Athena Care Homes (Gaywood) Limited

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

Summary of findings

Overall summary

About the service
Amberley Hall is a residential care home and was providing accommodation and personal and nursing care to 94 people, five of whom were receiving respite care, at the time of the inspection. The service can support up to 106 people and provides a service to older and younger people, including those with physical disabilities and those living with dementia.

Amberley Hall is divided into six units. The service had one unit for up to 20 people which was used for people recently discharged from hospital. Staff in this unit worked in partnership with other healthcare professionals, some of whom were based on the unit, to aid people's recovery.

People's experience of using this service and what we found
People who used the service, and their relatives, were very happy with the care and support provided and spoke highly of the staff and the manager. One person commented, "The staff are always asking if they can do any more for me. My folder is there on the bed. The staff say I can look at it if I want to…. [When I first arrived] the staff knew exactly what to do for me.""

We identified some concerns with the way medicines were managed. Storage of some medicines required improvement and some staff practice, when giving people their medicines, placed people at risk. Records relating to medicines management were not always fully completed.

Risks were mostly well assessed and well managed. However, some risks relating to pressure care, infection control and choking had not been reduced enough and had the potential to place people at risk of harm. Audits, although plentiful, had not identified the issues we found. The provider began to address these concerns immediately we brought them to their attention.

The staff teams in the individual units worked collaboratively and well; staff felt supported and their views were sought and acted upon. Staff were recruited safely and were clear about their safeguarding responsibilities. Staffing levels reflected the provider's own assessed safe number and people felt there were enough staff.

Staff were trained to carry out their roles and received a good induction when they were first employed. Access to health and nursing care was good and feedback from healthcare professionals was very positive.

Staff showed a good understanding of consent issues, but the manager acknowledged that some records needed reviewing. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests.

The environment was suitable for people, including those living with dementia and those people on respite stays whilst they recovered from illness or injury.

Staff were patient, kind and caring towards the people who used the service and their relatives. Staff promoted people's independence and upheld their dignity. Feedback about the staff was very positive.

The service enabled people to follow their own hobbies and interests. Activities were varied, appropriate and inclusive. Complaints were managed in accordance with the provider's policy and action taken promptly. End of life care was good, and we observed prompt responses to people's changing needs.

Although the inspection identified some areas for improvement, the provider began to take action as soon as issues were identified. Their response was encouraging and gave us confidence in them and in the newly appointed manager.

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 good (published 09 March 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified a breach of regulation in relation to the management of medicines at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will continue to do to improve the standards of quality and safety. We will work alongside the provider and 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 effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive 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 Hall 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.

Inspection team
The inspection was carried out over two days. The first day was carried out by one inspector and a medicines inspector. The second day was carried out by an inspector, a specialist nurse and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Amberley Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC, but they had recently left the service. A new manager was in post and had begun the application process to become registered. The registered manager and the provider are 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed all the information we held about the service, including the previous inspection report and

notifications of incidents the service is required to tell us about. We used all of this information to plan our inspection.

During the inspection
We spoke with ten people who used the service, eight relatives, one volunteer, a visiting health professional, four care staff, four nurses, the activity co-ordinator, the chef and sous chef, head of housekeeping, head of maintenance, the facilities manager, the manager and the operations director.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us easily.

We reviewed a range of records. These included nine people's care records and ten medicines administration records. We also reviewed rotas, two staff training and recruitment records and other documents relating to the safety and quality of the service.

After the inspection
We received feedback from the local authority safeguarding team and the clinical commissioning group's clinical quality and patient safety team and their discharge to assess team.

Requires Improvement

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- We identified concerns regarding the administration of medicines.
- Oral medicines were stored securely. However, monitoring records for the temperatures at which medicines were stored were not always completed. Medicines, such as creams in people's rooms, were not securely stored. This meant they could potentially be accessed by other people who could have caused themselves accidental harm.
- We observed staff being regularly interrupted while they were giving people their medicines. This meant that some medicines were given to people later than intended by prescribers. We also noted that staff left a medicine trolley unattended and unlocked on several occasions. Sometimes medicines were left on the top of the medicines trolley and would have been easily accessible to people. This poor practice could have placed people at risk of harm.
- Medicines management relating to diabetes care required some improvements. One person needed daily blood glucose monitoring checks but records of this contained gaps. We could not be assured that all required checks were taking place.
- Information about how people preferred to take their medicines was not always present in records. Information about medicines which were only given occasionally, was not always detailed and did not give staff clear guidance.
- For people who managed some of their own medicines, the service had not considered and recorded all the risks to ensure the process was safe.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Preventing and controlling infection

