

Bupa Care Homes (BNH) Limited

Amberley Court Care Home

Inspection report

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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 caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 21 and 22 June 2017 and was unannounced. At our last inspection in November 2016 we found that the provider 'required improvement' in four questions, namely safe, effective, caring and well led.

Amberley Court Nursing Home provides accommodation, nursing and personal care for up to 62 people with physical disabilities. There were 49 people living at the service at the time of our inspection.

There was a registered manager. 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.

People were supported by staff who had received training in how to recognise signs of abuse but not all staff were aware of their responsibilities to report concerns in a timely manner. Staffing levels across the home were based on people's dependency levels but staff sickness was having an impact on people's care needs being met in a timely manner.

New staff rotas and allocation systems were in place to address concerns raised to ensure people's care needs were safely and effectively met.

Where accidents or incidents had taken place, action was taken and lessons were learnt. People were supported to take their medicines as prescribed by their GP.

People were supported by staff who received a comprehensive induction which provided them with the skills they needed to meet the needs of the people they supported. Staff were given the opportunity to discuss any concerns they may have at supervision and staff meetings.

Staff had access to training and additional training was sought to improve staffs learning in a variety of areas.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were supported to have sufficient amounts to eat and drink and access healthcare professionals to ensure their health and well being.

There was a lack of confidentiality across the home which was a concern to both people living at the home and staff alike. People were supported by staff who they described as kind and caring but not all felt they were treated with respect.

People were involved in the planning of their care. Staff were aware of people's interests and hobbies and what was important to them. Plans were in place to recruit additional staff to support people to pursue activities that were of interest to them.

People's opinion of the service was regularly sought and people told us they felt listened to. Where complaints had been received, they were investigated and acted upon.

Changes introduced by the registered manager to improve the quality of service were welcomed by the people living in the home and staff were aware of her vision for the service.

There were a number of quality audits in place to assist the registered manager in identifying any areas of improvement within the home. Where concerns had been raised, lessons were learnt and actions put in place to rectify issues.

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.

Levels of staff sickness across the home were having an impact on staff ability to meet people's care needs in a timely manner. People were supported by staff who recognised signs of abuse but not all were aware of their responsibilities to report concerns quickly. People were supported to receive their medicines as prescribed. People were supported by staff who had been safely recruited.

Requires Improvement ●

Is the service effective?

The service was effective.

People were supported by staff who had access to training that would provide them with the skills required to support them safely and effectively. Staff received regular supervision and opportunities to raise any concerns they may have. People were supported to access healthcare services in order to maintain good health.

Good ●

Is the service caring?

The service was not consistently caring.

People could not be confident that their confidentiality was respected. People were supported by staff who were described as kind and caring but people's wishes as to how they would like to be addressed were not always respected.

Requires Improvement ●

Is the service responsive?

The service was responsive.

People were involved in the planning of their care and supported by staff who were aware of their likes and dislikes. Complaints received were investigated and acted upon. People were given the opportunity to have their voice heard and their opinions were

Good ●

listened to.

Is the service well-led?

The service was not consistently well led.

There had been a number of management changes at the service. Some staff were resistant to change and not all staff were on board with the registered manager's vision for the service. People were complimentary about the registered manager and the changes she had introduced in the home. Quality audits in place had identified concerns that had been highlighted during the inspection and action plans were in place to address these concerns.

Requires Improvement ●

Amberley Court Care 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 checked 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.

The inspection was prompted in part by whistleblowing concerns that were brought to our attention. The information shared with CQC indicated concerns about low staffing levels, confidentiality, and lack of support for staff. This inspection was fully comprehensive, but particular attention was paid to the areas raised.

At the time of the inspection, the provider had put in place a voluntary suspension of placements in response to concerns that had been raised at the home.

This inspection took place on 21 and 22 June 2017 and was unannounced. The first day of inspection was conducted out of hours and commenced at 6.00 am. The inspection was carried out by two inspectors, a specialist advisor and an expert by experience. The specialist advisor was a nurse with experience of medicine management. The expert-by-experience was a person who uses a wheelchair and was assisted by their support worker.

