

Prime Healthcare UK Limited

Amberley Court Care Home

Inspection report

90 Stoney Lane
Rainhill
Prescot
Merseyside
L35 9JZ

Tel: 01514931558

Website: www.prime-healthcare.co.uk

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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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on the 4 and 12 January 2018. The visit on the 4 January 2018 was unannounced. The visit on the 12 January 2018 was announced.

Amberley Court 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. Amberley Court accommodates up to 39 people in one building with all bedrooms over two floors. The service provides care and support to older people. At the time of this inspection 29 people were using the service.

A registered manager was 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.

During the last inspection of the service in December 2016 we identified breaches in relation to Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Following the last inspection, we asked the registered provider to complete an action plan to show what they would do and by when to improve the key questions; is the service safe, effective, caring, responsive and well-led to a rating of good. During this inspection we found that improvements had been made.

We have made a recommendation within this report in relation to ensuring that records and care planning documents are kept under continual review to ensure that up to date information is available at all times.

Systems were in place to help ensure that people's medicines were managed safely and appropriate storage facilities were in place.

People felt that the service was safe. Staff were aware of the procedures in place for safeguarding people. Staff had received training in relation to safeguarding people.

Staff supported people in a kind and caring manner whilst respecting individual's privacy and dignity.

People's living environment was clean and tidy and effective control measures were in place to protect people from infection.

Systems were in place to ensure that people's rights were maintained under the Mental Capacity Act.

People's needs were assessed and when a need was identified, care plans had been developed to inform staff as to what support a person needed. Family members felt that they were involved in their relative's care

planning process.

People had access to activities within the service with the support of an activities co-ordinator.

The registered provider had procedures in place that promoted the safe recruitment of staff. This helped ensure that people were supported by staff that were suitable to work with vulnerable people.

A complaints procedure and recording system was in place. People and their relatives knew who to speak to if they wanted to raise a concern about the service.

The CQC were notified as required about incidents and events which had occurred within the service.

People were cared for by staff who had received appropriate training. Staff completed a variety of training relevant to their role and responsibilities. This helped ensure that people receive safe effective care and support.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe living at the service.

Recruitment procedures helped to ensure that only suitable staff were employed.

The environment was clean and hygienic.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed prior to moving into the service.

People received support from staff who had received training and regular support in their role.

People had access to health care services on a regular basis.

Is the service caring?

Good ●

The service was caring.

Staff demonstrated a caring approach to people.

People were supported by staff who knew them well.

People's personal information was appropriately stored.

Is the service responsive?

Good ●

The service was responsive.

People's care and support needs were recorded in their individual care plans.

People had access to recreational activities within the service.

A complaints procedure was in place that people and their family members were aware of.

Is the service well-led?

The service was well-led

We recommend that information available to staff is kept under review to ensure that staff have access to current up to date information

People's personal and confidential information was stored safely.

Systems were in place to monitor the service people received.

A registered manager was in post.

CQC were notified as required about incidents that had occurred at the service.

Amberley Court 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 registered 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 over two days. The visit on the 4 January 2018 was unannounced and the visit on the 12 January 2018 was announced. The inspection was carried out by one adult social care inspector and an assistant inspector.

Records looked at during the inspection included assessments of risk and care planning documents, medicines, policies and procedures. We looked at the recruitment records of six recently recruited staff, and rotas. In addition we spent time looking around people's living environment and spent mealtimes with people using the service.

We spoke with and spent time with 20 people using the service, three visiting family members, eight staff members and the registered manager.

We used information the registered provider sent us in the Provider Information Return. This is 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

Prior to the inspection we assessed all of the information held about the service. This information included concerns and complaints received from people, their family members and information sent to us by the registered provider. We spoke with the local authority who commissioned services and the local authority safeguarding team to gather any information they had about the service. They had no current concerns about the service. In addition, we contacted Health Watch St Helens. Health Watch is the consumer champion for health and social care throughout England. Health Watch had no information to share about the service at the time of this inspection.

Is the service safe?

Our findings

People told us positive things about the service. Their comments included "I am happy here. It's clean and tidy always", "I get my tablets on time" and "I have no concerns, there is always someone to speak to. If they do not know, they will find someone else".

At our last inspection in August 2016 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We judged this outcome area as 'requires improvement' and asked the provider to make improvements in relation to how people's medicines were managed. During this inspection we found that improvements had been made.

