

Bupa Care Homes (BNH) Limited

Amberley Court Care Home

Inspection report

82-92 Edgbaston Road
Edgbaston
Birmingham
West Midlands
B12 9QA

Tel: 01214404450

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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

Amberley Court Care Home is a care home providing personal and nursing care to up to 62 people. The service provides support to younger and older adults and people with a physical disability. At the time of our inspection there were 42 people using the service

Amberley Court Care Home accommodates people across 2 floors of the purpose-built building. People had access to lounges, a dining area as well as an enclosed shared garden. The service was going through a number of refurbishments to improve the living environment for people.

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

People were supported by safely recruited staff who had received training in how to support them safely and effectively. Staff were aware of their responsibilities to report and act on any accidents and incidents that took place in the home. People were supported to receive their medication as prescribed by their doctor.

People's physical and mental health needs were assessed on admission and care plans put in place which provided staff with the information they needed to meet people's needs and support them in the manner they wished to be supported. People were offered choices at mealtimes and when feedback was received regarding menu choices, people's views were taken on board and actions were taken.

People were supported to access a variety of healthcare services to assist them in maintaining good health.

Staff presented as kind and caring and respected people's privacy and dignity. People were involved in the planning of their care and their views of the service were sought.

People were supported by staff who knew about their individual needs and preferences. Activity coordinators were in place to support people to take part in activities that were of interest to them and to access the community. Further work was underway to gather more details about what people would like to do and how the service could support them to enjoy those activities.

Plans were in place for a major refurbishment of the home and people were involved in the process and excited to see the changes that were planned to take place.

Staff felt well supported and were complimentary of the new registered manager and the deputy. There were a variety of quality audits in place to provide the registered manager with oversight of the service. The service continued to work alongside a variety of healthcare professionals in order

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 March 2020) and there were breaches of regulation. 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

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

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 COVID-19 and other infection outbreaks effectively.

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? The service was safe.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was well led.	Good ●

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.

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 completed by an inspector, an assistant inspector and a nurse specialist.

Service and service type

Amberley Court Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Amberley Court Care Home is a care home with 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 the manager in post had applied for their registration and had been through the application process. At the end of the inspection, they were formally notified they were successful in their application as registered manager. They will therefore be referred to as the 'registered manager' in this report.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service. We sought feedback from the local authority and professionals who work with the service. 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. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who were living at Amberley Court Care Home and 1 relative of a person residing there. We spoke with 12 staff including the registered manager, deputy manager, nursing staff, care staff, head chef, the maintenance technician, housekeeping and activity staff. We reviewed a range of records. These included 8 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures. We also spoke with 2 professionals who work regularly with the service. 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.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure the proper and safe management of medicines and risk management. This was a breach of regulation 12(2) 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.

- At our last inspection we found a number of concerns regarding the management of medicines. We also found records had failed to provide staff with information as to how support people who displayed distressed behaviours.
- At this inspection we found people were supported to receive their medicines safely and as prescribed by their doctor. Where people received pain relief, effective pain scoring and monitoring was in place to ensure people's pain was managed effectively.
- Where people were prescribed medicines to be administered 'as required', there were clear protocols in place for staff to follow. One person told us, "They do not mess around with medication."
- Medicines were stored correctly, and systems were in place to ensure effective ordering and stock management arrangements were in place.
- Risk assessments were in place and were being regularly evaluated to assist staff in supporting people safely. For example, where people were at risk of falling from their bed, they were assessed and measures were in place such as sensor mats, bed bumpers and rails, lowered beds and crash mats to reduce potential risk of falls.
- Weekly clinical risks meetings [introduced by the deputy] and detailed daily handovers were in place to ensure risks to people were managed effectively and staff kept informed of any changes in peoples care needs.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us they felt safe because, "People are nice and supportive towards me," and a relative told us, "When I go on holiday I know [person] is safe and they [care staff] will make the right decisions."
- Where safeguarding concerns had been raised, they were acted on and responded to appropriately.

