures. We saw evidence that emergency lighting, alarms and evacuation times had been tested and recorded. External organisations were used to service and test fire extinguishers, gas safety and electrical safety. The service had a file containing important information and guidance for use in emergency situations or when the building needed to be evacuated.

Requires Improvement

Is the service effective?

Our findings

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the home was not operating in accordance with the principles of the MCA because, although it had assessed people's capacity it had failed to submit all of the necessary requests to restrict people's liberty within the correct timescales. Care homes are required to apply to deprive a person of their liberty before imposing any restrictions. Where this is not practical the care home can request an urgent authorisation which lasts for seven days. A standard request must be submitted to restrict a person's liberty beyond seven days and must be renewed every twelve months or if circumstances change. Fourteen DoLS applications had been submitted. We were shown evidence that a further 22 requests were in the process of being submitted.

This is a breach of Regulation 13(5) Safeguarding service users from abuse and improper treatment; of the HSCA 2008 (Regulated Activities) Regulations 2014.

Staff had the knowledge and skills to meet people's needs. They were trained in a number of relevant topics including safeguarding, administration of medicines, health and safety and food hygiene. A relative told us, "Staff seem to be well-suited." Staff were required to refresh their mandatory (required) training each year. The training records that we saw indicated that over 90% of training was up to date. Staff also had access to additional training in relevant topics. One member of staff told us that they accessed external training in dementia. They described it as, "The best training I've had." New staff were inducted in accordance with the principles of the care certificate. The care certificate requires staff to undertake a programme of learning in health and social care topics, be observed in practice and assessed by a senior colleague.

Staff were given access to supervision, but we were told that the frequency of supervision varied. One member of staff said, "My supervisions are not regular. I have an annual appraisal." Another member of staff told us, "I get supervision every six weeks." Organisational policy stated that supervision should take place every two months. The records that we saw indicated that supervisions did not always take place according to this schedule. Each of the staff that we spoke with told us that they felt well supported by the provider and able to access informal supervision if they needed it.

People told us that they enjoyed the food and drinks available at the home. One person told us, "The food's not bad, but not like my own. They ask me what I want. If I don't like it they give me something else." A relative said, "Food is very good. [Relative] enjoys it, but needs it pureed now. [Relative] has put on weight." We sampled the food at lunchtime and found it was prepared to a high standard. The soup was made from fresh ingredients and was well-flavoured. People were encouraged to eat their meals in well-presented

dining areas. Staff took time to support people on an individual basis and were observed to be patient, relaxed and friendly.

People were supported to maintain good health by staff. Health checks were undertaken on a regular basis and staff were vigilant in monitoring general health and indications of pain. Appointments were made with the involvement and consent of the person and staff accompanied them where appropriate. Staff effectively monitored people's health and wellbeing and gained advice from relevant health care professionals to help to maintain their wellbeing. Communication sheets were filed in the care plans giving details of visits with other professionals. In one care plan there was a detailed list of a fortified diet from the dietician, this had been copied into a care plan by the home, nutritional supplements had been prescribed and the resident was now taking these. Staff were aware of the flavours the resident liked and disliked.

The design of the building meant that it was initially difficult to navigate and was poorly lit in places. Some areas had been recently decorated and areas were being created to support reminiscence therapy. Bedrooms were not clearly numbered and other signage was limited. This meant that people who were new to the service or were living with dementia would have difficulty finding their way around. There was some evidence that bedrooms had been personalised by the introduction of personal items and equipment. The building had not been decorated or adapted to meet the needs of people living with dementia. The interim manager told us that they had secured a significant budget for refurbishment which would allow for improvements to the lighting, décor and furnishings. We spoke about the use of this budget with the interim manager and they told us that they planned to use it to, "Brighten the whole place up and make it better for people with dementia."

We recommend the service consider best practice guidance regarding the development of the environment for people living with dementia.

Requires Improvement

Is the service caring?

Our findings

We observed staff interacting with people in a manner that demonstrated care, understanding and compassion. Staff knew each person well and were able to identify their care needs in detail. One person living at the home said, "They [staff] treat me well and they're kind. They always show respect. They know my likes and dislikes" A relative told us, "They [staff] are kind and caring, especially those who've been here for a while. They know [relative] well, but haven't got much time for a chat."

We observed that staff had less time to interact with people in the nursing unit and that care in this part of the home was often task-led. We also observed people watching television or walking along corridors without any significant staff intervention for long periods during the inspection. We spoke with the interim manager about this. They told us that they would ensure that staff checked corridors to ensure that all of the people living at the home were safe and engaged in meaningful activity.

Staff involved people in discussions about their care and encouraged them to make decisions. Throughout the inspection we observed staff taking time to explain to people what they were doing and what alternatives were available. Staff gave people information in simple terms and offered basic choices. When referring to people living with dementia a member of staff said, "Some residents can make simple choices for example whether they want tea or coffee. I show residents two jumpers and ask them to choose."

Visiting relatives spoke positively about the staff's approach to the provision of care. One relative told us, "They [staff] play songs on their phones to [relative] and curl [relative's] hair." With the exception of the administration of covert medicines people's basic care needs were met with privacy and dignity. We saw staff helping people to wipe their mouths and clothes after eating and drinking. All personal care was given discretely in people's own rooms or locked bathrooms. One person living at the home told us, "Staff help me wash and always make sure they treat me with dignity. The knock or call-out before they come in to my room." The staff that we spoke with clearly understood people's right to privacy and dignity in care and gave practical examples of how they promoted these rights in their work.