People were supported to receive their medicines safely. Appropriate locked storage facilities were available. Medicines requiring refrigeration were kept in a specific fridge in which the temperature was regularly monitored to ensure that these medicines were stored appropriately at all times. A further fridge was located elsewhere in the building for the safe storage of samples taken to monitor people's health. Facilities were available for the safe storage of controlled drugs (CD's). Controlled drugs are medicines prescribed for people that require stricter control to prevent them from being misused or causing harm. We checked the storage and balance of a number of CD's in use and found them to be correct. Staff involved in the administration of people's medicines had completed training and been assessed as being competent to do so. Regular audits of medicines were completed by senior members of staff. The local authority had undertaken a medicines management visit at the time of our inspection and the improvements that had been required had been undertaken. A system was in place for the ordering and disposal of medicines. A record of all medicines which were received at the service was maintained.

Medication Administration Records (MAR) were in use for the recording and monitoring of when a person had been offered or staff had administered their medicines. These records had been completed.

The registered provider had recruitment procedures in place that aimed to ensure the safe recruitment of staff. Information contained on staff files demonstrated that checks had been carried out prior to them starting their employment. For example, staff files contained evidence of written references, a completed application form, and evidence that a check with the Disclosure and Barring Service (DBS) had been carried out. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults to help employers make safer recruitment decisions. These checks were carried out to help ensure that only staff of a suitable character were employed. We spoke with the manager with regards to having personal identification evidence on file, they confirmed that they would implement this following our visit.

Policies and procedures were available to staff in relation to safeguarding people from abuse. Staff spoken with had a good knowledge and understanding of what constituted a safeguarding concern. Staff were aware of safeguarding procedures and knew who to speak to if they had any concerns about the safety of people and were confident in doing so. Training records demonstrated that staff had received training in safeguarding people. Staff were confident that any issues of concern raised with the registered manager

would be addressed immediately. Staff were also aware of where to locate the registered providers' whistleblowing procedure.

Identified risks to individuals' highlighted during the pre-admissions assessment or following a change in a person's needs were assessed and plans were developed to minimise these risks. For example, we saw that risk assessments had been carried out in relation to moving and handling needs, mobility and falls. Accidents and incidents experienced by people were recorded and monitored. For example, a system was in place to monitor falls experienced by individuals. The procedure within the service was that if a person experienced three falls, a referral was made to the community falls team for advice and support, to help minimise any further incidents of falling.

A handy person was employed to arrange and carry out routine checks around the environment to maintain people's safety. Records showed that checks and tests of equipment and systems such as fire alarms, emergency lighting, water quality and temperatures were undertaken regularly.

Equipment was in place and available to control and prevent the spread of infection. Personal Protective Equipment (PPE) was available throughout the building and was seen to be used by staff. For example, when delivering personal care and when serving food, gloves and aprons were worn. In addition throughout the building hand sanitizers and hand washing facilities were available to all. Regular checks were carried out by the housekeeping staff to ensure that required cleaning was carried out.

Personal emergency evacuation procedures (PEEPS) were in place for people who used the service. These documents contained important information as to what support a person needed, in the event of them having to be evacuated from the service due to an emergency.

Sufficient staff were on duty to meet people's needs. We saw that people did not have to wait for any length of time to get the support they required and call bells were answered promptly. Family members told us that they felt there were sufficient staff on duty at the times that they visited.

Is the service effective?

Our findings

People told us positive things about the service they received. Their comments included "I am happy here and I feel safe", "Very happy, enjoy the food. You always have a choice of what you want to eat and you just ask if you want to have a hot drink". Staff always ask for permission before they do anything" and "They always get my consent".

Prior to a person moving into the service an assessment of their needs took place by a senior member of staff. The purpose of the assessment was to ensure that the service had the facilities and provision to meet the person's individual needs. If a person's needs changed, or following admittance to hospital, a further assessment took place to ensure that Amberley Court could continue to provide the appropriate care and support the person required.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that they were. During the inspection the registered manager demonstrated a good understanding of the Mental Capacity Act 2005.

When required people's needs in relation to eating and drinking were assessed, and this formed part of their care plans. For example, a risk assessment would be completed in relation to people's nutrition. The assessment helped identify when a person was at risk from poor nutritional intake. Other risk assessments were available, if needed to identify if a person was at risk from insufficient hydration or poor skin integrity.

People commented positively about the meals available to them. Their comments included "I enjoy it. Not hot but nicely warm", "The food is alright, it's very good", "If you were hungry, you could have anything available" and "The portion size is right. I had soup yesterday, minestrone, it was lovely". People had a choice of whether to have their meals in the dining room or at a small table in the lounge area. Dining tables were set with linen, crockery and condiments along with jugs of juice and glasses for people to access themselves. Staff asked people their choices and meals were served promptly.