Staffing and recruitment

- We looked at the personnel files of two members of staff and found the appropriate recruitment checks,

including checks with the Disclosure and Barring Service [DBS], were in place prior to staff commencing in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- People told us there were enough staff to meet their needs. We observed staff respond to call bells and people's requests for support in a timely manner. A member of staff told us, "Yes we have a lot of staff."
- There was a dependency tool in place to assess staffing levels, which was reviewed on a monthly basis or if there was a new admission to the service. The registered manager told us, "The dependency tool is semi helpful, but we look at general feedback and observations and for example people's mealtime experience. When I came in, I increased care hours in the morning based on observations and the business supported me and it is calmer."
- Following the inspection the registered manager notified us that 3 additional nurses had been recruited to the service. They told us, "They will be a great addition to the team. We have recruited two more than what we needed but this is part of my plan to support with more safe admissions."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Visiting in care homes

- People were receiving visitors in line with the latest government guidance.

Learning lessons when things go wrong

- Accidents and incidents, complaints and concerns of a safeguarding nature were all reviewed and analysed for any lessons that could be learnt from these events. This included incidents that occurred in the home and also across the organisation.
- Staff recognised incidents and reported them to the registered manager for investigation and any lessons to be learned.

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 rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed to ensure the service was able to support them effectively and safely. We found that protected characteristics under the Equality Act had been considered when planning people's care, including who was important in their lives and how they wished to be supported.
- Care records contained detailed information about people's preferences and showed people had been involved in these conversations. A relative spoken with confirmed they were involved in this process.

Staff support: induction, training, skills and experience

- People were supported by staff who benefitted from an induction that included shadowing other more experienced colleagues and spending time getting to know people living at the service. One member of staff told us, "I thought it was really good how they were on the ball with everything [during induction]. It was made very clear training had to be completed regardless of what else was happening."
- Staff told us they felt well trained and their training was up to date. Records seen reflected this. One member of staff told us, "[Registered manager] is there to assist us. If you want to make an application to be a senior carer she is pushing us; she asks what do you want to do and BUPA is there to help us and support us."
- Staff were given the opportunity to discuss any concerns or training opportunities they wished to take up, during regular supervision meetings. They told us both the registered manager and deputy were both supportive and approachable.
- Staff competencies were regularly assessed to ensure staff continued to support people safely and effectively and in line with their assessed care needs.

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

- People were supported to eat and drink at all times. We observed people's meals looked appetising and people enjoying their lunch. One person told us, "They [care staff] ask me what I want and provide me with options."
- The chef was knowledgeable regarding people's dietary and cultural needs. Where one person requested their food be presented in a particular way, this was accommodated. The chef told us, "We would do anything for [person] food wise," and reflected on a number of occasions where a variety of alternatives were offered.
- The chef told us the provider had recently introduced new seasonal menus, but following feedback from people living at the service, they were adding to them to ensure people received choices at mealtimes that were relevant to them. Each day's menus was clearly on display.

- For those with particular dietary needs, their food was prepared in a particular way which would reduce their risk of choking. Where people required Speech and Language Assessments [SALT] these were carried out and the appropriate guidance provided to both kitchen and care staff. A visiting healthcare professional told us, "What I am seeing here is good." And went on to compliment staff knowledge regarding a person's particular dietary needs, adding, "Staff are really excellent; supportive, kind and considerate. I couldn't fault them."

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

- People were supported to access a variety of healthcare services to meet their needs, including dieticians, diabetic nurses, psychiatrists, advocates, opticians and community occupational therapists. The registered manager and nursing staff all commented on the positive relationship and support received from the local GP and what a difference this made to being able to support people with their healthcare needs.
- Staff were aware of people's individual healthcare needs and supported them to access services and work alongside other healthcare professionals in order to help them maintain good health. A relative told us, "They [care staff] pick up if [person] loses weight and they know how to increase it and monitor it. At the moment they are in a positive phase and eating well."
- Three people raised concerns regarding not being able to access NHS dental services to meet their needs. Staff had attempted to obtain NHS dental support for those who required it and people were currently on NHS waiting lists, but it was acknowledged this was a problem in the area. The registered manager was looking at alternative ways of supporting people who may be experiencing dental problems and were not registered with an NHS dentist. For those who had been in pain, we saw advice and support was sought from their GPs.

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

- The home was at the beginning of a major refurbishment. People were involved in the decisions being made about changes to the environment which included a gym, sensory room, arts and crafts room, wider doorways to assist with accessibility and improved bathrooms and wet rooms.
- There were also plans to re-arrange the location of dining and lounge areas, to improve and maximise people's living experience.
- There was clear signage throughout to assist people when navigating their way around the home.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported by staff who had received training in the MCA and were aware of the need to

obtain people's consent prior to supporting them.