We reviewed information we held about the provider, in particular, any notifications about accidents, incidents, safeguarding matters or deaths. We asked the local authority for their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection. We spoke with 19 people who used the service, two relatives, and a visiting healthcare professional. We spoke with the registered manager, operational director, deputy manager, a unit manager, three nurses, two agency nurses and a bank nurse and six care staff.

We reviewed a range of documents and records including the care records of 10 people using the service, 10 medication administration records, two staff files, staff induction records, accident and incident records, complaints and quality audits.

Is the service safe?

Our findings

At our last inspection we found people did not always receive their medicines as prescribed. At this inspection, we found that improvements had been made and people were receiving their medicines as prescribed by their doctor. We observed the administration of medicines and spoke with the nurses who were responsible for this. We noted that nurses were aware of the correct procedures for the management, storage and administration of medicines. Medicines were stored safely and correctly. We observed medicines being administered to five people and noted people were encouraged to take them and were given drinks to help swallow them. We saw that MAR [Medication administration records] were reviewed on a weekly basis and monthly audits undertaken and action plans put in place to address any medicine errors identified. It was acknowledged that the reliance on agency staff to administer medication on some occasions increased the risk of errors because the agency staff were not familiar with the home. We spoke with one person who had to wait for their pain relief the night before. They told us, "It's pain relief, you don't ask for it if you don't need it". We raised this with one of the nurses who confirmed this had happened and told us, "They [agency nurses] tend to give medication on the other side of the home first which is bigger". Other people spoken with told us they had no concerns regarding their medicines.

Some people complained about staff response to call bells. One person said, "Five to ten minutes, but other than that I'm ok with staff, the reason why staff take so long to come is because they don't have enough staff to go round". Another person said, "I have to wait over five minutes before any staff come and see me". One person provided us with an example of being taken ill and having to wait up to 30 minutes for staff to respond to their call bell and another person said, "I had to wait 50 minutes once, and sometimes it's almost immediate". We raised these comments with the registered manager. We saw that she had identified staff response times as an issue and had printed off all the call bell and response times. We saw that she had highlighted where people had waited what she considered were unacceptable lengths of time and had followed this up, investigated and actioned where appropriate.

We saw in response to some concerns raised, the registered manager had made a number of changes to staff rotas. Not all changes were well received and staff sickness levels were also having an impact on staffing levels across the home. One member of staff told us, "Sometimes we are short staffed due to sickness, we can't get cover, it's hard sometimes. They are trying to do something about it; we have to get on with it". Another member of staff told us, "I think staffing levels are ok when everyone is in. Problem is covering sickness". We saw that agency staff had been introduced to help cover some staff absences and one member of staff commented positively on this, telling us, "In the two years I've been here I've never seen agency but in the past week we have and it's made a difference". We saw that one of the agency nurses who was currently working at the home had previously been employed at Amberley Court and was familiar with the home and the people living there.

The changes in staff allocation was also having an impact as some staff were less knowledgeable about some of the people they were supporting. A relative commented, "Sometimes its very hard to get information, I ask how [person] is and they say they are alright, but I don't know". The registered manager told us that she had ensured that each unit still had the same nurse/unit manager in place as someone staff

could go to for additional support or information. Staff told us that the new allocation of staff across the shift was making a positive difference to how shifts were being run. We observed that the atmosphere in the home was calm and orderly and although there were staffing issues, all staff spoken with told us they considered people were safe and had their care needs met.

We saw that the registered manager was working through the home's sickness policy with a number of staff. Staff absence was covered by the existing staff group or agency staff. We saw that ongoing recruitment was taking place to fill staff vacancies. The registered manager told us she was recruiting an additional 20% staff above normal levels and had identified the need to recruit more nursing hours.

We noted where safeguarding concerns had been raised they had been fully responded to, investigated and where appropriate lessons learnt and practice changed. We saw disciplinary procedures were also followed, where appropriate. Following a recent safeguarding concern that had been raised, the registered manager had identified some staff required additional learning on the subject. This was in respect to staff reporting any concerns they may have, in a timely manner. In response to this, we saw she had arranged one hour refresher training for every member of staff. The registered manager told us, "I have told staff to attend, it's compulsory, even those who have done their training recently have to attend". The operations director said, "By not reporting concerns, makes you as guilty as the offender. Safeguarding training is reinforcing this message".