Families were actively involved in decisions about care. None of the people currently living at the home required the services of an independent advocate although this was considered as part of capacity assessments.
The home promoted a protected mealtimes policy to ensure that people were not distracted from eating their food. This policy was not rigidly adhered to and relatives and friends told us that they were free to visit whenever they wanted. We saw that visitors came during lunchtime and were welcomed by staff. We asked the interim manager about this and were told that some people were easily distracted from eating by visitors, but that the policy had never been used to stop a visitor at any time. We were told by a person living at the home and a relative that visitors could come at any time.

Good

Is the service responsive?

Our findings

We saw that care and support were delivered in accordance with individualised care plans in a non-intrusive way. It was responsive to the needs of people living at the home and promoted their independence. People's life stories and interests were recorded in their care files. People were supported to follow their own interests and activities. The provider employed an activities coordinator who organised group and individual activities in accordance with people's care plans. One person living at the home told us, "I like the sing-along and the bingo."

Staff sought to maintain relationships with friends and family members. The activities coordinator told us that they had worked with families to draw-up pen pictures that highlighted likes and dislikes. A relative told us that they were involved in an organisation that promoted the value of music for individuals. They said that two pieces of music had been identified which calmed their relative. Staff played the pieces of music when the person was becoming anxious.

People contributed to the assessment process and the planning of care. The delivery of care was personalised and respected people's views and preferences. Care needs were documented and reviewed, but the use of agency staff had limited the frequency of reviews. We saw evidence in care files that reviews led to changes in the delivery of care.

The provider maintained a record of compliments, concerns and complaints. We saw that complaints were filed with a record of actions and a response to the complainant. A member of staff told us that they supported people to make complaints by assisting them with the completion of any forms. This meant that people could comment on matters that were important to them regardless of their communication needs. We saw that there was a box in the reception area to receive comments, complaints or suggestions. The home also displayed a 'Making your views known' leaflet which detailed how to process a complaint. The home also organised resident and relative meetings. Minutes were available from June, September and November 2015. Staffing levels had been raised as a concern at one of these meetings. The interim manager told us that the feedback had been used to justify the recruitment of an additional member of staff.

Requires Improvement

Is the service well-led?

Our findings

At the time of the inspection the home did not have a registered manager in place. A permanent manager had been appointed from within the organisation and was in the process of applying to be the registered manager. An interim manager was managing the home.

Staff reported significant improvements in the management of the service since the appointment of the interim manager. One member of staff said, "It's been great since [interim manager] has come back, care staff have really got involved, they have helped decorate the home, made it more homely." We saw evidence that people had been involved in discussions about the home and in particular the installation of a door to separate people receiving residential care from those receiving nursing care. Relatives told us that they had expressed concern about the door and the impact that it would have on the ability of their family members to move freely around the home. They also told us that the interim manager had taken time to explain that the door would improve safety for the most vulnerable people. We saw from records that incidents between people living at the home had decreased after the installation of the door.

We spoke with the interim manager and other staff about the home's vision and values. Each person told us that the home supported people with independence and choice and encouraged family involvement. We saw that this was reflected in the home's brochure. One person living at the home said, "They [staff] encourage me to do things for myself if I can." The interim manager told us, "I involve people and the staff in all decisions."

The interim manager was aware of the day to day culture within the home and the challenges that staff faced in maintaining safety and quality. We spoke about the use of agency nursing staff to cover night shifts and the impact that this had on the review of care plans and risk assessments. The interim manager acknowledged that this was an area where improvements were needed and said that they were working with senior managers to recruit permanent nurses.

The interim manager spent time engaging with people who lived at the home, visitors and staff. Staff spoke positively about the accessibility of the interim manager and the way that they communicated with them. One staff member said, "There's always a manager available. [Regional manager] comes in as well." Another member of staff said, "Communication is good. We've spoken about the redecoration and other things." The manager made use of supervisions and staff meetings to share important information. We saw that at the last recorded staff meeting in June 2015 the manager had shared important information about care records, training and community activities. Staff told us that meetings happened every two months, but records were not available to support this. We spoke with the manager about staff meetings and were told that two meetings were held to maximise attendance, but that formal notes were not always taken. Resident and relative's meetings had taken place regularly in 2015 and one had been attended by a senior manager.

Staff clearly knew their roles and what was expected of them. They were motivated to provide good quality, safe care, but did express concern about staffing levels and the impact that this had on their ability to complete important tasks. One member of staff told us, "I'm proud of what I do, but staffing levels are a

challenge."

The home had a number of quality assurance systems in place including a monthly manager's report and a clinical governance report. The clinical governance report required the manager to provide information on issues like, weight loss, falls and other incidents. The previous quality audit process was conducted by a regional manager. Neither process had identified a solution to the difficulties in reviewing care plans and risk assessments. Processes had also failed to identify concerns relating to the administration of covert medicines and the failure to apply for DoLS. The home had been assessed under a quality assurance framework by the local authority in May 2015 and had achieved a score of 61.5 out of a possible 77. This report highlighted issues with internal quality assurance and monitoring processes.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The correct authorisations and instructions for the administration of covert medicines were not in place.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were being deprived of their liberty without the proper authorisation.