

Amberley Care

# Amberley Care Home

## Inspection report

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Brierley Hill  
West Midlands  
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Tel: 01384482365

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05 October 2022

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Amberley Care Home is a residential care home providing personal care to up to 25 people. The service provides support to people aged 18 and above, some of whom were living with dementia. At the time of our inspection there were 25 people using the service.

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

People's medicines were not always managed safely. There was a lack of information and guidance to guide staff on how and when to offer people's 'when required' (PRN) medicines and how to apply their topical medicines.

Risks to people's health and safety had not always been identified and managed. People had not always received consistent support to reduce known risks.

The provider had failed to implement effective systems to assess, monitor and improve the service.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

There were enough staff to meet people's needs. Staff were recruited safely. People told us they felt safe.

Staff knew people well; however, records did not provide clear guidance for staff to follow when supporting people.

People were encouraged and supported to eat and drink. Staff worked with other professionals to ensure people received a joined-up approach to their care.

Relatives told us they were kept informed of accidents and incidents involving their loved ones. Staff meetings took place and staff said they found them useful.

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 27 January 2022) and there were breaches of regulation. At this inspection we found improvements had not been made and the provider remained in breach of regulations. The overall rating of the service has remained requires improvement.

### Why we inspected

The inspection was prompted in part by information regarding an incident involving a person using the

service who had died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the safeguarding of people who used the service. This inspection examined those risks.

We undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We have found breaches in relation to safe care and treatment and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# 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 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 carried out by 3 inspectors.

#### Service and service type

Amberley 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 Care Home is a care home without 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, there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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 sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 7 members of staff, including the registered manager, care staff and a cook. We reviewed a range of records, including 6 people's care records and 5 people's medication records. We looked at 2 staff files in relation to recruitment and staff competencies and a variety of records relating to the management of the service including policies and procedures.

# 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 remained requires improvement.

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.

### Assessing risk, safety monitoring and management

At our last inspection we found the provider had failed to ensure risks to people's safety were thoroughly assessed and action taken to manage identified risks. In addition, we found, the provider was not always following government guidance on COVID-19. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12

- We were not assured risks to people were assessed, monitored and managed appropriately.
- One person who used the service was known to be at increased risk of pressure damage and had current moisture-related skin damage. There was no information or guidance in their care records to guide staff on how to safely manage their pressure care needs. This placed them at increased risk of avoidable harm and further skin damage.
- One person had undergone a medical procedure. The person's care records indicated they were responsible for caring for a related medical device themselves. However, their care records did not include any information or guidance for staff on the risks associated with their medical procedure and device, how to manage these or details of the action to take in the event of concerns. These care records also lacked any information or guidance for staff on the action to take should the person become unwell and be unable to care for the medical device themselves. This increased the risk of avoidable harm to the person.
- One person's care records stated they had a wound dressing on their leg changed by the district nurse. Their care plan included no information or guidance on their leg condition, the treatment being provided by the district nurse or staff's role in monitoring or managing this health need. This placed them at increased risk of harm due to not having their health needs met.
- One person's care records stated they were known to experience episodes of distress. There was no written information or guidance for staff on how to support them when expressing distress or agitation. In addition, there was no monitoring in place in relation to their episodes of distress or agitation. This placed the person at increased risk of not receiving the support they needed to minimise feelings of agitation or distress.

Using medicines safely ; learning lessons when things go wrong

- People's medicines were not always managed and administered safely which placed people at risk of harm.
- People's 'when required' (PRN) medicines were not safely managed and administered. Staff had not been provided with sufficient written information to support the safe administration of their PRN medicines, such as any details of the signs and symptoms for staff to look for in deciding when to offer each medicine. This increased the risk of people not being offered their PRN medicines when needed.
- When staff had administered people's PRN medications, they had not recorded the reasons for administration. This increased the risk of people's PRN medicines not being administered as intended by the prescriber.
- We reviewed the medicines records for 2 people and found there were unexplained gaps in recording for their topical medicines. Staff had not always been provided with clear information and guidance on the application of people's topical medicines. This increased the risk of harm to people from their topical medicine not being applied as intended by the prescriber.
- The systems and processes for the recording, monitoring, investigating and learning from accidents and incidents were not robust. When people were involved in an incident or accident, these had not always been investigated or action taken to reduce the risk of further occurrence.
- A process was in place for the registered manager to review falls, accidents and incidents records on a monthly basis. However, this monthly review had not been completed since April 2022.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate the risks to people were assessed, monitored and managed effectively including the safe management of people's medicines. This placed people at risk of harm. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff explained to people why they were offering their medicines and supported people to take them.
- Staff completed medicines training and competency checks were completed.

#### Staffing and recruitment

- The registered manager used a dependency tool to determine how many staff members were needed to support people.
- We observed there were enough staff to meet people's needs.
- The registered manager undertook DBS checks to ensure staff were suitable to work at the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Systems and processes to safeguard people from the risk from abuse

- There were systems and processes in place designed to safeguard people from the risk of abuse.
- People told us they felt safe living at the home.
- Staff received safeguarding training. Staff we spoke with knew how to recognise the signs of abuse and how to report these.

#### Preventing and controlling infection including the cleanliness of premises

- 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.



- We were assured that the provider was accessing testing for people using the service and staff.
- 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

Relatives were encouraged to visit their loved ones and we observed this during the site visits.

