

Amberley Care

# Amberley Care Home

## Inspection report

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08 December 2020

11 December 2020

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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 well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Amberley Care Home is a residential care home providing personal care for up to 25 people aged 18 and above, some of whom may live with Dementia. The service was supporting 22 people at the time of the inspection.

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

There were some improvements required in regard to infection control practice relating to COVID-19. For example, where the home was not following government guidelines, there were no risk assessments in place. The home was clean and tidy. People and staff were being tested for COVID-19 regularly.

Improvements had been made since the last inspection in December 2019. There had been improvements in safety and the governance systems and processes. People, relatives and staff expressed confidence in the registered manager. Audits took place to ensure the quality of the service was maintained.

Care plans and risk assessments had been reviewed and updated. Risks to people had been assessed and mitigated. People received their medicines in a safe way. Safeguarding processes were in place to report concerns to relevant professionals. There were enough staff to keep people safe.

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.

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 and update

The last rating for this service was requires improvement (published 24 March 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 03 December 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and their governance systems.

We undertook this focused inspection to check they had followed their action plan and to confirm they now

met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Amberley Care Home 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 until we 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 well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-Led findings below.

# Amberley 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector. We visited the home for one day and reviewed evidence and made telephone calls to staff, relatives and friends of people off site for three days.

#### Service and service type

Amberley Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they 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 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. The provider was not asked to complete a provider information return prior to this inspection. 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 all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service, one relative and one friend of a person about their experience of the care provided. We spoke with five members of staff including the registered manager, care workers and the cook. We spoke with one professional.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 requires improvement. At this inspection this key question has remained the same. 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.

### Preventing and controlling infection

- There were some improvements required in regard to infection control practice relating to COVID-19. Where the home was not following government guidelines, there were no risk assessments in place. However, we did observe good staff practice in regard to controlling and preventing the spread of infections. Following our visit, the registered manager sent us draft risk assessments.
- The registered manager had not completed individual risk assessments to identify people who may be clinically vulnerable in relation to COVID-19. However, they had completed a whole home risk assessment which identified what was in place to keep people safe from contracting COVID-19. Following the inspection, the registered manager identified people who may be clinically vulnerable and told us they would complete a risk assessment.
- People had isolated when they came in to the home as per the guidance. However there had been one occasion where a person had been admitted in to the home and not isolated for the full 14 days as recommended in the government guidance. No risk assessment had been completed for this. However, the person had received a COVID-19 test prior to admission and once in the home, both of which were negative.
- The home was clean and tidy, and staff told us they were cleaning high touch areas. We saw other schedules to show regular and deep cleaning of the home. We have signposted the provider to resources to develop their approach.
- We were assured that the provider was preventing visitors from catching and spreading infections. We were assured that the provider was accessing testing for people using the service and staff. We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong; Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had not always provided care and support to people in a safe way. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People and their loved ones told us they felt safe, one person said, "I am never worried [about safety] for myself or anyone else. The staff will do anything they can to keep you safe." Another person said, "I do feel

safe." A friend of a person said, "[Person] told me they feel safe ... They are being well looked after."

- At the last inspection, we identified concerns in regard to using medicines safely, assessing risk, safety monitoring and management and lessons learnt. We saw the provider had considered what needed to be put in place and made appropriate changes.
- We checked the balance of medicines stored in boxes and found them to be correct and in line with what had been given. Body maps were now in place for people who had prescribed creams, so staff knew where to apply them. Controlled drugs were recorded appropriately. A controlled drug is medicine tightly controlled by the government because it may be abused or cause addiction.
- Care plans contained explanations of the control measures for staff to follow to keep people safe. For example, where people had been identified as a risk of choking, a risk assessment was now in place. Staff understood the risks and the cook was able to tell us who needed their food prepared in a special way. A person told us they had been involved their care planning, they said, "They asked about my likes and dislikes. I need different support at different times. I went through my risks with them."
- On our last inspection we found incidents and accidents were not analysed to identify patterns and trends and to mitigate future risks. On this inspection we found new analysis forms had been implemented. The registered manager was able to tell us and show us where they had taken action to keep people safe, following a pattern or trend being identified.
- Regular maintenance of the premises and equipment was evident including fire extinguisher checks and new flooring. This ensured equipment in the home was safe for use.

Systems and processes to safeguard people from the risk of abuse

- During the inspection process we received an anonymous whistleblowing. We reported this to the relevant external agencies for investigation. None of the staff, relatives, friends of people or people we spoke with raised any concerns to us about people's safety.
- The registered manager had notified the local authority safeguarding team and CQC about incidents that had occurred in the home to ensure safeguarding measures could be put in place.
- One person told us they knew how to report any concerns. They said, "I'd talk to [registered manager] or [team leader] if I was worried, saw any abuse or was being abused. They listen, I can talk to them about anything."
- Staff felt confident they could raise concerns with the management team but equally knew how to report concerns externally if they needed to. A staff member said, "Safeguarding is about protecting the people from being abused. [If I was worried] I could contact a senior carer or manager. I could also go to owners [of the care home], phone police, contact CQC or contact a social worker."