We asked people if they felt safe at Amberley Court. They told us they did and provided us with the following comments; "The staff make me feel safe", "I've lived in the building 13 years and I feel safe" and "I'm comfortable and feel safe in the building". Staff told us they felt the people living at the home were safe and looked after. One member of staff told us, "I make sure I check on people half hourly and make sure they have a cup of tea". They told us the allocation sheet that was in place was working well adding, "You know you are responsible for all those people".

We saw where accidents and incidents took place they were reported, recorded and acted upon. On the first day of the inspection, we were told there had been an accident the previous evening. We noted that the event had been reported appropriately in a timely manner and the nurse on duty was able to provide us with details of the circumstances of the accident and the actions taken. We noted in the registered manager's office that there was a 'risk board' in place which was informed by the information from risk factors such as accidents. The registered manager was able to explain to us the main risks to one individual at the present time who was at risk of falls and what actions had been put in place to reduce this risk. One person told us they were worried how they would get out of the building if there was a fire. We checked their care plan and saw that a complete risk assessment and fire evacuation plan was in place which was personalised to meet the person's needs. We shared this information and offered reassurance and also shared with the registered manager who told us she would speak to the person personally to offer reassurance.

We saw that there were recruitment processes in place to help minimise the risks of employing unsuitable staff. We spoke with staff who confirmed reference and Disclosure and Barring Service (which provides information about people's criminal records) checks had been undertaken before they had started work.

Is the service effective?

Our findings

One person told us, "I am very happy here, it is so much better than where I was before, I couldn't believe the difference from where I was before" and another person said, "Some of the staff are ok, but some need more training. Overall I can talk to staff and they are helpful to me". A relative told us, "I'm very happy with the care provided to [person], I have no worries".

On the whole, staff told us they felt well trained and supported in their role. One member of staff told us, "We do get training but it can be a bit lack lustre, there's a lot of important aspects to the job that aren't covered in training". They went on to provide an example of this in respect of supporting people whose behaviour some staff may find challenging. The registered manager told us she was conducting a number of out of hours visits and spot checks of staff practice in order to reassure herself that people were being provided with safe and effective care and support. She told us that as a result of her observations she had identified a number of areas where staff required additional support and training including supporting people whose behaviour some staff may find challenging. We saw that she was sourcing additional support and training for staff in a variety of subjects from a number of sources in order to improve staffs skills and learning.

We spoke with a new member of staff who described their induction which included shadowing more experienced colleagues. They told us, "It was really good, I got a lot of support and it made me feel so comfortable. I had a full week of training first then shadowing. I got quite confident and staff gave me that confidence".

We saw staff were being provided with the opportunity to raise any concerns or queries regarding their learning at one to one supervision or staff meetings. We observed a shift handover and staff were provided with the most up to date information regarding people and their needs. Details were passed on regarding upcoming appointments and the need, where necessary to contact other healthcare professionals to follow up any concerns. We witnessed staff discussing a problem one person was experiencing with regard to their medicines and suggested solutions to this. It was clear from the conversation that staff knew the person well and were keen to resolve the problems they were experiencing.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met and we found they were. We observed staff obtained people's consent before they supported them. Not all staff were able to identify who had a DoLS in place, but all staff spoken with demonstrated an understanding of the subject and what it meant for

people living in the home. We saw where there were DoLS in place, best interests meetings had taken place and the correct paperwork had been completed.

On the day of the inspection, the weather was very hot. We saw that people had fans in their rooms to cool them down and access to drinks. We noted that fluid charts were completed in a timely manner and daily fluid intake was high.

The registered manager had informed us that due to staff absences in the kitchen, support was being provided by a head chef from another home and efforts were being made to recruit into the vacant posts. One person told us, "The food's not bad; you can have as many drinks as you want" and another person said, "Staff will cook whatever I want". Another person told us they had spoken with the registered manager regarding providing meals that were more culturally appropriate to meet their needs. We saw that the person's dietary preferences had been documented in their care file and references made to attempts to externally source specific foods to meet the person's needs. We spoke with this person who told us they had spoken to the cook and some of their preferences had been provided but not all. They told us they had raised their concerns with the registered manager who was trying to source local suppliers. They told us, "I have lost a lot of weight [in the past], if I get the right food I will eat more". Records showed that this person had recently gained weight.