Drinks and snacks were made available throughout the day to people. People told us that they could always ask for a drink whenever they wished and staff would make it for them. One person told us that when they were going out independently for the day staff would always make them a packed lunch to take out with them.

People had access to regular support from local health care professionals. These included dietician, GP, hearing, optician and podiatry services. People told us that if they wished to see their GP staff would facilitate this.

Staff told us and records demonstrated that they had received training for their role. This training included infection control, safeguarding, health and safety, first aid, moving and handling. Staff confirmed that they had received an induction into their role prior to working independently with people. Newly recruited staff were in the process of completing the care certificate as part of their induction into their role. The care certificate is a nationally recognised set of standards that care staff are expected to meet within their practice. Records demonstrated and staff confirmed that they had supervision for their role with their line manager. Staff commented that they felt supported to carry out their role and that the registered manager was always available to give advice and support.

Bedrooms within the service were in the process of being decorated and refurnished. The newly refurbished rooms were light and airy. We found that in vacant bedrooms newly purchased wardrobes were not secured to the walls. Staff explained that when a person moved into the room they would choose where they wanted their wardrobe to be situated. Once this was determined the wardrobe would then be secured.

In order to minimise risks to people whilst they were in their bedrooms the registered manager had recently purchased flame resistant bedding. The registered manager explained that this purchase was made following an incident that was reported in the national press.

Is the service caring?

Our findings

People told us "I can have visitors anytime", "The laundry is very good. Things come back to you all ready and hung up" and "The staff are wonderful here, very caring", "You can always use the telephone in the office if you want some privacy", "Staff are wonderful and fantastic" and "Excellent service".

People told us that their personal post was given to them unopened and if needed staff would support them in opening and responding to their mail. During the last elections people were supported to register to enable them to utilise their right to vote.

Family members spoke positively about the service. Their comments included "Fantastic staff" and "Very warm and caring staff". One family member told us that they had initially had concerns as their relative did not always communicate. They thought they would be isolated in their bedroom, however, this had not happened and their relative was mixing and communicating with others.

People's privacy was respected by the staff team. Staff were seen to regularly knock on people's bedroom doors and wait for a response or an appropriate time prior to entering. People told us that staff always respected their privacy when delivering personal care. Their comments included "They [Staff] always make sure there are towels around so that I can be covered, its helps maintain my dignity".

Throughout this inspection we observed some good practice and examples of person centred care and support offered by the staff team. Staff knew people's needs, their likes and dislikes. It was evident on occasions that strong relationships had been built between people and the staff that supported them.

We saw and heard laughter between people and staff. People clearly enjoyed having contact and joking with the staff team. Where needed, staff offered comfort and support to people. For example, when a person became anxious. Staff were seen to sit with them and put a reassuring arm around their shoulder or hold a person's hand when invited to do so.

People's mealtime experiences were seen to be positive. People were seen to engage positively with each other and the staff team during mealtimes and it was evident that mealtimes were seen as a social occasion for some.

People's bedrooms were personalised with their own personal effects and photographs around them. A number of people told us that they enjoyed spending time in their bedrooms at different times of the day. People had freedom of movement around the building which enabled them to access their bedrooms whenever they wished.

An information board was available which contained information relating health services, safeguarding, complaints, and a copy of the services monthly newsletter. The newsletter was written in large print to facilitate people reading. The December newsletter contained information in relation to a Christmas party, activities over the Christmas period and the Christmas day menu. Family members were also invited to join

their relatives for dinner on Christmas day.

People were supported to maintain and continue with their beliefs and religion whilst living at the service. For example, representatives from a local church visited the service on a regular basis to deliver communion and prayers to people. A religious statue was in place in the conservatory. The registered manager explained that this had been at the request of people using the service.

Facilities were available to ensure that people's personal information was stored away to protect their privacy.

Is the service responsive?

Our findings

People told us positive things about the service. Their comments included "I could not be happier here. [Staff] cannot do enough for you. The person in the bedroom next to me was very noisy. Staff offered me a choice of other bedrooms, I chose the one I preferred". People told us that they knew who to speak to if they were unhappy or wanted to make a complaint.

Staff knew people's needs well and were able to explain how and when people's care and support needs were met. Each person had a care plan to record their identified needs and wishes. The care planning process gave the opportunity to record people's physical, psychological and personal care needs and how these needs were to be met. Any risk identified during the care planning process were assessed and wherever possible minimised. However, we found on occasions that further information could be recorded in relation to people's needs. For example, risk assessments that formed part of people's care planning documents in relation to behaviours could be further developed to further inform staff on how best to support people, and to further ensure a consistent approach. This was because the scoring section of assessments used a part of the care planning process were not always completed in full. In addition, we found that information relating to previously prescribed medicines had not been removed when no longer relevant. We saw no indication that this had had a negative impact on people's care and support. We discussed this with the registered manager who told us that plans were in place to change the content and reviewing process of the care planning system to ensure that the documents were more person centred and effective in recording people's current care and support needs.

