

Emerald Care Ltd

Amber House - Coventry

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Amber House - Coventry is a residential care home providing personal care to up to 15 people. The service provides support to older people, some of whom live with dementia. Accommodation is provided on two floors accessed by stairs and a stair lift. People have their own rooms with shared bathroom facilities and access to communal areas. At the time of our inspection there were 13 people living at the service.

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

Systems in place to monitor environmental and infection risks to people were not robust and placed people at risk of harm. The service was not clean, staff did not always wear Personal Protective Equipment (PPE) correctly and people were at risk of sustaining burns from uncovered hot water pipes. The provider took immediate action to rectify the issues we identified.

Quality monitoring was in place and a full range of audits were being completed for all areas. Whilst the monitoring was being carried out it had not identified all of the shortfalls we found during the inspection. The provider and manager had not ensured CQC were notified of all events they have a regulatory responsibility to inform us of. Following our inspection, the provider reviewed their quality monitoring system and made changes to make it more robust.

People and their relatives told us they received a good service and felt safe. Accidents and incidents were recorded, and risk assessments were in place. Staff understood their responsibilities about safeguarding and had been appropriately trained. Arrangements were in place for the safe administration of medicines.

There were enough staff on duty to meet the needs of people. The provider had an effective recruitment and selection procedure and carried out relevant vetting checks when they employed staff.

People, relatives and staff were asked for feedback about the service and for ideas on how to make improvements. People, relatives and staff spoke positively about the manager and the culture of the home.

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 good (published 17 January 2020)

Why we inspected

We undertook a targeted inspection to review the service's infection prevention and control procedures.

We inspected and found there was a concern with relation to the cleanliness of the service and environmental risks, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe 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.

Following the first day of inspection the provider took action to mitigate the risk we identified. On the second day of inspection we found these actions had been effective to keep people safe.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Amber House - Coventry on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the safe care of people and the governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Amber House - Coventry

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

This inspection was completed by two inspectors.

Service and service type

Amber House - Coventry 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. Amber House - Coventry 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The provider had recruited a new manager for the service who intended to register with CQC.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was to ensure the provider or manager would be available to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who lived at the service about their experiences of the care provided. 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. We spoke to two relatives and an advocate of a person to gain their views of the support given. An advocate is a person who makes sure a person's views and opinions are upheld when a person is not able to do this themselves. We spoke with five members of staff including the nominated individual, the manager and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed three people's care records, multiple medication records, cleaning schedules, health and safety records, risk management monitoring forms, three staff files in relation to recruitment, staff rotas and records of quality assurance checks.

After the inspection

We continued to validate evidence found.

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 Good. At this inspection the rating has changed to 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.

Preventing and controlling infection; Assessing risk, safety monitoring and management

- During the first day of our inspection we identified the environment, including communal areas, bathrooms, toilets, bedrooms and the visiting pod were unclean. Numerous areas in the home had significant dirt and dust build up which showed regular, thorough cleaning had not been completed. This placed people at potential increased risk of infection.
- There was damage to the home environment including damaged flooring and chipped paint which prevented effective cleaning for preventing and controlling infection.
- Mops used to clean the home were not stored in line with guidance when not in use and this could increase the risk of spreading infection.
- We observed staff did not always wear Personal Protective Equipment (PPE) correctly, we observed staff wearing face masks not covering their nose or had removed them in communal areas.
- Water pipes feeding radiators were not all covered and very hot to touch which meant there was a significant risk of accidental harm to people should they come into contact with them. The nominated individual advised these were previously covered but there was no record to indicate how long it had been uncovered.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We shared our concerns with the provider and nominated individual who took immediate action to cover the hot water pipes, deep clean the home, create a new cleaning schedule and to replace the damaged carpet. The nominated individual also shared with us a refurbishment plan to address the environmental issues we found including storage of mops. The manager completed refresher training with staff about the use of PPE in the home. On the second day of our inspection we found improvements had been made to the environment, the hot water pipes were covered, flooring was being replaced and the home was clean. We saw staff wore PPE appropriately.

- People's risks had been identified and assessed. Staff were aware of people's personal risks and the strategies used to support people.
- People's risk assessments were regularly reviewed and updated. Information throughout people's care plans provided staff with the measures needed to reduce the risk.
- Staff received training on how to keep people safe. This included moving and handling, fire safety and responding to healthcare emergencies.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Visiting in care homes

