

Bupa Care Homes (BNH) Limited

Amberley Court Nursing Home

Inspection report

82-92 Edgbaston Road, Edgbaston, Birmingham B12
9QA

Tel: 0121 440 4450

Website: www.example.com

Date of inspection visit: 2 and 3 November 2015

Date of publication: 30/12/2015

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 

Overall summary

This was an unannounced inspection. At our last inspection on 9 and 10 October 2014 we found there were two areas where the service was not meeting regulations. The provider had not ensured that effective systems were in place to prevent people been unnecessarily deprived of their liberty and people were not always protected against the risk of poor nutrition. The provider sent us an action plan detailing what action they had taken. During

this inspection we found the provider had effective systems in place to ensure that the DoLS legislation was properly applied. Improvements had been made to ensure that the risk of poor hydration was managed.

Amberley Court provides accommodation, nursing and personal care for up to 62 people with physical disabilities. Accommodation is arranged over two floors and there is a passenger lift to assist people to move between floors. The service had 15 Enhanced Assessment

Summary of findings

Beds (EAB). These beds are allocated to people who have been discharged from hospital but need extra support before they return home. There were 57 people living at the home at the time of our inspection.

There was a registered manager in post and he was present for part of the inspection. 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.

Systems were in place to monitor the quality of the service. These could be more robust to ensure that records relating to care were well maintained.

The provider had systems and arrangements in place to recruit staff safely and to assess staffing levels. However, some people did not receive care when they needed it.

People felt safe using the service and they were protected from the risk of abuse because the provider had systems in place to minimise the risk of abuse. Staff were trained

to identify the possibility of abuse occurring. Staff understood their responsibility to take action to protect people from the risk of abuse and how to escalate any concerns they had.

People were supported to receive their medicines as prescribed.

Staff received the necessary training and support to carry out their role.

Interactions between people and staff were friendly, relaxed and polite.

Staff had a good understanding of how to ensure that consent was obtained and how people's rights were to be protected if they did not have the ability to make decisions for themselves.

People's health care needs were met and they were supported to access both social care and healthcare professionals to ensure their needs were met.

People described the management of the home as friendly and approachable. Staff felt supported by the provider. All previous breaches of the regulations were met.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Systems were in place to protect people and minimise the risk of abuse.

People did not always receive care when they needed it.

People received their medicines as prescribed.

Requires improvement



Is the service effective?

The service was effective.

People's needs were met by staff that were supported to maintain and develop their skills.

People's consent was sought before they were provided with care. Staff understood their responsibility to protect people's rights so that they were not subject to unnecessary restrictions.

Good



Is the service caring?

The service was caring.

People were treated with kindness and their dignity and privacy was protected.

People were supported by staff that knew their needs.

Good



Is the service responsive?

The service was responsive.

Care was delivered in a way that met people's individual needs and preferences.

People were supported to follow their interest and take part in activities.

People were confident that they could raise their concerns and they would be listened to.

Good



Is the service well-led?

The service was not consistently well led.

The systems in place to monitor the service could be improved further to ensure the arrangements for recording keeping are robust.

There was an open and inclusive atmosphere in the home.

Requires improvement



Amberley Court Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 and 3 November 2015 and was unannounced on the first day of our inspection. The inspection team consisted of three inspectors.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make and used the information to inform our planning. We also looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by

law. We contacted the local authorities and commissioners that purchase the care on behalf of people, to see what information they held about the service. We also had information shared with us by Healthwatch Birmingham following their enter and view visit.

We spoke with 22 people, the registered manager, deputy manager and eight staff including care workers, senior care workers, and nurses. We also spoke with three healthcare professionals. We observed how staff supported people throughout the inspection to help us understand their experience of living at the home. As part of our observations we used the Short Observational Tool for inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

We looked at records in relation to four people's care and medication records to see how care and treatment was planned and delivered. Other records looked at included three staff recruitment and training records. We also looked at records relating to the management of the service and a selection of policies and procedure.

Is the service safe?

Our findings

A number of people told us that although they were satisfied with their care they told us that there was not always enough staff available to support them. One person told us, “I feel safe with the staff they are good, but there are just too many times when they are short staffed. Especially in the afternoon, and that means a long wait to get staff to help you”. Another person told us, “At times there is just not enough staff. The weekends can be the worse”. We some saw incidents where people waited for their care. One person who needed staff to help them get out of bed was still in bed midmorning. We were told by a staff member that this was because they only had three staff working on the unit instead of four. We saw that another person who requested staff help to change their clothing waited an hour to get this support. We saw that people had also raised their concerns about staffing levels in recent residents meetings.

Some staff that we spoke with told us that at times there was an issue with sickness levels. On the first day of our inspection one staff member had called in sick and on the second day of our inspection three staff members called in sick. The deputy manager took what action she could do to cover the shortfall. She told us that sickness levels at times had been an issue and where possible they offered overtime to permanent staff to cover for unplanned staff absences. The registered manager told us that they had strategies in place to manage staffing levels and this included assessing people’s dependency levels. He told us that staffing levels were regularly discussed at senior meetings and staff recruitment was also taking place. He told us that minimum staffing levels for the morning were ten care staff. However the current needs of people required a higher number of staff and they aimed to have 14 care staff on duty in the morning to meet this need. We looked at staffing rota’s for the last four weeks and saw that the number of care staff on duty frequently fluctuated. For example, we saw that although on some days 14 staff were working we saw that frequently they were at a level lower than this. This did not ensure that the provider approach to determine safe staffing was consistently applied.

All the people we spoke with told us that they felt safe when they were supported by staff. They told us that they had no concerns about the way they were treated by staff. One person said, “I feel really safe here and I get good care”.

At our previous inspection we found that staff in a senior position did not know how to make a safeguarding alert to the local authority in line with local protocols. Local protocols ensure that different agencies work together to minimise risks to people. This could lead to a delay in reporting incidents and people being at risk of further abuse if the manager was absent from the service. At this inspection senior staff confirmed to us that they were aware of their responsibilities and knew how to make an alert. In addition safeguarding folders for staff to refer to had been produced to ensure information and contact details was accessible to staff when needed. Staff we spoke with told us that they understood their responsibility to keep people safe and told us that they had received training to do so. Staff were knowledgeable about the types of potential abuse and gave examples of the types of things they would consider to be unacceptable. Staff told us that any concerns they had would be passed onto the manager or deputy manager. Records we hold showed us that the provider reported concerns as required and referrals were made to the appropriate authority.

We saw that people had the equipment they needed to increase their safety and independence. This included specialist beds, specialist seating and wheelchairs and lifting equipment. We saw that staff made regular checks on people who were cared for in bed to ensure they were safe.

Most staff we spoke with were aware of what was required from them in terms of managing risks and keeping people safe. Two staff that we spoke with were not aware that a person was on a fork soft diet. Although the person could eat independently, there was a risk to them of choking. We discussed this with the deputy manager and they took immediate action to ensure that all staff were aware of the person’s needs and how to ensure their safety. We saw that care plans were in place to inform and guide staff on what they needed to do to support people to reduce the risk of developing pressure sores. Risk management plans were in place for falls, moving and handling, personal care and skin integrity.

People were kept safe in emergencies. All the staff spoken with knew what to do in the event of an emergency and how to report accidents or incidents so these could be managed effectively.

We spoke with some staff who confirmed that employment checks were carried out before they started working at the

Is the service safe?

home. We sampled three staff files and found the pre-employment and Disclosure and Barring Service (DBS) security checks had been completed. DBS checks help employers to make safer recruitment decisions and reduce the risk of employing unsuitable staff.

People that we spoke with told us that staff supported them safely with their medicines. One person told us, “I always get my medicines on time and I feel that there is good monitoring of my medicines”. We checked the

systems in place for the management of medicines in two of the three units. On one unit we found that the balance of medicines showed some minor in balance which we discussed with staff. Records had been signed to confirm that people had received their medicines. We spoke with two staff members who told us the steps they had taken to ensure people were supported to take their medicines safely. We saw that medicines were stored safely and records were kept of medicines received.

Is the service effective?

Our findings

At the time of our last inspection in October 2014 we found that the provider had not always recognised situations that were a restriction on people's liberty and this was a breach in the regulations. The provider told us in their action plan that they had taken action to ensure that where they believed a restriction was in place they had made an application to the local authority to have the restriction authorised.

At this inspection we found the rights of people who may lack capacity to make decisions were protected. Staff had received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were able to tell us how they provided person centred care and encouraged choices, which showed their practice was in line with what was required by this legislation. Staff were able to explain what restrictions were in place and why and DoLS authorisations had been requested for people that needed them.

People's ability to make decisions about their care was assessed and consent to care was obtained from people who were able to give consent. People told us that they made decisions about their care. One person told us, "The staff always ask for my consent before they do anything. They do tell me what they are doing". All the staff we spoke with told us that they always sought people's agreement before offering support. Staff told us that some people did not communicate verbally. Staff told us that they would know if the person was in agreement or not as people would express themselves using body language and gestures.

