

Prime Healthcare UK Limited

# Amberley Court Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Amberley Court is a residential care home providing personal care for up to 39 people. The service provides support to older people over two floors, accessible by stair and passenger lift. At the time of our inspection there were 32 people using the service.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Medicines were managed safely within the service. People told us they felt safe living at Amberley Court. Procedures were in place for the reporting of incidents, accidents, and safeguarding concerns to prevent further occurrences.

People spoke positively about the support they received from the staff team and said they were treated with dignity and respect. Family members spoke positively about the service their relatives received. Effective procedures were in place for the safe recruitment of staff. Risks to people's health and wellbeing had been assessed and guidance was available for staff to support people safely.

Regular checks and maintenance of the service took place to provide a safe environment for people to live. Governance systems were in place to monitor and assess the quality of care people were provided with. People were consulted on a regular basis about their views on the service they received and to plan activities and events. Staff felt supported in their role and regular meetings took place to share information about the service. The registered manager worked in partnership with other external agencies and professionals to promote and meet the needs of people living at the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 21 March 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed and remains good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Amberley Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.  
Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.  
Details are in our well-led findings below.

# Amberley Court Care Home

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Health and Social Care Act 2008.

### Inspection team

The inspection was carried out by one inspector.

### Service and service type

Amberley Court is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Amberley Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

### 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. In addition, we reviewed information we had received about the service

since the last inspection. We sought feedback from the local authority and professionals who work with the service.

#### During the inspection

We spoke and spent time with 14 people who used the service about their experience of the care provided. We also observed interactions between staff and people who used the service. We spoke with 9 members of staff including the registered manager, deputy manager, carers and members of the domestic team. We reviewed a range of records. This included people's care records and medication records. We looked at a selection of staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed. Following the visits to the service, we spoke with 5 people's family members by telephone to gather their views on the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to record and act upon any safeguarding concerns or allegations made.
- Information was available and accessible in how to respond to allegations of abuse.
- People and their family members told us they felt the service was safe. Comments included "Feel (Name) is very safe" and, "(Name) feels very safe and confident with the staff."
- Staff knew how to identify and respond to any incidents of concern.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being had been assessed and guidance was available for staff to follow. This included information about specific medical conditions relating to individuals. In addition, any moving and repositioning needs.
- Procedures were in place for identifying and mitigating the risk of falls for people.
- Systems were in place for the on-going monitoring and maintenance of equipment and people's living environment. During the inspection we identified an area of flooring that posed a potential tripping hazard. This was addressed immediately by the registered manager.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Systems were in place to continually monitor the application of MCA for people.

Staffing and recruitment

- Effective recruitment procedures were in place.
- Sufficient numbers of staff were on duty to meet the needs of people. The number of staff on duty to support people was determined by the needs of people. For example, in the event of a person requiring

more support, more staff would be on duty to facilitate these additional needs.

- People and their family members spoke positively about the support they received from the staff team and said they were treated with dignity and respect. Comments included, "Staff can't do enough for you. They are very good"; "They are so approachable. Staff always have time"; "They are really good. (Name) adores them all" and, "They are all caring and efficient; buzzers are answered quickly."
- People were supported by staff who knew them well and it was evident that positive relationships had been formed.

#### Using medicines safely

- Medicines were stored in a safe, clean and tidy environment. Regular checks of the temperature of the environment took place to ensure medicines were stored appropriately.
- Plans were in place to ensure that people received time specific medicines when they needed them.
- Medicines audits were being completed and any issues raised were dealt with in a timely manner.

#### Preventing and controlling infection

- Clear procedures and practices were in place to maintain a clean and hygienic environment for people.
- People and family members told us that the service was always clean. Comments included "Cleanest place I've stayed"; "Always nice and clean" and, "It's an old building but its very clean."
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy and procedures were up to date. The provider was following current guidance for safer visiting within the service.

#### Learning lessons when things go wrong

- Systems were in place for the management and oversight of incidents.
- Accidents and incidents were recorded by staff and reviewed by the registered manager to minimise the risk of recurrence.
- Family members told us that staff and the registered manager always kept in touch with the to discuss any accidents, incidents or changes in their relative's health. Comments included "Staff always call if there is anything we need to know. They always keep in touch."



# 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service demonstrated a clear person-centred approach to delivering care and support to people. We saw staff supporting people to make their own choices and decisions to maintain their independence and confidence.
- Family members told us that staff worked well with their relatives in maintaining their independence. For example, one family member told us that staff had worked with their relative to regain their mobility following a stay in hospital. Another told us, "Their approach to people is very nice."
- Governance systems to check the quality and safety of the service were in place.
- The registered manager had a system in place for the monitoring and reviewing of all incidents.
- Regular oversight and checks were in place to monitor and maintain the safety of people. Areas of improvement identified during the inspection was addressed immediately by the registered manager.

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

- The registered manager understood their legal responsibility when things went wrong. They were open and transparent during the inspection and showed a commitment to continually making improvements to the service.

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

- The registered manager had a clear understanding of their role and regulatory requirements.
- Staff understood their roles and felt supported by the registered manager.
- People and their family members spoke positively about the registered manager and staff. Comments included "Not just the carers know (Name), the office staff, the manager and the domestic staff know her needs"; "Their approach to people is very nice. One big happy family" and "The home is excellent in every way. The staff, attitude and entertainment, they do their very very best."

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

- Regular meeting took place with people using the service to gather their views on the service and suggestions about activities. For example, people told us that they had met to discuss what food they wanted for a planned Halloween party.

- Family members had access to the service's social media page. This gave them the opportunity to see what activities their relatives had participated in and social events that had taken place. Family members told us they enjoyed having access to this, especially for those living away from the service.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with other external agencies and professionals. For example, the service was working with the local authority for the installation of an electronic records system.
- The registered manager was working with a research project exploring the impact of the Covid pandemic on residential care services.
- People received care and support from external professionals such as local health care services, the local authority and local GP service.