- Care records demonstrated that best interests' decisions had been made following meetings with appropriate professionals, for people who were not able to consent to their own care. DoLS applications were made appropriately and systems were in place to ensure applications and authorisations were reviewed in line with legal requirements.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure people's confidentiality was maintained and staff respected people's privacy and dignity. This was a breach of regulation 10 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 10.

- At our last inspection, concerns were raised regarding staff respecting people's confidentiality and promoting people's privacy, dignity and independence. At this inspection we found people were supported by a group of staff who respected them as individuals and presented as kind and caring.
- People told us and we observed, they were treated with dignity and respect. We observed a number of positive interactions between people using the service and the staff who supported them. For example, when a person became unwell in a communal area, staff immediately went to their aid and ensured a screen was placed around them whilst further support was given, thus maintaining their privacy and dignity. One person told us, "The carers come in, give me a wash and we have a laugh and a joke and they leave, and they also remember that this is my room." Another person told us staff were kind and caring, adding, "[Care staff name] is wonderful, she is fantastic."
- People were encouraged to maintain and develop their independence where possible. For example, accessing the community independently and using public transport. A member of staff told us, "That was probably the strangest thing I found when I first came here, driving past the bus stop on my way home and seeing [person] waiting for the bus!"

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

- People's views were sought through reviews, surveys and meetings. Recent surveys had identified both positive and negative feedback and actions were being taken where appropriate to address the concerns raised. For example, where comments had been received regarding menus, the chef was involved adding more options to meet people's cultural needs.
- People were involved in reviews of their care and told us they felt listened to. A relative told us, "[Person] is involved in all their decisions [about their care]. Staff encourage them to communicate and are really brilliant with them."

- People were supported to access to advocacy services where appropriate. An advocate supports people by speaking up for them so that their opinions are heard and their views are shared.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- At our last inspection we saw little evidence that people were consistently involved in the development of the care plans. At this inspection we found all care plans had been re-written at the end of last year and people living at the service were involved in this process.
- Care plans seen were personalised and reviewed on a monthly basis unless changes in care were required and they were re-evaluated and adjusted accordingly. Staff told us care plans provided them with the information required not only meet people's needs, but to get to know them and what was important to them.
- Communication care plans were in place to assist staff to communicate effectively with people. A member of staff described how they communicated in a variety of ways with people at they home. They told us, "With [person] it's usually through gestures, one person uses a computer to email people. You just need to spend time with people." They went on to provide specific examples of how they communicated with a particular individual effectively.

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

- There was a small team of staff to support people with activities they were interested in, 7 days a week. One of the activities co-ordinators told us, "When I came I got to understand resident information about their life and their history. We are getting to know people more and are creating more detailed plan of what people like."
- Activity staff spent time with people on a 1:1 basis and also arranged group activities. A newsletter had been put in place and links with the community were being established. For example, children from a local primary school had sent in letters to people who lived at Amberley Court Care Home, which were very well received and responses sent back. Plans were being developed to build on this relationship with the school.
- People were being supported to access the community and take part in activities that were of particular interest to them. A relative told us, "They [care staff] often take [person] out so that they are with people. They try and encourage them to mix and join in. [Staff name], activities co-ordinator is excellent. They all love and care about [person] and tend to their needs." They went on to describe an outing to a local football

club that had been arranged for their loved one, which they very much enjoyed.

- A visiting professional spoke positively about the activity co-ordinators and the impact they were having on some people they interacted with. They told us, "It's got a really nice atmosphere here. You can see from how people are engaged with staff when they do their activities."
- Plans to improve the home environment and create spaces for different activities were very much welcomed. Those plans included creating an IT room, a café, a sensory room, a gym and dedicated arts and crafts room. Meetings took place with people to discuss the plans and enable them to contribute to the process.

Improving care quality in response to complaints or concerns

- Systems were in place to enable people to raise concerns or complaints about the service. Where complaints had been received, they were investigated and responded to appropriately in line with the provider's own complaints policy. Following receipt of one complaint, posters were placed around the home advising visitors how to use the emergency buzzer in people's rooms if urgent support was required.
- People and relatives told us if they had any concerns they would raise them with a member of staff, the registered manager or head office. One person told us, "I have complained once or twice, most of the staff are very good."