At our last inspection we found that people were not always supported effectively to meet their eating and drinking needs. We saw that not all people received the support they needed, in a way that met their needs. We found that people who received their nutrition through a PEG (This is when a tube is passed into a person's stomach to provide a means of feeding) their care records had not always been maintained as needed to ensure they had received adequate nutrition and hydration. This was a breach in the regulations. At this inspection we found that improvements had been made. The home had introduced a hostess service to improve the support offered to people during meal times. We saw that tables were prepared with table clothes and condiments. Furniture and equipment

was provided to ensure the differing needs of people were met. The home had worked closely with healthcare professionals and had introduced new systems of monitoring and checking of PEG care in line with guidance from the nutritional services.

Some people were very complimentary about the choices and quality of meals. One person told us, "The food is very good. I always get what I have ordered and they will make something different for you". Another person told us that they were going out at lunch time. They had asked for a sandwich and this had been provided. However, we found that the experience of people who either had their meals in their bedroom or used the dining room on the first floor were not always satisfied with their meal. One person told us, "They ask me the day before what I want. 75% of the time it is not what I ordered". Four people living on the first floor told us that often their food was not warm enough by the time it got to them. We discussed this with the registered manager. They told us that the kitchen currently offered a wide choice of meals to people. They told us that the chef was often cooking between 11 and 14 different meals on a given day. He told us that he would introduce an additional temperature check of food to ensure that all food served was at a hot temperature. He also told us that they would introduce a more robust checking system to ensure that what was served to people matched what they had ordered.

Staff that we spoke with told us that they had opportunities to undertake training that was relevant to their role. One staff member told us, "My training is up to date". A nurse told us that they would be completing some training soon to ensure that they had the clinical skills they needed to carry out their role. A staff member told us that they had an induction when they started work which included working alongside experienced staff so they could get to know people's needs and the home's procedures.

People told us, and records confirmed that they received support from external healthcare professionals. One person told us, "I can see the doctor when I am not well". We saw that people had access to a range of healthcare professionals to support their health care needs. We saw that a team of professionals including an occupational therapist, social worker and GP supported people who were staying at the home short term on a EAB basis. The manager told us that regular meetings with the

Is the service effective?

professionals took place to review people's care. A visiting professional told us that the staff team worked very well with them and that good communication systems were established.

Is the service caring?

Our findings

People who lived at the home spoke positively about the staff. One person told us, "On the whole they are lovely staff, very caring and they just seem to know when you need to talk".

We saw that interactions between staff and people were positive and indicated that staff had developed good relationships with people. We saw staff spoke with people about their day and also about their family and things of interest to them.

People told us that staff supported them to celebrate special events like birthdays and made these a special time for people. People told us that there had been a recent event to celebrate Halloween. One person told us, "Staff worked really hard to make it enjoyable and special for people".

We saw that staff were attentive to people who had complex needs and difficulties in communicating. For example, we saw one staff member spoke at length to a person about their likes and interest. We saw that the person looked at the staff member and smiled back throughout the conversation. They looked happy and relaxed and indicated through their body language that they were happy about the conversation that the staff member was having with them.

We observed that staff respected people's privacy and dignity when assisting them with their personal care needs. One person told us, "The staff always knock my door and wait until I say it is okay to come in". Staff that we spoke with were able to give a good account of how they promoted privacy and dignity in everyday practice. Staff explained to us why some people's bedrooms doors were

partly open. They told us that people were asked about this and their decision was recorded in their care records. We saw that staff checked regularly on people who were being cared for in bed to make sure they were comfortable and not in any discomfort or distress.

Most of the people we spoke with told us that they had been involved in decisions about their care. Most people told us that they got up and went to bed when they wanted to. Although some people told us that they sometimes needed to wait for staff to be available to support them to do this.

People told us that their family and friends could visit at any time. One person told us that their family visit regularly and that staff always made them feel welcome. The person told us, "I think visitors are encouraged not to come at mealtimes, otherwise they can come any time day or night". Staff we spoke with recognised the importance of social contact and companionship and told us that this was something that the home encouraged.

All people have their own bedroom. People told us that they are encouraged to personalise their own room. Some people invited us to see their room. We saw that people had been supported to have personal items of furniture, small electrical items, pictures and decoration to their own taste. Some people have their own pets and they told us that staff supported them to do this.

The information that the provider sent us told us that they run an 'Everyday Hero' scheme where residents, relatives and visitors can nominate a staff member who they think have performed outstanding service or are excellent carers above the norm. Staff receive a badge to be worn or a certificate.