We saw that people were supported to access a variety of healthcare services, such as their GP, the dentist, dietician, and the chiropodist. People benefitted from regular healthcare checks. We saw for one person who received their nutrition via a tube fitted directly into the stomach that the instructions for this were well documented and they were putting on weight. A visiting healthcare professional raised some concerns regarding information being communicated to the appropriate staff following their visits. They were concerned that the change in staff allocation across the home could mean that people were being supported by staff who were not fully aware of their needs. They were introduced to the registered manager in order to share their concerns and obtain reassurances.

Is the service caring?

Our findings

People and staff told us that one of their biggest concerns was the lack of confidentiality in the home and that everyone knew each other's business. People told us staff discussed confidential matters in communal areas, which made them concerned that their own personal information was being discussed in an open environment. Staff were also concerned about confidentiality. People living at the home were aware of which staff didn't like working with each other and were able to anticipate when staff would call in sick if they did not want to work with another member of staff.

One member of staff described how they had returned to work following a period of ill health and a person living at the home had questioned them on their return to work and had told them they knew what was wrong with them. We observed on a number of occasions records on nursing stations were left unlocked or accessible to people on the desk. One person told us, "I get a lot of staff telling me things as well" and told us they had recognised on one particular occasion that the member of staff was 'talking out of turn' and what they were hearing was the staff member's opinion. This lack of professionalism had had an impact across the home and people and staff alike, expressed concern on the matter. They told us that this situation had left them uncomfortable and mistrusting of some colleagues.

We discussed these concerns with the registered manager and the operations director. They had also highlighted these concerns and we saw they had recently held a meeting with staff specifically to discuss this subject. We saw that staff were reminded that the lack of confidentiality in the home was covered by the BUPA code and that staff failure to follow the code may result in disciplinary action being taken. A member of staff told us this meeting had already had an impact and things had improved. They told us, "People aren't aware of what's going on so much".

One person told us staff failed to address them by their preferred title. They said, "A lot of staff do not look at the care plan and have been given permission to, they don't get told [how the person preferred to be addressed] and it really upsets me" adding, "Certain carers come in and they are nice to me and they talk to me, I want people to respect my decision". Another person described an incident when they rang their call bell and told us, "Some [staff] will say, "Oh what do you want now" and have a poor attitude, but there are other staff who are "Real gems". Other people spoken with told us staff treated them with dignity and respect, for example, staff knocking on their door and announcing who they were before entering their room. We observed a number of occasions where staff were kind and caring and treated people with dignity and respect. We also observed staff deal with challenging situations and remain calm and courteous. One person told us, "It's much better here [than their previous home] and all the nurses are caring, you can tell them whatever you want and things will get sorted".

One person told us that staff had failed to respect their choices at mealtimes. This person told us they did not eat pork and we saw that this was recorded in their care plan. Despite this, we saw a member of staff ask the person what they wanted for lunch and provided them with the options, including the pork option and then added "I know you won't want that". When the person complained to the member of staff about this, the member of staff replied, "We have to give you choices". The person told us that this had happened on a

number of occasions. This meant that staff did not fully understand the meaning of respecting a person's preferences when supporting them.

Other people spoken with told us they were involved in making their own decisions on how they wished to spend their day and staff respected those decisions. For example, one person told us, "I like to have my shower early at 5.30 am so that I can be up and ready to go out and meet my friends. The staff make sure I have it early". We observed that other people had chosen to go out for the day and staff were supporting them to do this.

For a person whose first language was not English, staff were able to describe to us how they used different phrases and communication cards in order to communicate effectively with the person. However, we did not see these in the person's room and their relative was not aware they existed.

We were told that no one at the service currently had an advocate, but staff were aware of these services and how to access them should people require this support in the future.

Is the service responsive?