- The provider had supported people to see their relatives during the pandemic in line with government guidance. A visitor pod had been built in the garden to allow relatives to visit whilst reducing the risk of infection to other people in the home.
- Visitors to the service had their temperature and COVID-19 status checked before entering and staff checked visitors did not have symptoms of illness.
- People and relatives told us during times when they were unable to visit they were supported to keep in contact with their loved ones with telephone and video calls.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us people were safe at the service. One relative told us, "They are safe and happy. What Amber House has done is unbelievable, how they have cared for [person's name]. They are a totally different person. Staff go above and beyond, they are wonderful with her. [Person's name] used to be petrified but now they are happy and relaxed."
- We observed people were comfortable and at ease with the staff who supported them.
- Staff received training on safeguarding and felt able to report any concerns they had. Staff told us they felt their concerns would be addressed responsively. One member of staff said, "I've had training, it gets refreshed each year, it covers the type of abuse, signs, and what you have to do to raise the concerns."
- We saw the manager reported safeguarding concerns to the local authority safeguarding teams and took action to protect people from risk of abuse. However, the manager had not always notified CQC. We raised this with the manager who immediately submitted the necessary notifications.

Staffing and recruitment

- There were enough staff to support people safely. Staffing was arranged flexibly so that people were provided with one to one or two to one support when this was needed.
- Staff were recruited safely and pre-employment checks were completed which included Disclosure and Barring service (DBS) checks. 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.

Using medicines safely

- Medicines were managed safely and people received their medicines as prescribed. Only those appropriately trained, administered medicines to people.
- There were safe arrangements to receive, store and dispose of medicines.

- Protocols were in place for medicines that were to be taken as and when needed however we identified these could be improved with additional detail. We fed this back to the deputy manager and the manager who updated the protocols during our inspection and reviewed these with a pharmacist.

Learning lessons when things go wrong

- The provider and manager worked with the local authority when safeguarding concerns had been raised. Protective measures were put in place to avoid the risk of any reoccurrence.
- Accidents and incidents had been recorded by staff and monitored by the manager and the provider to try to prevent similar incidents being repeated. Positive and preventative action was discussed with staff in staff meetings and one to one supervision meetings.

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 Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider did not have effective systems in place to monitor the cleanliness of the home. Although daily checks were completed by staff and the manager the lack of cleanliness we identified on the first day of our inspection had not been identified.
- The provider did not have effective systems in place to identify and drive improvements within the environment of the home. Checks had not highlighted hot water pipes were uncovered and posed a risk to people and staff. One person's bedroom was uncomfortably hot due to the size of radiator and this had not been identified as a risk to the person.
- The manager was not aware of all their regulatory responsibilities, such as notifying CQC of allegations of abuse and the provider did not have effective systems in place to identify the notifications had not been sent.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the first day of the inspection the provider had implemented new cleaning schedules and audits within the home. The provider had also taken immediate action to cover the hot water pipes and to install a new, smaller, radiator in the person's bedroom which made the temperature more suitable. After the second day of inspection the manager submitted the notifications to CQC. We provided the provider and manager with details of how they could improve their knowledge of the regulations and their responsibilities.

- People's care records were regularly reviewed for accuracy and updated with any changes.
- There was a clear staffing structure in place and staff were clear of their responsibilities.
- It is a legal requirement that the overall rating from our last inspection is displayed. We saw the rating displayed within the home.
- The service had systems in place to manage risks to people. There were checks to fire alarms, water, gas and equipment within the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 home had a calm and relaxed atmosphere. The culture at the home was warm and friendly.

- People told us they enjoyed living at the home and the staff were kind. Relatives and the advocate we spoke with were happy with the care provided. One relative told us, "The staff are very friendly, I would have no qualms picking up the phone to speak to them. I've never had any problems; they are very welcoming and open."
- Feedback we heard from relatives and staff about the manager was positive. Staff told us they could approach her at any time and that she was a visible presence in the home. One staff member told us, "[Manager] is brilliant, things feel much more settled since she started." Another member of staff said "[Manager] is very approachable, there is a good culture. We are a nice team here; everyone is happy and jolly. Any external issues are left at the door we work well together."
- People were being cared for by staff who enjoyed their jobs. A member of staff told us, "The providers are wonderful they can't do enough for everyone. I had my reservations during the lockdowns, but everyone has worked tirelessly to make sure the people here are happy."
- The provider had a duty of candour policy in place which outlined how they would meet their responsibility to be open and transparent with people.

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

- People were supported and encouraged to give their views of the service and to have a say in how things were run through daily discussions with staff and the manager.
- People's relatives, professionals and staff were asked to complete an annual satisfaction survey. The most recent survey showed responses were good.
- Staff said they were encouraged to promote their ideas and views in regular staff meetings or when reviewing people's care.

Working in partnership with others

- Staff worked with various health care professionals to make sure people's health needs were met. We saw evidence in people's records of visits from GP's, community nurses and therapists.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not protected from risk of infection due to inadequate cleanliness and staff practices. People were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not effective in assessing, monitoring and mitigating risks to the health, safety and welfare of people using the service and monitoring and improving the quality and safety of the service. This placed people at risk of harm.</p>