Is the service responsive?

Our findings

People that we spoke with told us that most of the staff knew their needs. People told us that staff had consulted with them about how they wanted to be supported and what they could do for themselves. One person told us, “I feel involved in my care. Staff ask me how I want things done”. A person who was staying at the home for short term care told us, “I have been able to have a good rest and I have had good care so I can get better. Staying here has helped build my confidence”.

Staff that we spoke with were able to give a good account of people’s lives, history and needs. Staff told us that when a new person came to live at the home they were given the information they needed about their needs. Staff told us that a handover of information took place at the start of a shift and that they were allocated people that they would be supporting for that day.

People told us that they were supported to engage in pursuits that they enjoyed. Some people told us that they preferred to spend time doing things they enjoyed in their own room. One person told us that they enjoyed watching films and programmes to do with crime. Another person told us that they go out to a day centre a few days a week they told us, “I enjoy the day centre it’s good to have some time away from the home”. One person told us that they were going out for the day with a family member. On the day of our inspection the activity team had arranged for a high street retailer to visit and set up a stall with a range of cosmetics and toiletries for people to browse and purchase, if they wished. We saw that people were enjoying looking at the products and also enjoyed the social engagement associated with the activity. We saw that an activities programme was in place which included a range

of opportunities for people to take part in including arts and crafts and quizzes and games. We saw a staff member spending time talking and reading to people who were cared for in bed.

The home had facilities that people could access. This included an activity room, games room and a computer suite. We saw that the design of the facilities ensured that they were accessible to people with physical disabilities. For example, the computer suite was designed so that people who used a wheelchair could access the equipment. We saw that a cinema room was still in the process of being developed. People told us that this was something that they had requested.

People told us that residents meetings take place. We saw that records of the meetings included that discussions had taken place to inform people about staff changes at the home, work to the new sprinkler system taking place and how this would affect people and informing people about how they could request an electric kettle in their room. One person told us that they had recently been involved as a resident representative that meets with part of the management team to discuss issues about the running of the home. This showed that people’s views were asked for and people were consulted with regarding developments and changes at the service.

All of the people we spoke with told us that if they were not happy about something they would speak to one of the staff or the manager. Some people told us that they had lost some items of clothing and had complained to staff about this. We were told during our inspection that the arrangements for laundry were to be improved to minimise the risk of clothing being misplaced. This showed that people had been listened to. We saw that the provider had a system in place for the recording of complaints and the outcome. However, we saw that low level complaints such as missing laundry were not always recorded in the complaints records to show what action had been taken.

Is the service well-led?

Our findings

At our last inspection we found two breaches of the regulations in relation to DoLS and meeting people's nutritional needs. After the inspection the provider sent us an action plan setting out the improvements that they would make. At this inspection we found that the provider had taken action to ensure that these regulations had been met.

We saw that there were systems in place to monitor the service and quality audits were undertaken. Where audits had taken place usually an action plan had been developed so that the provider could monitor that actions had been taken. We saw that some records of audits had not been well maintained. For example the audit of people who had pressure sores did not detail all the information regarding people with pressure areas. However, we saw that people had received the care and treatment they needed. We saw some care records relating to people's care and treatment were not always robustly maintained to ensure that changes in people's needs and risks were clearly documented for staff to follow. Audits of care records had not always identified these shortfalls.

This was a large service and the management team were reliant on good channels of communication to keep them up to date with what was happening in the home. The management team consisted of the registered manager and a deputy manager who was a registered nurse and the clinical lead for the home. Since the last inspection the management team had been strengthened. This included

appointing a lead nurse to each of the three units. The registered manager was only present for part of the inspection. However, we saw that they were visible in the home and spent time talking to people. They demonstrated that they knew people's specific needs well.

Staff told us that they felt supported in their role. People and staff were complimentary about the management team at the home and understood the leadership structure. One person told us, "The manager is really approachable and will listen to what you want to say". Staff were familiar with the provider's whistleblowing policy and how to raise concerns to external organisations if people's care or safety was compromised. There were platforms in place for staff to discuss their practice including staff meetings and supervisions.

The provider had met their legal requirements and notified us about events that they were required to by law. This showed that they were aware of their responsibility to notify us so we could check that appropriate action had been taken.

Feedback from professionals that we spoke with described an open and positive culture at the home.

West Midlands Fire Service recently inspected the home and made a number of recommendations in relation to fire protection. The provider told us that they were in the process of ensuring that all the required actions were met in a timely way so that people were protected from risks associated with the risk of fire.