- Although cleaning schedules were in place in the kitchen, we found that these were not sufficiently detailed and were not always closely monitored. The main food mixer was not on a cleaning schedule and we noted food was still present after it had been cleaned. This was an infection control risk. We also saw that several daily, weekly and monthly cleaning jobs had not been recorded as having been completed. We could not be assured that these had always been completed according to the cleaning schedule.
- We pointed out the issues we found in the kitchen to the head chef and hospitalities manager who both assured us they would adjust the cleaning schedule and audit. They had produced a new cleaning schedule by the second day of our inspection.
- The rest of the service was visibly clean, and staff demonstrated a good understanding of infection control procedures.

●Staff had received training in infection control. Equipment, such as gloves and aprons, was available for staff to use when supporting people with their personal care.

Assessing risk, safety monitoring and management

●Risks, including those posed by the environment, were mostly well managed.

●People's individual risks were assessed and recorded in their care plans. Risks relating to a variety of issues including choking, pressure care, falls, fire had been considered. Although risks were assessed, staff were not always clear about these and did not follow procedures designed to reduce risk. For example, one person with a high risk of developing a pressure ulcer, was not being repositioned in accordance with their care plan.

●Another person was assessed as being at risk of choking, but some staff were unaware of this risk and one was going to offer them popcorn. We shared these concerns with the manager who acknowledged them and assured us that records would be clarified. They told us they would make sure that all staff were aware of all potential risks.

●There was good monitoring of safety systems and equipment. The staff member responsible for maintenance checks was diligent and ensured that any action needed was promptly carried out.

Staffing and recruitment

● People who used the service and staff told us they felt there were enough staff. Call bells were answered promptly, and the provider regularly monitored response times.

●Staff were recruited safely, with all appropriate checks in place before people started work.

●Staffing levels were set according to a dependency tool and we found that rotas matched the service's assessed safe levels.

Systems and processes to safeguard people from the risk of abuse

●Staff received safeguarding training and demonstrated a good understanding of how to keep people safe from abuse. They were aware of possible signs and symptoms which might suggest someone was being abused. They knew what action to take if they suspected someone was at risk of harm.

●The provider worked in partnership with the local authority to investigate any safeguarding concerns.

Learning lessons when things go wrong

●There were systems in place to learn lessons and help drive improvement. This included analysis of accidents and incidents to look for any patterns and trends to try and reduce future risk.

●The manager responded very promptly to the issues we identified in this report. They gathered senior staff together whilst we were still carrying out the inspection visit to discuss strategies to address the issues we had found.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remains the same. This meant 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

- People received a comprehensive assessment of their needs before they moved in. This was designed to make sure the service could meet these needs and to provide an initial framework for people's care plans.
- Assessments included input from relevant family members and professionals, where appropriate, to provide a holistic picture of people's needs.

Staff support: induction, training, skills and experience

- Staff received the training they needed to carry out their roles and training was appropriately refreshed. Nursing staff were supported, through training, to keep their clinical skills up to date. Senior care staff were given the opportunity to become Care Home Advanced Practitioners which enabled them to work alongside nurses using newly acquired clinical skills.
- People told us they felt the staff were skilled and knew how to carry out their roles. One relative commented, "I have the greatest respect for the staff. One or two of the staff are amazing at being able to be calm and collected, and able to diffuse situations."
- New staff received a comprehensive induction and had the opportunity to shadow more experienced staff. A new and more in-depth mentoring scheme was being introduced to improve this further. Staff told us the manager carried out regular supervision and appraisal sessions and asked staff if they felt there was any additional training they needed.

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

- People told us their health needs were well managed. One person commented, "I hadn't had my eyes tested for years but since I've been in here I've had them done twice, once each year. They've [optometrist] picked up I've got [a health condition] so [they are treating me for it]"
- Staff made appropriate and prompt referrals to other healthcare professionals such as GPs, dieticians, dementia intensive support and falls teams when needed.
- The intermediate care unit provided nursing care for people, often following a hospital admission. An occupational therapy team from the local NHS trust was based in this unit and staff worked well in partnership with care and nursing staff. One healthcare professional commented positively on the good communication between the two teams.
- People told us they were supported to take as much responsibility for their own health as they wanted, to maintain their independence.

