

Melton Care Limited

The Amwell

Inspection report

Asfordby Road
Melton Mowbray
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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

About the service

The Amwell is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. that offers care and support to 88 older people, some of whom are living with dementia. At the time of the inspection 52 people were living at The Amwell.

People's experience of using this service

People were happy living at The Amwell. They told us they felt safe and secure. They liked the staff who looked after them. The premises were kept safe and were well maintained.

Staff knew each person well. They knew about people's likes and dislikes and their preferences about how they wanted to be looked after.

People's care plans included assessments of risks associated with their care. Staff followed the risk assessments to ensure that people received safe care. Staff knew how to report any concerns about people's safety and well-being, to and assessments of potential risk ensured that people were as safe as possible.

There were enough staff so that they could meet people's needs in a timely way. Staff went through a thorough recruitment process so that the provider knew they only employed suitable staff. Staff undertook training that supported them to have the knowledge and skills to do their job well and effectively meet people's needs.

Staff gave people their prescribed medicines safely. Staff followed good practice guidelines to help prevent the spread of infection. The premises were clean and fresh.

People enjoyed their meals. They had a choice of meals and when to and where to eat them. The kitchen staff cooked a variety of nutritious meals, based on people's choices and including special diets for those who needed them.

People had access to health services when they needed them. Healthcare professionals supported staff to help people maintain or improve their health.

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

People made choices in all aspects of their lives. Staff respected people's choices and preferences and people's views were listened to and acted upon.

Staff respected people's privacy and dignity and encouraged people to be as independent as possible.

People had use of facilities at The Amwell such as a gymnasium, a cinema and music room. Staff supported people to participate in activities and to follow their hobbies and interests.

The registered manager monitored the quality of care and support people experienced and acted on their feedback.

Lessons were learnt when mistakes were made. Actions were taken to reduce the risk of people experiencing harm.

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

Rating at last inspection

At the last inspection we rated this service as requires improvement (report published on 24 April 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Good ●

The service was 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?

Good ●

The service was well-led.

Details are in our Well-led findings below.

The Amwell

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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

An inspector, a specialist advisor who was a nurse and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had cared for older people with a range of health needs.

Service and service type

The Amwell 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 we looked at both during this inspection.

The service had a registered manager who was registered with the CQC. A registered manager is a person who, with the provider, is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Our inspection visit on 16 April 2019 was unannounced.

What we did

Before the inspection visit we looked at information we held about the home and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider must let us know about. We requested and received information from the local authority that pay for the care of some of people.

Providers are required to send us a provider information return (PIR). This is information we require

providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used 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. We saw how the staff interacted with people. We spoke with seven people and relatives of four other people. We spoke with the registered manager, two 'heads of care', a senior support worker, three support workers and a cook.

We looked at eleven people's care records as well as other records relating to the management of the home.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt people were safe at The Amwell. We saw that staff were always present in communal areas where people spent time. We saw staff safely support people when they supported them to walk.
- The provider had systems in place to protect people from abuse and avoidable harm. Staff were trained how to use those systems. Staff knew how to recognise and report abuse using the provider's incident reporting system. Staff told us they were confident that if they raised any concerns the manager would take them seriously.

Assessing risk, safety monitoring and management

- The registered manager, heads of care and senior support staff regularly reviewed assessments of risks associated with people's care and support. For example, they reviewed risk assessments after people experienced a fall. Risk assessments were therefore up to date.
- There was equipment to help people feel and stay safe. For example, people had call alarms that were within easy reach. People were provided with personal alarms when using a veranda area which meant they could go there confident they could call staff if they needed help.
- People felt secure. A person told us, "I have never had anyone wander into my room. I can keep the door open or closed, whatever I feel like."
- Maintenance staff undertook regular checks of all the equipment in the home to make sure it was safe for people and staff to use. This included checks of the fire safety equipment to ensure it would all function properly in the event of a fire.
- Each person had a personal emergency evacuation plan in place so that staff and others such as the fire service would know how to help evacuate the person in an emergency. Fire drills took place to ensure that staff were familiar with evacuation procedures.

Staffing and recruitment

- There were enough staff to meet people's needs. Staff had time to sit and have conversations with people. A person told us, "There are enough staff to look after us all and they seem to know what they are doing."
- The registered manager and management team used a dependency assessment tool to calculate safe staffing levels. If people's dependencies increased, staffing levels increased.
- The management team planned staff rotas carefully to ensure that enough suitably trained, skilled and experienced staff were deployed.
- When unplanned absences occurred attempts were made to arrange cover using agency staff or staff worked together to manage the absence. A person told us, "There is always someone around here."
- We observed that staff responded quickly when people used their call alarms. They were able to do because there were enough staff.

- The manager followed a recruitment policy so that they were as sure as possible that new staff were suitable to work at this service. People had been involved in recruitment interviews. New staff only started working after all the necessary pre-employment checks, such as a Disclosure and Barring Service check and references, were satisfactory.

Using medicines safely

- Only senior support staff who were trained in medicines management supported people with their medicines. A person told us, "They sort out all the medicine I need." People told us they had their medicines when they needed them. A person said, "They do all my medication. They watch me take it."
- A member of the management team carried out weekly audits of medicines to ensure people had the right medicines at the right times.
- Medicines were safely stored and sufficient amounts of medicines were available.

Preventing and controlling infection

- The provider had systems in place to make sure that staff followed infection control procedures.
- The home was clean, fresh and tidy. A person told us, "The place is lovely and clean at all times and my room is very nice. The laundry is good too." A relative who visited regularly told us, "The environment is really nice here and its kept clean."
- Staff had training and were fully aware of their responsibilities to respond appropriately to protect people from the spread of infection. They followed good practice guidelines, including washing their hands thoroughly and wearing gloves and aprons when they supported people.
- The registered manager or heads of care carried out weekly audits to assure themselves that staff followed infection control procedures. We saw staff wearing gloves and aprons when they were provided personal care. When staff supported people at meal times they wore aprons.

Learning lessons when things go wrong

- The registered manager had a system in place to check incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- A potentially serious incident occurred in December 2018 because the risks of poisoning from berries in natural Christmas wreaths had not been identified. The registered manager told us that in future only synthetic wreaths would be purchased.
- The management team reviewed risk assessments and care plans following incidents to prevent recurrence. They discussed incidents and accidents and reviewed risk assessments to ensure all staff knew about any resulting changes to practice.
- The registered manager and management team used our previous inspection reports as a basis for learning and making improvements.

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 our last inspection we found that staff were not always supported to develop the knowledge and skills needed to carry out their roles and responsibilities. This constituted a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

At this inspection we found that improvements had been made to staff training.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience

- Staff received training, support and guidance so that they had the knowledge and skills to do their job well. Training included information about health conditions people lived with, such as dementia. Staff told us they found the training helpful and relevant to the needs of people. A support worker told us, "The training prepared me very well, it was very thorough." Staff told us they especially enjoyed the training they had about supporting people living with dementia.
- People and their relatives told us they felt staff were well trained. A person told us, "I know the staff go off to college to do courses sometimes because they come back and tell us all about it."
- Staff had up to six supervision meetings a year at which their performance and training needs were reviewed. Staff responses to a staff survey in December 2018 showed that they felt well supported.
- New staff underwent a thorough induction, which included shadowing more experienced staff and learning about people's needs and preferences.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager carried out assessments of people's needs before they offered a person a place at the home. They took the needs of people already living at the home into account, to make sure staff could meet everyone's needs.
- The provider's policies and procedures included protected characteristics under the Equality Act to make sure that if the person had any specific needs, for example relating to their religion, culture or sexuality, the staff could meet those needs.
- People's care plans included information about their assessed needs and their preferences about how they wanted to be supported. Staff we spoke with displayed detailed knowledge about people's needs and preferences. A relative told us, "I think the staff know [person] really well."

Supporting people to eat and drink enough with choice in a balanced diet

- A choice of meals was always available. The cook offered alternatives if the person did not want the meals on the menu. A person told us, "I can get something else to eat if I don't like the choice on offer." Another person said, "The food is okay here. There is plenty of food, but it would be nice to have a bit more variety sometimes." People and relatives were involved in the choice of meals that were made available.
- The cooks were aware of people's dietary needs and cultural food preferences. For example, some people

had vegetarian or Mediterranean style meals.

- Staff were fully aware of people's likes and dislikes as well as any dietary needs such as having food served in smaller portions or of a consistency which made it easier for people to eat and reduced risk of choking. A relative told us, "[Person] is eating better than before. I used to have concerns, but I don't have any now."
- Staff helped make mealtimes social occasions for people. Dining tables were laid out with linen tablecloths, table place mats and serviettes. Staff sat with people and supported those who needed help to eat their meals. People ate their meals at a pace that suited them, they were not rushed.
- Mealtimes were protected and relatives were asked not to visit during meal times. However, relatives could visit at these times by arrangement and share mealtimes with people.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other agencies such as the local medical practice to make sure that they met people's needs, for example if a person had to go to hospital. The service had links with a local medical practice and arranged for reviews of people's medicines to take place at least once a year.

Supporting people to live healthier lives, access healthcare services and support

- The service was registered to provide nursing care. At the time of our inspection there were no people who required nursing care, but the service was able to provide this if the need arose.
- People had use of a specially equipped gymnasium for keep-fit exercises. A person told us, "My friend and I like to use the gym downstairs in the morning." Staff were trained to support people to use the equipment safely.
- Staff involved other healthcare professionals to support people to maintain their health. These included the GP and chiropodists and an optician. A person told us, "The chiropodist comes regularly, and I go out for an eye test if I need one."
- Staff knew people well and recognised when someone's health was changing. They reported concerns about people's health to a head of care or to the registered manager, but they had authority to contact a GP or emergency services themselves.
- Staff supported people through periods they were unwell. A relative told us, "[Person] had a nasty bout of [illness] which kept them in hospital for two weeks. The staff have really built them up again since then."
- The staff referred people to other professionals such as a dietician who gave advice about the best diets for people. We saw from records that staff followed the advice, for example by ensuring that people had the right types of food.

Adapting service, design, decoration to meet people's needs

- The Amwell was a two-year-old purpose-built care home. It was decorated to a high standard and provided facilities that people enjoyed using such as the gymnasium, a cinema, a café, and a music room. A person told us they enjoyed listening to classical music there, other people listened to music of their choice.
- There was a hairdressing salon / barber room furnished and fitted to professional standards to support people to enjoy the experience of that facility.
- Décor on a floor where people living with dementia were accommodated was 'dementia friendly'. Rooms to people's rooms were colour coded and had 'memory boxes' outside their rooms to make it easier for people to find their rooms. There was clear signage that help people living with dementia to safely find rooms such as bathrooms and communal areas.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that they were.
- Staff had training about the MCA and DoLS and were aware of how this legislation affected their work. We heard staff asking people for their consent before they carried out any personal care and they offered people choices in all aspects of their lives. A person told us, "Staff are always asking if it's okay to do things [before they do them]."

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives all made positive comments about the staff. They used words such as "lovely" and "kind" to describe the staff. A person said, "Two of the carers took me shopping in the summer and I loved it! I was able to buy things that I needed for myself. I loved it."
- Staff knew each person well, including their likes and dislikes and their preferences about the way staff gave them care and support. A person told us, "The staff know my likes and dislikes."
- Staff placed great importance on treating people with kindness and compassion. A staff member told us, "I love this job, I love to help people smile, to show them love. A person told me today I was their 'angel'." The heads of care observed how staff supported people when they carried out 'walk-about'. They did this to monitor that staff practised dignity in care.

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

- Most people who lived at The Amwell had family members who could help them, if they needed help, with decisions about their care. Nevertheless, the registered manager had ensured that people had information about advocacy services if they wanted an independent person to help them with their affairs.
- The registered manager and staff engaged with people and their relatives to encourage them to express their views. This was through residents' and relatives' meetings and a survey.
- People and relatives told us they felt involved in decisions about their care and support. They told us they were kept informed about what they wanted or needed to know about. A person told us, "I do get asked if I am okay with changes they make. I am after they explain why it's being changed." Another person said, "The carers are very kind and always make sure that we know what is going on."
- A relative told us they had been informed "immediately" after their family member had a fall. A small number of relatives told us they had not always been informed about events such as their family member being taken to hospital. The registered manager told us staff would be reminded through staff meetings to contact relatives in such circumstances.

Respecting and promoting people's privacy, dignity and independence

- People and relatives had no concerns about the way staff treated them. A relative told us, "I just like to spend quality time with [person] while I can, and staff let me do that when I am here. They respect our privacy during what is a difficult time for us." Relatives told us they were made to feel welcome. A relative told us, "The staff have always got time for us when we come." Another relative said, "The staff are always really respectful and kind to my [family member]."
- Staff treated people to help them feel that they mattered to them. They were attentive to people who showed signs of anxiety and comforted them. A person told us, "Staff are very friendly and will chat to you if they can see you are sad." Another person said, "I can talk to staff if I am lonely or upset."

- Staff supported people to do as much as they could for themselves but were always on-hand to assist people. For example, people were encouraged to walk unassisted unless they were assessed as being at risk of falls, but staff were close by. A relative told us, "I think the staff know [person] really well and let them do what they can for themselves but always step in if they see them struggling. They really do encourage them which is what they need now."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The registered manager and heads of care planned delivery of people's care and ensured staff had the right skills and knowledge to meet people needs.
- Staff understood people's needs and preferences and supported people in a way they preferred. People's care plans included guidance and information about people's needs and preferences which staff used. Staff further developed their knowledge about people through talking with them and their relatives. This meant staff provided care that was personalised. A person told us, "They let me take my time if I need to take time. Some days I am better than others, but they adapt to that." A relative told us, "The staff know [person] well now. They know when to slow down when helping [person]."
- Staff respected people's choices and preferences. A person told us, "I like a shower every morning, but I know I could have a bath if I wanted one. I just don't bother with it. It's up to me what I do really." People experienced good outcomes because of the staff care and support. A relative told us, "Over the last six months here [person] has been well received and looked after and seems far more settled and their old self again."
- Staff offered people choices every day. A staff member told us, "I make sure people are given choice. I show them their clothes, help them choose colours that reflect their mood or season of the year." We heard staff asking people where they'd like to sit or which room they'd like to go to. We saw people relaxing in different parts of the home.
- People were involved in the reviews of the care plans if they wanted to be involved. Relatives were invited to reviews.
- People were supported to participate in activities. Some activities involved people using the facilities at The Amwell such as the cinema, gymnasium and music room. Other activities involved staff spending time with people talking about the past lives and family. A staff member told us how they made those activities meaningful. They told us, "I try to get into a phase of their life and talk about it." We saw staff engaging in conversations with people. Their responses showed this was something people enjoyed.
- Staff supported people to follow their interests and hobbies. Staff took people to Melton Mowbray on the well renowned market days. People with interest in dogs were supported to attend the Crufts dog-show. A person who played bridge was taken to a local bridge club. A person who liked knitting was made knitted dolls for The Amwell which were displayed. Other activities included singing and music, bingo, baking and an entertainer who visited regularly.
- People were supported to follow their faith. A local faith minister visited regularly, and people were supported to practice their religious beliefs.
- The provider complied with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Information was available in different formats such as large print to make it easier for people to understand.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would talk to the registered manager or a head of care if they had a complaint.
- The registered manager and heads of care investigated complaints. They met with or telephoned the person making the complaint and resolved them.
- The registered manager kept a complaints log, which showed the actions they had taken to resolve complaints.

End of life care and support

- People's care plans included information about how they wanted to be cared for in the latter stages of their lives and funeral arrangements. We saw comments relatives made in thank-you cards about the end of life care their family member received. A card included, 'Thank you for kindness & efficient attention, made his life as pleasant as they could and relieved him of any worries and pain.'
- Staff had attended training on end-of-life care and said this prepared them to support people and relatives.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we found that the quality assurance procedures had not identified that information in the care plans was limited and not reflective of people's needs. The information was not accurate or properly analysed to ensure staff had the guidance they needed to meet people's needs. These matters constituted a breach of Regulation 17, Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had failed to submit statutory notifications in relation to incidents that they have a duty to report to CQC by law. They had not notified us of three incidents of suspected abuse although they had informed the local authority of the allegations. This constituted a breach of the Care Quality Commission (Registration) Regulations 2009: Regulation 18: Notification of other incidents.

At this inspection we found that the quality assurance system was effective and there were procedures in place to ensure we were notified of incidents.

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

- The registered manager, heads of care and senior care workers provided good leadership. Staff told us they felt motivated and well -led. A staff survey in December 2018 showed positive results, for example staff said that colleagues and management were supportive.
- The registered manager understood the legal duties of a registered manager and sent notifications to CQC as required.
- The provider had a quality assurance system in place to monitor the quality of care and people's experience of the service. This included regular questionnaire surveys of people, their relatives and health and social care professionals who visited the service. This meant the registered manager was able to have an informed view of the quality of care that people experienced. The surveys showed positive results.
- The registered manager used information derived from the quality assurance system to drive improvement. For example, after male service users said they liked using the hairdressing salon a day was set aside to make the salon look like a male barber shop.
- Staff understood and managed the risks associated with people's care, equipment they used and the premises. However, people had been exposed to a risk in December 2018 when holly wreaths were brought into the home. Holly berries are poisonous and can cause illness, but this had not been identified as a risk. A person had eaten a berry and became ill. The registered manager had learnt from this incident and steps were taken to ensure real holly wreaths would not be brought to the home.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager, heads of care and senior care workers planned the delivery of care to meet people's needs. They had weekly meetings to discuss operational issues and improvements that had been identified through feedback and quality assurance. Information about people's needs was shared between staff at 'handover' meetings between shifts which ensured a continuity of care and support.
- The provider promoted transparency and honesty. They had a policy to openly discuss issues with people and relatives at meetings or when relatives visited
- The ratings from our previous inspection were displayed for people to see at the home and on the home's website. Our last inspection report was discussed at staff meetings and staff were involved in bringing about improvements.

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

- The registered manager and staff team encouraged and supported people and their relatives to express their views about their experience of the service. People's views were listened to and acted upon. For example, after people said they preferred the main meal at tea-time and a lighter meal at lunchtime changes were made, though individual preferences were still catered for.
- Staff were involved in developing the service. They told us they felt improvements had been made since our last inspection because of better communication between the management team and staff. They said they felt more involved in decisions about when they worked and training they wanted. A staff member said, "I certainly am made to feel part of the team." Another staff member said, "[Registered manager] is very approachable and is certainly open to ideas like the male barber sessions which will continue as they went down really well."

Continuous learning and improving care

- After our last inspection the registered manager involved staff in a plan for improving the service. The plan was reviewed at regular meetings of the management team and staff received feedback at staff and supervision meetings.
- The results of resident, relative, staff and visiting professional's surveys were consistently positive and showed that improvements were sustained. The management team were focused on continuous learning and improvement through participation in and observation of people's care and support.

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP and the local authority to ensure that people received joined-up care. Health professionals provided feedback that communications between them and staff were either excellent or good.
- The service worked with the local authority to make improvements at the service.
- The Amwell was increasingly becoming a part of the Melton Mowbray community. Local community groups hired the gymnasium once a week and people using the service interacted with them. Local people participated in knitting and gardening groups with people. A Spring Fete planned for the Easter weekend was publicised locally. It included falconry displays, a bouncy castle and crafts stalls.