Staffing and recruitment

- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers.
- One person told us they had been involved in the interview process. This was so they could give feedback on whether they thought the candidates were suitable for the role and could meet the needs of the people.
- People and staff told us there were enough staff on shift. One person said, "There are enough staff." A staff member said, "At the moment we have a full house and have enough staff."
- The registered manager told us the provider did not use a dependency tool. However, they had implemented one themselves. This was to ensure they had the correct number of staff on shift to meet people's needs.



# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- The registered manager had made DoLS applications to the local authority, in line with legal requirements, these had not yet been authorised. The applications included restrictions such as people not leaving the home alone due to safety reasons. Staff were able to tell us where they would find information relating to who had a DoLS.
- One person who did not need a DoLS application told us they could leave the home freely. The said, "I can come and go as I please."
- People's capacity had been assessed throughout their care plans to determine what they may need support or were not able to make decisions.
- Staff had received MCA and DoLS training and understood their responsibilities. One staff member said, "Everyone has capacity to say no. You may at times have to go against this but if it was in their best interest. You'd have to sit down and rationalise this and everyone is different"

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

- People's needs were assessed prior to moving into the home. Care records showed people's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion and disability.

Staff support: induction, training, skills and experience

- People's needs, and preferences were met by staff who knew them well. One person said, "The staff know all about my [health condition]. They treat people equally and support people well. They are very patient".

- Staff told us they had access to training that was relevant to their role. This ensured they had the relevant knowledge and skills to meet the needs of the people they supported. A staff member said, "Training was great people came in [to do it], but due to COVID it's all online. It is still good the online training."
- Staff understood their responsibilities and what was expected of them. They told us they received supervision which enabled them to receive feedback and the opportunity for development.

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

- People were supported to have choice in what they ate, a person said, "The food is lovely, we get choice."
- People's care plans identified what support they required to manage a healthy weight. People's weight was monitored to identify if they were losing or gaining weight and referrals to external teams were made where needed.
- Where people had undergone assessments from health professionals in relation to their food and fluids, staff had a good knowledge and understanding of people's needs.

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

- The registered manager told us the home worked with outside agencies to ensure people had access to a variety of services. We saw input from external professionals such as speech and language, the dentist, the GP and district nurses. A visiting professional told us they had no concerns to raise.
- Records of health professional visits were completed to show what areas had been discussed, the outcome and any follow up actions required.

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

- The communal areas of the home were clean and tidy. The registered manager said they were working on areas to make the home more dementia friendly. This included a memory hall and a sensory room for people to use.
- The home was accessible for people who used wheelchairs to mobilise. Where people had additional mobility needs, suitable equipment was in place. For example, a lift and hoists.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the management and leadership of the service had improved but we needed to see this would be sustained. There were improvements with the leaders and the culture they created was beginning to promote higher quality, person-centred care.

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

At our last inspection the provider was found to be in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17.

- Infection control practices in relation to COVID-19, required improvement. This had not been identified by the registered manager or provider. However, the registered manager acted on the concerns discussed and then put risk assessments in place in a timely manner.
- At our last inspection we found shortfalls with the governance systems and lack of oversight of the service provided. At this inspection we found the registered manager had made improvements.
- The registered manager had systems in place to audit and monitor the quality of the service being provided. These included medicines and environmental audits. The audits had identified areas of concerns and action that needed to be and had been taken. For example, new furniture, decoration and carpets. This showed the lessons had been learnt from the last inspection.
- Staff told us there had been improvements to the home since the new registered manager had started. A staff member said, "[Registered manager] had brought it on leaps and bounds. She has done a fantastic job. She has improved everything, she had made the home safer. She's brought things in like new paper work, more checks and new menus where people can choose".
- During the last inspection, numerous concerns were identified with people's care records. We found the registered manager had implemented new care plans and risk assessments, had an analysis system in place for incidents and accidents and applied for deprivation of liberty safeguards where needed. This meant records relating to people's support needs and care were accurate. In addition, patterns and trends could be identified following incidents and accidents.
- The manager had notified The Care Quality Commission (CQC) and other external agencies of events which had occurred in line with their legal responsibilities. The previous inspection ratings were displayed in the service.

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

- Staff understood their responsibilities and what was expected of them. They told us they participated in team meetings and received supervision. This gave staff the opportunity for learning and development.
- Staff felt well supported and staff, people and relatives expressed confidence in the registered manager. A relative said, "[Registered manager] seems very efficient and on the ball. I would definitely feel comfortable to raise concerns with her". A staff member said, "[Registered manager] is great, she's the manager not your friend. Any concerns you can tell her. She will sort anything out you have, and the team leader.
- The registered manager told us and showed there were some filling cabinets that did not lock, these contained people's personal information. The registered manager said they had alerted this to the provider prior to the inspection, but no action had been taken to address these concerns. The registered manager said they had now put a lock on the door to where the cabinets were stored and ordered new cabinets to ensure records were stored securely.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff communicated with the GP, speech and language, opticians and other professionals when required. This evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.
- The registered manager told us they sought feedback from people who use the service, their loved ones and professionals. People, their relatives and friends felt able to raise concerns with 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 responsibilities in relation to the duty of candour regulation and was able to discuss how they would be open and transparent if things went wrong, which meets this requirement.