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

●People were very happy with the quality of the food and told us there was lots of choice. One person said, "I'm a very fussy eater, but they know that. They have a list down there and they just bring me something…. I will be able to eat it."
●Meals were of a high quality and freshly made with minimal processed foods. Foods which people needed to be pureed were beautifully presented in individual moulds, so they looked as appealing as the other meals.
●Where people needed particular diets, kitchen staff demonstrated a very good understanding and knowledge of these. We found that snacks were not always recorded as having been given to one person with diabetes, as outlined in their care plan. This meant records showed large gaps between some meals. This could pose a risk of a person's blood sugar level becoming low.
●Staff told us this was likely to be a recording issue for this person and our other observations were that people's diabetes care was well managed. We shared our findings with the manager who told us they would investigate and take action if needed.
● Mealtimes were very sociable occasions and families were welcome to join their relatives. Staff provided very sensitive support to people who needed help to eat and drink. Staff supported those living with dementia to smell their food first and eat their meals at their own pace using specially adapted equipment.
● People at risk of losing or gaining too much weight had their weight kept under review and dieticians provided support and guidance when needed.

Adapting service, design, decoration to meet people's needs
●The environment was suitable for the needs of the people who used the service. The service catered for a large client group, but each individual unit was on a smaller scale and felt homely.
● Communal leisure areas, such as the main reception and cinema room, were well used. There were lots of photographs and displays relating to recent outings or events.
●People had personalised their rooms and told us they felt at home in them. People also had access to garden areas, parts of which were secure. They told us they enjoyed spending time outside in the nice weather.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

●Appropriate applications had been made to the local authority where a person might need to be deprived of their liberty to be kept safe. Staff understood the legal implications of this and had received training.
●Staff practice regarding consent in their caring role was good. People told us they were always consulted before care and support was provided. We observed staff taking time to ensure people were happy to receive the care and support offered.
●Care plans contained information about people's capacity to consent and documented how people should be supported to make decisions.
● We noted that two care plans documenting consent issues had not been fully completed, and one contained some confusing information.

●We shared our findings with the manager. They were already aware that there were some inconsistencies in the care plans and had begun to address this as a priority. We were assured by this and were confident that consent care plans would all be reviewed.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

● People were very positive about the staff and told us they treated them with kindness and compassion. A relative said, "Staff are very kind, they speak very nicely to [my relative] and call her by the name she wants to be called. They are very friendly." Another relative commented, "The care is exceptional. The affinity the carers have with the patients is amazing, even the young ones, the empathy they show."

●We observed patient, kind and caring interactions by staff. Staff respected people's individuality and we saw that relationships were good. Staff knew people well and people told us they were comfortable with the staff. We observed some exceptionally kind care and support being provided by some staff in particular and fed this back to the manager.

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

● One person who used the service told us, "When I was poorly, when I first came in here, the staff were helping me. As far as I can remember they [staff] always let me choose though. I feel very much in control over what I eat and what I do."

● Care records documented people had been involved in decisions about their care and treatment. People, or their legal representatives, had signed care plans to demonstrate this and people were appropriately involved in ongoing reviews of care.

● People understood they had the power to direct their own care and were given formal and informal opportunities to do this. One relative gave us an example of this saying, "[My relative] doesn't like young girls showering [them]. It's never been an issue. Staff respect [my relative's] request. They always ask before carrying out any personal care. [My relative] has total choice in everything [they do]."

Respecting and promoting people's privacy, dignity and independence

●A relative commented, "Privacy and dignity's as it should be, the staff are excellent."

●Staff were respectful towards the people they were caring for. People who used the service told us staff maintained their dignity and respected their privacy. Staff provided personal care sensitively and made sure people's personal care needs were met in private.

●Care plans contained specific details about how to promote dignity and self-esteem. For example, one person's plan documented that they wished for staff to regularly attend to their facial hair and give them daily nail care. They confirmed that staff did this.

●Staff encouraged people to be as independent as possible and retain their daily living skills. People were enabled to take responsibility for certain aspects of their care if they were able and wished to do this. One person told us, ""I have a [medical condition]. I look after it myself, but once [there was a problem]. I rang my

bell and they were right there, they were so good".

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

●Care plans documented people's changing needs and their preferences about how they wished their care to be delivered. A relative commented, "They have recently done a profile on [my family member] and I would recognise [them] by it."

●The provider ensured people's needs were regularly reviewed. One relative told us, "[My family member] has a care plan, and I am involved in all aspects of [their] care."

● Staff were very knowledgeable about people's specific needs and respected their choices. One person explained, "I'm totally in charge of what I do." Another commented, "The staff knew I don't do early mornings, so they worked with me. We had a great routine." A relative told us, "They are good at adapting the care. [My family member] has deteriorated recently."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

●Where people had particular communication needs this was noted in their care plan.

●Information was displayed around the service in clear formats to help people understand. Advocacy services were available should people require this additional support.

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

●The service supported people to follow a variety of hobbies and interests. There was a programme of activities and one person told us, "There is always plenty to do for those who want something to do all the time." Another commented, "We had a teddy bears picnic with the NCT (National Childbirth Trust), it was delightful, lots of children and babies. There is a general atmosphere of 'make yourself at home'…. We get given a sheet that tells you what activities there are every week. Staff come and chat with me."

●The activities staff worked with those who were nursed in bed as well as providing group activities. They also arranged local day trips which people enjoyed. Many people commented positively on the interactive table which was being used during our inspection. One person commented, "The inter-active thing they have for playing games and helping with concentration is brilliant!"

●People's cultural needs had been considered. A relative told us that their family member used to love attending a local prayer meeting before coming to live at the service. They said, "I asked if they could come here and they instantly said yes. We had our first one last week."

Improving care quality in response to complaints or concerns

●There was a clear complaints policy and procedure in place and people knew how to make a complaint if they needed to. There had been three formal complaints this year. These had been dealt with in line with the provider's procedure. One had been raised following a meeting the manager had held during which they were proactive in asking for any negative feedback so that they could address it. All formal and informal complaints had been managed to the complainants' satisfaction.

End of life care and support

●There was a section in people's care plans to document their end of life care wishes. We noted that one person's care plan only contained basic information about their wishes. The manager noted our feedback and said this would be reviewed as part of the general review of all care plans which they had begun.

●Nurses and care staff were clear about people's end of life care needs and staff had received additional training on this area of their work.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a quality assurance system in place. A series of audits monitored various aspects of the service. However, they did not always give the manager and senior staff comprehensive oversight of all aspects of the service. Issues relating to medication, the cleanliness of some kitchen equipment, consent and the management of people's food, fluids and repositioning needs required more scrutiny.
- The manager acknowledged our concerns and immediately began working on systems to improve the areas we had identified as needing improvement. However, the service's own audit systems should have been more effective in monitoring the safety and quality of the service.
- The registered manager had recently left and there was no registered manager in post. The recently appointed manager had applied to become registered and their application was being processed. They had previously been registered at another of the provider's services and were very knowledgeable about the role and the responsibility it carries. They had only been at the service for a number of weeks and had already begun to identify what improvements were needed. A service improvement plan was in place and regularly updated.
- The manager was well supported by their own senior management team. They also told us the operations director and her senior team had been very supportive. Staff on all units told us they worked well as individual teams and as part of the whole organisation. Daily meetings with heads of department ensured the manager was able to have oversight of the current issues facing the service, and staff could be clear about the priorities for the day.
- Staff understood about their roles and there was a system in place to reward exceptional staff practice. This meant a lot to the staff concerned.

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

- Relatives told us that the manager passed on information about their family member, when needed.
- The manager and operations director understood the duty of candour and knew which issues needed to be shared. This included sharing key information with people, or their representatives, apologising for any shortfalls and assuring people how lessons had been learned.

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

their equality characteristics; Working in partnership with others.

●The manager worked in partnership with the people who used the service, relatives and staff. Feedback about the manager was extremely positive.

●The service had had a high number of managers in recent years and staff and relatives admitted to being cautious about the impact of the new manager. However, they had been favourably impressed and feedback was now extremely positive. A member of staff told us, "Everything seems better with [the new manager] here. She sorts everything out. If we are short staffed she sorts it. She has told us what the plan is for the future."

●The people who used the service and relatives had been involved in decisions about how the service should move forward. People had been asked for their feedback as part of a meeting the manager held when they first came into post. This gave people the opportunity to raise any issues they wished and to make suggestions. A resident and relative survey dated March 2019 enabled people to comment on aspects of the service. Responses were received from 22% of those surveyed and were very positive. Responses had been analysed and, where needed, action had been promptly taken.

●The service worked in partnership with relatives and local healthcare professionals to help provide consistent care for people. We received positive feedback from healthcare professionals who worked closely with the service.

●Relatives praised the open culture that the manager had created. One commented, "They do keep in touch with me. I've known them to ring me at one in the morning to ask my opinion about whether to do something or other."

●Staff told us that there were systems in place to raise issues and share knowledge. One person told us that they would pass any information or suggestion on to the nurse who would then take it forward to the daily 'ten at ten' meeting to raise with the manager. They told us this worked well.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure the proper and safe management of medicines. Regulation 12 (1) (2) (g).