End of life care and support

- At the time of our inspection, no one was receiving end of life care. However, the staff team were able to provide this type of care if required, working alongside the local palliative care team.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider had failed to ensure there were sufficient and adequate systems in place to monitor and improve the quality of the service. This was a breach of regulation 17 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 17.

- At our last inspection, there was a lack of effective monitoring of the service; audits had not identified areas of concern found on inspection, people did not feel their complaints were listened to and their views of the service were not consistently sought. At this inspection we found improvements in all these areas.
- Accidents and incidents were reported, recorded, acted on and analysed for any lessons to be learnt.
- A variety of audits, daily walkarounds and spot checks were in place to provide the registered manager with oversight of the service and to ensure prompt action was taken when errors/concerns were identified.
- People's views of the service were sought. On the whole, people told us they felt listened to and we noted where concerns were raised either through surveys or individual conversations with people, actions were taken.
- At this inspection we found evidence to demonstrate the breaches that had been raised at the last inspection had been met.
- The registered manager spoke positively about the plans for the service. They told us, "It will be nicer after the refurbishment and give us an identity. Every door is being widened to accommodate wheelchairs, the gym is being extended, the manager's office will be a café." Plans were in place to reduce the number of registered beds to 56 and concentrate on being more friendly and accessible to younger physically disabled people.
- Plans were in place to introduce an electronic care plan system in May 2023 and arrangements were being made for staff to receive training in this new way of working.

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

- The new registered manager had been in post since November 2022 and staff spoke highly of the positive influence she had on the service. One member of staff told us, "[Registered manager's name], we all need her, she cares about us, asks what is going on, will ask what is the matter. [Deputy manager's name] is so

calm and she will listen to you as well]." A relative commented, "I had a lovely letter from [registered manager's name] last week explaining all the changes; the difference is so noticeable to me [since she arrived] and she has bought in little changes to make life easier."

- The registered manager and deputy had a vision for Amberley Court Care Home which they shared with people living there, their loved ones and staff. Plans to refurbish the service and create a better living environment and experience for people were underway and people and staff were very much onboard with this and excited for the changes. People were involved in decisions about the premises and environment and individual preferences and support needs were reflected in how premises were being adapted. For example, one person wanted to create an IT club to be able to pass on their IT skills to other people living at the service.
- The maintenance man told us, "I want to make sure when the refurbishment happens it goes as smoothly as possible." They were fully involved in the process and had created a colour coded board which provided details on each room and the equipment in each.
- Staff told us they felt valued, supported and enjoyed their work. One member of staff said, "I would recommend working here and I would bring my family here."

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 was receptive to all feedback during the inspection and open and transparent throughout the process. Action was taken immediately when feedback was provided on some areas identified for improvement.
- The registered manager had informed us of incidents that had taken place in the home, as required and understood her duty of candour responsibilities; when mistakes had been made, action was taken and apologies were given.

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

- The registered manager and deputy worked together as a team and staff spoke positively about this relationship. Staff were clear about their roles and responsibilities and were confident if they needed to raise any concerns with management, they would be dealt with appropriately.
- There were a variety of quality audits in place to provide the registered manager with oversight of the service. Daily meetings with heads of department took place to ensure information was shared and staff spoken with confirmed they were kept up to date with any changes in the service or changes in people's needs.
- The registered manager and deputy manager had a good working relationship and were complimentary of each other. The registered manager said, "[Deputy manager's name] is amazing and clinically she is brilliant".
- The registered manager told us, "We are focusing on increasing our numbers and have over recruited so we can admit people safely. Things are going to be quite eventful with the refurbishment; it would be good to admit one person a week, but this will be reviewed."

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

- The registered manager had introduced herself to people and friends and family of the service and a monthly newsletter was now in place, sharing information and plans about the service.
- People's and staffs views were sought through surveys, meetings and supervisions. Where concerns were raised action was taken. The registered manager and deputy manager had a comprehensive knowledge of the people living at the service and ensured they were visible and accessible to both people living there,

relatives and staff.

Working in partnership with others

- The service worked alongside a number of other health care professionals and services, such as occupational therapists, GPs, speech and language therapists and spoke positively of their relationship with the GP who supported Amberley Court.