# 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 good. At this inspection the rating has changed to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

### 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.

- Where people's mental capacity to make decisions was in doubt, decision-specific mental capacity assessments had not been completed.
- There was also a lack of information and guidance for staff on the support people needed to make their own decisions. For example, one person's care records stated they did not have the ability to make 'life-changing' decisions. However, there was no further information or guidance for staff on the nature of these decisions or the support the person needed with decision-making.
- Staff we spoke to were unaware which of the people they supported were subject to a current DoLS authorisation and the implication of this for how they approached their care.

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

- People's needs were assessed before they moved into the home. However, we found people's individual needs were not kept under regular review or reassessed when there was a known change in need, or following accidents and incidents.
- Staff demonstrated awareness of people's health and care needs. However, people's care records lacked information and guidance for staff on how to safely and effectively meet these needs.

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

- The service design and decoration had not been adapted to meet people's needs.
- The environment was not dementia-friendly and did not promote the wellbeing and independence of people living with dementia.
- The registered manager told us they would like to undertake refurbishments of the service.
- The home had been adapted to assist people who had additional mobility needs. There was a lift and suitable equipment in place.

We recommend the provider consider current guidance on creating a dementia-friendly environment and take action to adapt the home's environment for people living with dementia.

#### Staff support, training, skills and experience

- Staff received training and support to enable them to fulfil their roles.
- Staff told us they received regular supervision and we saw evidence these supervision meetings took place.
- Staff told us they felt supported by the registered manager. One staff member said, "If ever there is a problem, I go to my manager and she sorts it out."

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

- People were supported to eat and drink, and to maintain a healthy diet.
- Care records outlined people's dietary needs, their food preferences and the support they needed from staff.
- Staff made referrals to external professionals when there were concerns regarding people's food or fluid intake. The guidance and support provided was incorporated into people's care records.
- We spoke to the cook who was knowledgeable about people's dietary requirements.

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

- Staff worked with other agencies to support people to live healthier lives.
- People received support from staff to seek professional medical advice and treatment when they were unwell and as part of the ongoing monitoring of their health needs.
- Records of health professional visits were maintained to evidence the outcome of visits and any actions required.

# 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 inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection we found the provider had systems in place to monitor and improve the quality of the service; however, these were not effective. This was a breach regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- The provider's systems and processes for assessing, monitoring and improving the safety and quality of people's care were still not effective.
- This service has been rated as requires improvement overall for the last 5 consecutive inspections. The provider had failed to ensure there was a culture of continuous learning in the service. Insufficient action had been taken to identify and address issues to improve the quality of the care provided.
- Processes for monitoring staff responses to people's requests for help via the emergency call bell system were not robust. The registered manager activated a random call bell each month to monitor how long it took staff to respond. No records were maintained in relation to any day to day monitoring of call bell response times. This placed people at risk of not receiving their assistance in a timely manner.
- The provider's controlled drugs medication audit was not robust or effective. The audit did not include checks on medication administration records or checks on the safe storage of controlled drugs. The audit consisted only of checks on expected and actual medicine stock. This increased the risk of people's controlled drugs not being managed and administered safely.
- The provider's medication audits were not effective. These audits had not enabled the registered manager to identify the shortfalls we found in relation to the management of people's medicine during the inspection. The lack of robust and effective medicines audits placed people at increased risk of not receiving their medicines safely.
- The provider's oversight of people's DoLS applications and authorisations was not effective. It had not enabled them to identify that a person's DoLS authorisation had expired. We saw no evidence any decision had been reached that the person was no longer being deprived of their liberty or that a further DoLS standard authorisation had been applied for. This placed people at risk of being unlawfully deprived of their

liberty.

- The systems and processes for recording, monitoring, investigating and learning from accidents and incidents were not robust. When people were involved in accidents or incidents, these had not always been investigated or action taken to reduce the risk of further occurrence. The registered manager was responsible for reviewing accidents and incidents, but this was not carried out on a consistent basis. This placed people at increased risk of avoidable harm.
- Audits of care records had not consistently identified shortfalls. For example, audits of care records had not highlighted missing information such as guidance for staff to support people with known health needs.
- The provider's systems and processes for ensuring people's rights under the MCA were fully promoted were not effective.

The provider's systems and processes to monitor and improve the quality of the service were not effective. This was a continued breach regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider did not always engage and involve people using the service. The views of people and relatives were not regularly or actively sought.
- People were not consistently involved in their care planning and their care records confirmed this.
- Staff confirmed staff meetings took place and they found them useful. One staff member said, "It's nice for staff to get together and say what they need to say or get some information".

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; Continuous learning and improving care

- The registered manager was aware of their responsibilities under duty of candour to be open and honest with people and others when things went wrong.
- Relatives told us they were kept informed of incidents involving their loved ones. One relative said, "Staff keep me well informed".
- The provider had systems and processes in place to identify improvements, however, these were not always effective. This did not promote continuous learning and improving care.

Working in partnership with others

- The provider worked in partnership with external professionals to ensure people received a joined-up approach to their care.
- During the inspection, community nurses visited the service to administer people's flu jabs.
- People's care records evidenced involvement from external professionals such as general practitioners, district nurses, chiropodists, social workers and the diabetes team.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to people were not assessed, monitored and managed effectively including the safe management of people's medicines. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### **The enforcement action we took:**

We imposed a condition on the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's systems and processes to monitor and improve the quality of the service were not effective. This was a continued breach regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### **The enforcement action we took:**

We imposed a condition on the provider's registration.