Family members said that they were involved in their relative's care planning process.

An activities co-ordinator was employed five days a week to offer and promote stimulating activities to people. During our inspection we observed activities which included prize bingo, a sing song and flower arranging taking place. Within the conservatory a selection of games, playing card, dominos were laid out ready for people to play. In addition, a selection of music CD's, reading books and magazines were available for people to access. During the second day of the inspection we saw two people playing a game and another taking a magazine to their bedroom to read.

One person was in receipt of end of life care. A number of family members were spending time with their relative. They told us about their relative's end of life care plan and that they had participated in this planning. Although staff were readily available to offer support, a family member told us that staff were respectful of the wishes of all the family by ensuring that they had private time to spend together with their relative as they approached their end of life. They told us that they felt listened to by the staff team and that their views and requests were respected. For example, family members had requested that a GP be called to their relative. The GP visited shortly after and spoke with family and also offered advice to the staff. Family members felt that staff were maintaining all of the family's dignity.

A complaints procedure was available around the service. The procedure informed people of how to raise a concern or complaint about the service they received. People and their family members told us that they

would speak to particular staff if they had a concern. The registered provider had a system in place to record all complaints and concerns raised regarding the service and copies of all letters and actions taken were maintained of any complaints made. We spoke with the registered manager about complaints, concerns and suggestions. They told us that they were important to drive the service and make a difference to people.

Is the service well-led?

Our findings

A registered manager was in post that was registered with the Care Quality Commission. There was a clear line of accountability within the service and people using the service, their family members and staff were aware of who the registered manager was. We found a positive, open culture around the service. The registered manager was well respected by all. Family members and staff described the registered manager as approachable, accessible and caring.

During the inspection we spoke with social care professional who was visiting the service. They spoke positively about improvements the registered manager had made at the service. They commented "It has improved so much here".

Care records seen during the inspection process were in need of further development or were no longer required and needed to be removed from people's care plans. For example, medicines information relating to one person demonstrated that they were in receipt of covert medication, however the person was no longer prescribed this medicine. People's care planning documents needed to be fully completed to ensure that up to date information was available. We discussed this with the registered manager who removed the information immediately to minimise the risk of any confusion.

We recommend that information available to staff is kept under review to ensure that staff have access to current up to date information at all times in relation to people care needs and wishes.

The registered manager demonstrated a good awareness of the needs and wishes of people using the service. In addition, they were able to explain that when an area of improvement had been identified action was taken to make improve the service. For example, prior to this inspection the registered manager had identified a need for further staff training in relation to the care and support of people living with dementia. Action was being taken to ensure that staff received the training they required.

Quality monitoring systems were in place to monitor the service that people received. For example, regular checks were made of people's living environment, infection control and medication. A care plan audit from December 2017 carried out by the registered manager had identified that the care planning auditing system was no longer fit for purpose. This was because the auditing tool in use was failing to identify if care planning documents in use and their content were considered in the auditing process. The registered manager was in the process of devising a new auditing tool to ensure that the effectiveness of people's care plans could be measured more effectively. In addition to the regular checks made by the registered manager and staff, the registered provider visited the service periodically to monitor the service.

The registered manager had recently asked people and their family members to complete a survey form with their opinions on the service people received whilst living at Amberley Court. At the time of this inspection the registered manager was in the process of reviewing the findings of the survey. Once all of the information had been collated, the results of the survey would be shared with people and their family members.

Regular meetings took place with people who used the service. The last recorded meeting had taken place in November 2017. The topic of discussion for this meeting was to gather people's views and choices of foods over the Christmas and New Year period.

'Relatives' meetings were arranged and took place periodically throughout the year to gather family member's views on the service. Minutes of these meeting were displayed within the service. The last recorded meeting had taken place in October 2017 and areas discussed included personal hygiene and the money of people who use the service. Following the meeting the registered manager had written a response to the issues raised at the meeting and this response was attached to the meeting minutes.

The registered provider had a set of policies and procedures that were available to all staff within the service. The documents were developed to offer a point of reference to staff in relation to best practice when delivering care and support to people. These policies and procedures were reviewed and updated by the registered manager.

The service had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations.

The rating following the last inspection was prominently displayed near to the entrance of the service making it accessible for all to see. The registered provider had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations.