

The Amwell Care Home Limited

The Amwell

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

The Amwell is a residential care home providing personal and nursing care to 39 people aged 65 and over at the time of the inspection. The service can support up to 88 people.

The Amwell provides support to people in one adapted building on three floors. Each person has their own bedroom and ensuite bathroom. Each floor has a communal dining room and lounge area. At the time of inspection only two of the floors were being used.

The Amwell has a shared bistro, gym, salon, cinema and garden all people living at the service are able to access.

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

Improvements to the service had been made but it was too early to determine if improvements could be sustained. This was due to the introduction of a new manager.

People's needs were more consistently identified, care planned, and risk assessed. Safeguarding concerns and incidents were better identified, and steps were now being taken to mitigate risk.

Staffing levels had been reviewed and people were now supported on two floors rather than three. This meant staff were more responsive to people's needs and could provide care and support in a timely manner.

Improvements to how the service was led and governed had been made. Processes and systems were in place to identify areas of improvement; however these had not been fully embedded at the time of inspection.

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 Inadequate (published 20 January 2021) and there were multiple breaches of regulation.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 10 September 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous 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.

We carried out an unannounced inspection of this service on 25 November 2020 and 05 December 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, to improve safeguarding people from the risk of harm, to improve staffing levels and improve how the service was led.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

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

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?

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 ●

The Amwell

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

Two inspectors carried out the inspection. An Expert by Experience made telephone calls to relatives of people who live at the service. 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

The Amwell 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the provider since the last inspection. The provider completed an action plan after the last inspection to show what they would do and by when to improve. 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.

During the inspection

We spoke with 11 members of staff including the interim manager , deputy manager, assistant manager, senior care workers, care workers, activities co-ordinators, housekeepers and the chef. 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 reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with seven relatives about their experience of the care provided. We also continued to seek clarification from the provider 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 the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved 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.

At our last inspection we found the provider was not providing safe care and treatment was in breach of regulation 12 (1) Safe care and treatment and of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Preventing and controlling infection

- Compliance with personal protective equipment (PPE) had improved. Staff were wearing PPE during their interactions with people and moving around the service. We observed staff not following government guidance on full PPE use (aprons and gloves) when supporting people to mobilise. This was raised and addressed by the interim manager. The government guidance had been misinterpreted but was rectified at the time of inspection.
- There were sufficient PPE stocks at the service. Staff were able to access PPE and alcohol hand gels around the service. Staff and residents were also being tested regularly in accordance with government guidelines.
- We were assured the provider was following infection and control practices. This meant the risk of people being exposed to, contracting and transmitting COVID-19 was reduced.

Assessing risk, safety monitoring and management

- Fire risks and evacuation plans were not assessed and managed properly. External fire audits completed found the service were not compliant with fire safety regulations, but action plans had been completed by the interim manager to mitigate the risks identified.
- Some people required additional support at mealtimes. We observed a person waiting for 15 minutes before they were assisted with their lunch time meal. This showed staff were not always providing care and assistance to people in a timely manner as they required it.
- People's needs had been assessed. Care plans and risk assessments were in place although some people had contrary information recorded. For example, a person's care plan stated they needed repositioning every two hours in bed and also every four hours. This meant guidance was not clear to staff about how regularly the person should be repositioned to prevent their skin from breaking down. It was not established whether staff knew how often the person needed to be repositioned.
- People's relatives were involved in planning and reviewing care. Relatives told us they were included in

discussions around care needs, one relative told us "I get the care plan emailed to me and I comment on it."

- Staff kept up to date and accurate daily records. All staff now had access to mobile devices so they could record information after they had completed activities with people. This meant people's needs could be monitored and any signs of deterioration could be identified sooner.
- People were being supported to achieve goals. Staff were working alongside people to assess their abilities and help them reach their potential. For example, progress graphs were kept for the number of steps a person had taken each day to encourage their mobility and independence. Another person was being supported to enjoy the garden more frequently which saw a positive change in their presentation and mood.

Using medicines safely

- People received their medicines safely most of the time. Improvements had been made since the last inspection, however we observed poor practice where one staff member did not prepare medicines safely and appeared to administer a medicine despite a person not wanting to take it. This was raised at the time of inspection and addressed by the interim manager.
- Medicine audits did not always identify discrepancies in stock. Daily medicine stock audits were completed but we found discrepancies in available stock to what was recorded. This was raised with the deputy manager at the time of inspection and rectified immediately.
- People had appropriate documentation in place. The medication administration records (MARs) were reviewed and were being completed appropriately. Some people were prescribed medicines to be given as and when required. Protocols to guide staff on administration of these medicines were in place and followed.

Learning lessons when things go wrong

- A lessons learnt log was kept. Concerns and actions completed were recorded and made available to staff. This enabled staff to learn and make improvements to reduce the likelihood of incidents from occurring again in the future.