Our findings

Most people spoken with told us they were involved in the planning of their care and told us staff supported them in line with their preferences and wishes. One person told us, "Staff will do what you want the way you want it done" and another person said, "Most [staff] know what they are doing. Sometimes I go if I have little problems and they sort it out. I have a very good relationship with [operational director's name]". Another person told us, "I don't know what's in my care plan". We saw that care records were reviewed regularly and provided staff with the information required to assess, plan, implement and evaluate the care and interventions given to people. A member of staff told us, "I read the care plans, they have everything you need to know". People's histories were comprehensive and provided all staff with a great deal of information on which to base their care interventions and maintain safety for people.

Staff spoken with were able to provide us with a good account of the people living at the home, what was important to them and their likes and dislikes. One member of staff became animated when talking about a particular person they supported and described how they communicated with the person. Another member of staff told us how much they enjoyed working at the home as the people living there 'had a lot more character'. We observed many positive interactions between people living at the home and staff. For example, we observed one member of staff supporting a person. They were extremely patient with the person and despite their demands, they remained calm whilst providing distractions and engaging the person in different activities.

People were supported to take part in a variety of activities that were of interest to them. We saw there was an activities person in post and plans in place to recruit additional staff to support this role. One person told us, "There's just the one girl [activities co-ordinator] at the minute and I usually go out a lot on my own". A new programme of ideas was being introduced by BUPA and plans were in place to share the ideas with the people living at the home. One person showed us the art work they had produced but told us they did not always get the support they needed to continue with all their interests. They told us, "I have a few hobbies, but staff have not got time to assist me with that [art]". Another person told us about an open day which had been held at the home the previous week. They told us this included a variety of activities such as painting, playing drums, visits from the 'animal man' and the opportunity to purchase toiletries and jewellery. The person became very animated when talking about the day and told us how much they fully appreciated the effort that staff had put in to organising it.

We saw that there was a computer suite available for people to access and another room held a variety of gym equipment to support people who wished to become more physically active.

One person told us they had raised a complaint about waiting around at lunchtime for their meal and the staff member had told them, 'leave it with me I'll sort it out' but nothing had happened. Other people spoken with told us they were confident that if they raised a concern they would be listened to and the complaint would be dealt with. One person told us, "[Registered manager's name] is on the ball, if you have a problem, she sorts it out. She respects what you want" and another person told us, "Any problems I can always speak to [operational director's name] and she's very good and sorts things for me". We saw where

complaints had been formally raised, they had been investigated and acted on appropriately. We saw that the registered manager was encouraging people to provide feedback to her on a monthly basis. One person told us, "We have a resident's meeting every month and every two weeks four of us [people living at the home] meet with [registered manager's name] and she asks if there are any problems. We are meeting again this Thursday, so yes, I do feel listened to".

Is the service well-led?

Our findings

Since the last inspection, the previous manager had left and a new registered manager had been appointed and had been in post since February 2017. In the last 12 months there had been a number of changes in management in the home and it was recognised that this period of instability had created challenges for people living at the home and staff supporting them. At the time of the inspection the new registered manager was attempting to change a longstanding culture in the home. In response to the level and number of concerns raised, the provider had taken the decision to impose a voluntary suspension on placements at the home whilst investigations were on-going and changes in practice were being introduced.

People told us that confidentiality had been a concern for sometime and was creating an atmosphere of worry and mistrust. Allocation systems that had been in place were not working effectively and this was having an impact on the delivery of care. We saw that the new registered manager had come into the home at a time when there was a lot of frustration amongst staff and people living there. People commented that staff could work with who they liked and would not turn up for shift if they did not like the person they were shifted on with. All these challenges were faced by the new registered manager when she came into post. We noted that as she became aware of concerns, the registered manager investigated incidents thoroughly and implemented changes in practice. We saw there was some resistance to these changes amongst some of the staff group. This in turn created additional challenges as tension increased in the home and strains on existing staff due to staff sickness levels. This meant there was a lack of evidence at this time to ensure the sustainability of the improvements that were being introduced and implemented by the registered manager.

