

Athena Care Homes (Gaywood) Limited

Amberley Hall Care Home

Inspection report

55 Baldock Drive
Kings Lynn
Norfolk
PE30 3DQ

Tel: 01553670600
Website: www.athenacarehomes.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Amberley Hall is a residential care home and was providing accommodation and personal and nursing care to 89 people at the time of the inspection. The service can support up to 106 people and provides a service to older and younger people, including those with physical disabilities and those living with dementia.

Amberley Hall is divided into six units. The service had one unit for up to 20 people which was used for people recently discharged from hospital. Staff in this unit worked in partnership with other healthcare professionals, some of whom were based on the unit, to aid people's recovery.

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

People and their relatives told us they felt safe. People were safeguarded from the risk of abuse by trained, knowledgeable staff and received safe care and treatment. One person, "I feel very safe here. The staff are always there for me."

Staff were provided with guidance to support people safely. Risks to people's health, safety and wellbeing had been identified, assessed and reviewed regularly.

Any incidents and accidents at the service were analysed and action taken in response to the findings.

Medicines were managed safely, and infection prevention and control procedures were followed. Staff facilitated visits for relatives and friends.

Recruitment procedures were followed to ensure staff were recruited safely and all relevant pre-employment checks completed. Staffing levels were reviewed regularly to ensure people's needs were met.

The registered manager used a wide variety of methods to monitor the safety and quality of the service and make improvements where needed. Staff and relatives told us that the registered manager was approachable, and staff were confident that action would be taken if they raised concerns.

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

Rating at last inspection

The last rating for this service was requires improvement (published 7 February 2020).

Why we inspected

This was a planned inspection based on our ongoing monitoring of the 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 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

Amberley Hall 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

This inspection was undertaken by two inspectors and an Expert by Experience who undertook phone calls to relatives.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Amberley Hall 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 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.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to help protect people from the risk of harm and abuse. Relatives told us they felt their family members were safe and had no concerns. One relative told us, "I don't have any concerns about [family member]'s safety. There are always staff around so they keep an eye on them. The Manager has helped the staff to keep them safe by suggesting different ways of helping them." Another relative told us, "Nothing worries me about [family member's] safety, (staff) are there to look after them and they do."
- People were observed to be relaxed and comfortable in the presence of staff.
- Staff had received safeguarding training and knew what to do if they identified any concerns. All staff knew and understood their responsibilities in relation to safeguarding.

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

- Risks to people's health, safety and wellbeing were identified and assessed.
- For risks that had been identified, clear guidance was in place for staff. It provided information on how to reduce the harm to people and how to keep them safe. These included risks to people's skin integrity, mobility and diet. Regular reviews took place and assessments had been updated when people's needs changed. Relatives told us they thought risks were managed well. One relative told us, "I do feel that my relative is safe with the carers who look after her. They look after her very well as [they are] very fragile. I have seen this in action." Another relative told us, "I have been impressed with the staff. The interactions are good and (staff) do understand [their] condition and risks."
- All significant events such as accidents, incidents and safeguarding referrals were monitored by the registered manager. They completed a monthly analysis of all adverse events to identify any patterns or trends. Records showed action had been taken in response to improve people's safety.
- Lessons learned were shared with staff via team meetings, supervisions and notices.

Staffing and recruitment

- Recruitment checks continue to be undertaken to make sure that staff were suitable to work with the people they were supporting. This included a criminal records check, a health declaration and obtaining references.
- There was a mixed view on staffing levels, but everyone agreed that people's basic needs were being met. One relative said, "[Family member] tells us they ring their bell at night and staff come immediately." Another told us, "They always seem short of staff. My [family member] got their breakfast at 11am, which is not good as its nearly lunchtime." Staff we spoke with told that us that on the whole there was enough staff, but it would be nice to have extra staff. One member of staff told us, "The mornings can be difficult, as most people like to be up and showered and dressed before breakfast. That is definitely the busiest time of the

day. We do get to everyone though." We found on the day of the inspection people's needs were met in a timely way and care bells were responded to.

- The registered manager told us they use a dependency tool to assess people's needs and staffing levels on each unit. They also take into account the layout of the building and how this may affect staff response times.

Using medicines safely

- Medicines were managed safely. We found people's medicines were received, stored, administered and disposed of safely and their medicine administration records (MAR) were completed appropriately. One relative told us, "(Staff) phoned me to discuss his medication. They had phoned the Doctor when he was poorly, and they reduced some of his medication."

- Staff were trained to administer medicines and checks on their practice had been carried out.

- Audits were completed regularly. Where any mistakes were identified, these were followed up and action taken.

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 meeting shielding and social distancing rules.

- 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. One relative told us, "When I do visit, I have to wear PPE and the staff are all wearing theirs."

- We were assured that the provider was accessing testing for people using the service and staff. One relative said, "I have to have a Lateral Flow Test (LFT) before I come in and also wear PPE."

- 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. One relative told us, "I think they managed COVID very well."

- We were assured that the provider's infection prevention and control policy was up to date.

- We were assured the provider was facilitating visits for people living in the service in accordance with the current guidance.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People and their relatives told us they were happy with the care provided at the service. One relative told us, "I would recommend the home because they do look after [Family Member] well."
- The registered manager used a variety of tools to monitor and improve the service. This included surveys and results from quality assurance audits. The service had a comprehensive 'Service Improvement Plan' in place which detailed all of the planned actions in response to the findings of the processes and audits.
- Staff involved people in their care by following their choices and decisions. People and their relatives were encouraged to share their views on the service. One relative told us, "I did get a survey emailed to me a couple of months ago asking for some feedback."
- The registered manager utilised meetings with staff to ensure continuous learning and improvements took place. Staff told us they were comfortable in raising any issues or concerns with the registered manager. One member of staff told us, "Their door is always open, and they are very approachable. I feel confident they would deal with any concerns I had."
- Staff worked in partnership with professionals from other agencies. For example, the local GP, tissue viability nurses and hospital discharge team. Records showed that guidance provided was used to help with people's care planning. One relative told us, "They will always ring and tell me if [family member] is not feeling well and they refer to the Doctor."

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

- The registered manager was fully aware of their legal responsibilities. They submitted notifications to the Commission for significant events that had occurred in the service.
- The quality assurance systems in place allowed the safety and quality of care provided to be monitored by the registered manager and the provider. Audits and checks completed covered all aspects of the service.
- The registered manager and provider understood the duty of candour and their responsibility to be open and honest when something went wrong. One relative said, "They always let me know when something happens, and they check [family member] over."
- All incidents were fully investigated, and outcomes shared with partnership agencies, people, relatives and staff.