At our last inspection we found the provider was not providing safe care and treatment due to staffing levels and was in breach of regulation 18 (1) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staffing and recruitment

- Staff were available to meet people's needs. A relative told us "staff did seem rushed a while ago but not now." Changes had been made and people living at the service were now on two floors rather than three. This decision had been made with people living at the service and their relatives, although not all people were happy with the move. This meant staff were distributed more efficiently to meet people's needs in a timelier manner.
- Staff were trained. A training matrix was reviewed which evidenced staff had received training relevant to their roles. Positive behaviour management training and specific COVID-19 training had been delivered to all staff working at the service.
- Staff were safely recruited. Staff records were viewed, and relevant checks had been completed before staff commenced work.
- Staff received inductions. Newer members of staff told us they had completed training and an induction period when they started working at the service.

At our last inspection we found people were not being safeguarded from the risk of harm. This was a breach of regulation 13 (1) Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding incidents were identified more consistently and investigated. The local authority and CQC were notified of incidents as they occurred.
- Relatives told us they felt their family members were safe at the service. We observed staff redirecting and supporting people with more complex needs with effect. A staff member told us "We have a better understanding of people's needs now." This was partly due to improvements to the quality of care plans, but also due to the support the interim manager provided to staff to carry out their roles.
- Staff felt able to challenge practice. Staff told us if they saw poor practice they would be able to whistle blow or raise their concerns if needed. Safeline (an independent whistleblowing hot line) has been implemented at the service to allow staff to anonymously raise concerns.
- People needs were respected and staff were observed supporting people in a dignified manner. The activities co-ordinators hours were increased to improve the quality of people's social lives. Activities such as a gardening club and engaging in virtual church services had been introduced for people to enjoy.

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 Inadequate. At this inspection this key question has now improved 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.

At our last inspection the provider had failed to ensure systems and systems were in place and were robust to allow the service to be managed effectively. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- The culture within the service was changing. Staff were aware of the shortfalls within the service when they previously hadn't been. For example, outcomes and reports from previous inspections had not been shared with staff who were unaware of the improvements that were required. Staff were now aware of improvements required and were working to change how they practiced. The interim manager acknowledged staff's perseverance and wanted to forge a strong team work ethic.
- Oversight of the service had improved. An interim manager was installed to invigorate how the service was performing. Daily flash meetings were held with senior management to review people's changing needs and ensure actions from the previous day had been completed. The daily flash meeting was continually reviewed to help improve the quality of information discussed. Whilst improvements were being made, the interim manager was due to leave as a permanent manager had been recruited. There was a risk changes made by the interim manager were not significantly embedded at the time of inspection.
- Quality assurance processes were becoming more robust, but some still did not identify issues. For example, medicine stocks were not balanced, PPE was not correctly worn in accordance with government guidance and care plans did not always contain consistent information. This meant there was potential risk to people that some concerns could be missed complicated by further changes being made to management at the service.
- Staff felt supported. Staff told us the interim manager had made a huge difference to the service and how it was running. Staff felt the interim manager was approachable.

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 interim manager was encouraging an open and honest culture. A staff member told us "I feel like we are more honest and admitting how we deal with things. That wasn't instilled in us and it was across the board."
- Information was shared more regularly with relatives when something went wrong. One relative told us "The manager spoke to me a while back when there was an altercation between my relative and another person."
- The interim manager understood their role and responsibilities and reported incidents and safeguarding concerns to CQC accordingly. A new manager had been appointed at the time of inspection and was anticipated to be in post soon.
- Roles and responsibilities were being defined. Staffing structures had changed, and staff understood their roles and what their responsibilities were. This meant staff were accountable for their actions and took ownership of the tasks they had to perform. Whilst there had been some improvement, further action was needed to sustain these improvements.
- The interim manager had worked hard to establish rapport with staff, people living at the service and their relatives. One person's relative told us "The interim manager is good", another told us "The manager is very very good." Relatives shared common themes on the improvements in how the service was run, and the communication they received about their family members

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

- Communication was improving. Relatives consistently told us they received information and updates about their family members. One relative told us communication "Is much improved" while another told us, "I receive a weekly email, and there is a monthly zoom meeting." Relatives told us this level of communication had helped them as they had not been able to see their family members.
- Staff felt listened to. The interim manager encouraged staff to share their views. One staff member told us they suggested altering the time lunch started to allow staff more time with people who needed more assistance. This was implemented and staff commented on the difference this had made.
- People could share their views. The interim manager carried out daily walk rounds and actively engaged with people to improve the quality of care people received. For example, people were offered alcoholic drinks at meal times and changes had been made to the daily menu following feedback from people living at the service.

Continuous learning and improving care

- Quality assurance and governance practices were improving. Processes to audit the service were in place but there had not been enough time to embed practices. The interim manager was aware of the importance of identifying themes and taking action to improve the quality of care people received. A new manager was not yet in post so it was whether progress the interim manager had made would continue.

Working in partnership with others

- Working relationships had improved. Communication and rapport with health and social care professionals were positive. The service shared relevant and accurate information with partner agencies to benefit the people living at the service.