We noted that the registered manager, on some occasions, was more reactive than pro-active, but this was due to dealing with the on-going issues she was presented with on a daily basis. One person living at the home recognised this dilemma and told us, "[Registered manager] is trying to do something about things, partly staff attitude". When issues came to light she tackled them full on and responded appropriately in an open and honest approach. We noted a number of changes in practice that had been implemented as a result of learning from incidents in the home, or responding to areas of concern. Staff told us they could see the changes the registered manager was implementing and welcomed them. One member of staff said, "It is clear she [registered manager] is trying to improve things for people".

We also saw through spot checks, the registered manager had identified that staff required additional support and learning in some areas and had arranged group supervision meetings in order to share information with staff. She told us, "I am greedy, when it comes to training, I will take what is offered!". We saw that representatives from the local authority had offered to provide some additional guidance to staff in respect of safeguarding concerns and the registered manager had taken them up on this offer.

The registered manager told us she was being supported by the operations director and additional management support. She told us she felt confident she could improve the working environment for staff which would have a direct impact on the delivery of care for people living at the home. For example, concerns had been raised regarding confidentiality across the home and staff allocation systems which had

identified conflicts of interest for some staff who worked alongside each other. These conflicts had been recognised by the registered manager and changes made to the work allocation. One person living at the home commented, "[Registered manager's name] is brilliant. She is starting to change things round to her way of working. She likes staff to work together as a team and it makes it so much better. She's got staff working together instead of on their own. They know what they should be doing" and another person said, "[Registered manager's name] is on the ball, she leads the team and it is a team". A member of staff told us that the home was 'a lot calmer' since the registered manager had implemented staff allocation changes. The registered manager told us, "It's been quite a challenge doing this, it takes time and we need to get the skill mix right". We observed the home had an atmosphere which was relaxed but gave an air of professionalism and competence.

People spoke positively about the new registered manager, the challenges she faced and the positive impact she was having on the home. People were very complimentary about her and told us they supported her and recognised what she was trying to do. We received many positive comments about her, a selection of which were; "I've seen a lot of changes since the new manager came into the building, she is very helpful", "I've no concerns regarding leadership, there have been quite a few different managers, this one here now, I get on with her, sometimes what she says to others it gets misunderstood, she is strict with staff" and "I have no issues with the manager, she says anything not right I will address it; she does not stand any nonsense she is a very good manager".

Equally, staff spoke positively about the registered manager. One member of staff told us, "I do feel like things are changing and bad practice is being clamped down on. We are trying to get people working as a team, some people are a bit resistant to change". Other comments from staff were, "I know if I raised anything the manager would deal with it", and "If I need to I can speak to her and she has never been abrupt with me". It was clear from our conversations with staff that they recognised the registered manager's vision for the service. They were realistic that the changes she was introducing would take time but were confident that they would have a positive impact on care delivery and support for staff across the home.

It was evident from our discussions with the registered manager that she knew people well and she was passionate about ensuring people received the care and support they needed. We saw that she had worked hard to gain people's trust and they told us they had faith in her abilities and believed her when she said she would do something. Staff equally felt supported. One member of staff said, "You can tell her [registered manager] and ask her anything".

We saw that information from any accidents or incidents were included in the service's quality assurance framework and were discussed at daily handover meetings. The operational director told us, that this information was also discussed at daily staff meetings, weekly clinical meetings and were considered in the registered manager's daily walk round and we saw evidence of this.

We observed that there were a number of audits in place to assess the quality of the service delivered and where issues or concerns came to light, action plans were in place which identified the concerns and those responsible for solving them. The home improvement plan that was in place was regularly updated and added to and was overseen by the registered manager with input from other management colleagues, unit managers and senior care assistants.

We observed that the majority of staff were motivated in their work. An agency nurse commented that they felt that Amberley Court, "Was one of the better homes". They told us they had been provided with a full induction prior to commencing in the home and a thorough handover prior to the shift commencing. Staff meetings regularly took place and minutes of meetings were made accessible to those staff who had not

been able to attend.

The registered manager told us her biggest challenge at the moment was the concerns regarding confidentiality in the home. She told us, "We are addressing it, people are a lot happier, we need to set the scene with staff and have zero tolerance response to it". We saw that changes being introduced were having a positive impact on the levels of sickness absence in the home.

The provider had notified us about events that they were required to by law and had displayed the previous Care Quality Commission rating of the service.