The Amwell Care Home Limited

The Amwell

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
The Amwell is a residential care home providing regulated activity of personal and nursing care to up to 88 people. The service provides support to people aged over 65 years old living with physical disabilities and conditions such as Dementia. At the time of our inspection there were 45 people using the service.

The Amwell is a purpose-built building supporting people across three floors. There is a shared bistro, gym, salon, cinema and garden all people living at the service are able to access.
Each person has their own bedroom and en-suite bathroom. Each floor has a communal dining room and lounge areas.

People's experience of using this service and what we found
People were safeguarded from the risk of harm abuse. Staff understood safeguarding concerns, and any incidents were investigated and referred to the local authority.

People's care needs and risks were assessed. Staff followed guidance available advising how to safely meet people's care needs.

People received medicines safely and staff were trained in how to administer medicines.

Staff were trained and there were staff available to meet people's care needs.

The service was well-led. Systems and processes were well established and embedded which allowed the registered manager to have oversight.

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
The last rating for this service was requires improvement (published 17 June 2021).

Why we inspected
We received concerns in relation to how people were cared for. There was also a COVID-19 outbreak at the service. As a result, we undertook a focused inspection to review 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 requires improvement to good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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.

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, 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

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 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
Two inspectors carried out this 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 and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Amwell 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 a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection.
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 live at the service. We also spoke with nine members of staff including the regional director, registered manager, assistant manager, senior care workers, care workers, housekeeper, activities co-ordinator and the maintenance staff. We reviewed a range of records. This included four people's care records and multiple medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including polices and procedures were also reviewed.

After the inspection
We spoke with six relatives of people using the service to understand their experience of the care provided. We spoke with one health professional who regularly works at and visits the service. We also continued to seek clarification from the provider to validate the evidence found.

Good

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

Changes had been made to the management of medicines and systems were now established. Observations at mealtimes showed improvements had been made and staff were working well together to ensure people were receiving safe care.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of harm. Systems and processes were in place and followed by staff. Safeguarding concerns were documented, investigated and shared with the local authority accordingly.
- People felt safe. People living at the service and their relatives told us they were safe.
- Staff felt able to raise concerns about practice. Safeguarding adults and whistle blowing policies were in place. Staff told us they had confidence the registered manager would deal with any concerns as required.

Assessing risk, safety monitoring and management

- People's needs were assessed. Pre-assessments of people's care needs and associated risks were completed prior to them moving in to the service. This allowed staff to understand how to monitor and manage their health needs and risks safely.
- Risk assessments were in place. Staff had access to information which guided them on how to respond to and when to escalate concerns about people's presentation. This meant staff could safely monitor and manage people.
- Positive risks were taken. Staff worked alongside people and health and social care professionals to encourage people's independence. Staff proudly told us how they had enabled people to improve their mobility and improve their wellbeing.
- Daily records were kept. Staff completed accurate logs of people's care needs and monitored their safety and well-being. Changes to people's presentation were shared at daily meetings, and referrals to relevant health and social care professionals were made.

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. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

●Staff were safely recruited. We reviewed three staff recruitment files and found appropriate checks such as Disclosure and Barring Service (DBS) had been completed prior to staff starting. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

● Staff were trained. We reviewed a training matrix and found staff received training appropriate and relevant to their roles. Staff were being encouraged to develop their skills and undertake diplomas and additional training.

● There were enough staff. We observed the service to be calm, and staff did not appear to be rushed. Staff told us they worked alongside people to encourage their independence and improve their outcomes.

Using medicines safely

●People received medicines safely. We reviewed medicine administration records (MARs) and saw people were given medicines as prescribed. Staff monitored people's compliance with medicines and the GP was contacted if there were any concerns or need for review.

● Medicines were stored safely. Clinic rooms were located on each floor and were locked. Daily fridge and room temperatures were taken, and the environment was clean.

● Medicine stocks were managed. Systems were in place to order, store and return medicines.

Preventing and controlling infection

● Processes to manage the COVID-19 outbreak were in place. The service was cleaned regularly with more frequent high touch point cleaning taking place. Government guidance around cleaning in a COVID-19 outbreak were followed by the house keeping team.

● People were supported to self-isolate. People who were COVID-19 positive self-isolated in their bedrooms. Staff were aware of who was positive, and signs were placed on people's closed bedroom doors. This helped to minimise the risk of COVID-19 being contracted and transmitted.

●Staff were wearing personal protective equipment (PPE) accordingly. We observed staff wearing PPE when interacting with people. People and relatives all told us staff wore PPE all the time. This meant the risk of contracting and transmitting COVID-19 was reduced.

● 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 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

●People were supported to have visitors. The service was in outbreak at the time of inspection, but visits continued to take place in the garden for those who were not self-isolating.

Learning lessons when things go wrong

● Lessons were learned. Incidents were analysed and any necessary actions to reduce the likelihood of incidents occurring again were taken. Information and learning was shared with staff to help improve the quality of care people received.

Good

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Systems and processes were now firmly embedded at the service when previously they had not been. A permanent registered manager was also in post which had created consistency amongst the staffing group.

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

- The service was well-led. The registered manager had developed a positive culture by promoting open communication with staff and people living at the service. An 'even better if' attitude had been adopted and staff were encouraged to consider how and where they could make improvements to people's care and experiences.
- There was oversight at the service. Systems and processes were embedded. Regular handovers and daily meetings were carried where information about the service and people's changing needs were discussed and action taken.
- Equality was promoted. The registered manager encouraged everyone living and working at the service to have a voice. Staff and people felt listened to, and that their views would be considered and acted on where possible.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager understood their role. Where appropriate the registered manager completed statutory notifications regarding incidents such as safeguarding concerns to CQC and partner agencies. This meant external oversight and monitoring was maintained.
- Staff felt supported. Supervision and team meetings took place frequently where staff could ask questions and request support enabling them to carry out their roles.
- Actions were taken if incidents occurred. Relatives felt confident any incidents or information was shared with them. One relative told us, "We certainly get phone calls for any changes in their health condition." Reviews and analysis of incidents were completed by the registered manager to try and prevent incidents or accidents from occurring again.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People's views were sought. Meetings for people and their relatives took place to understand their views and experiences. Where possible changes to the service were made and information was displayed on a 'you

said, we did' notice board. This meant people's views were heard.

● Quality assurance processes had been embedded. Audits covering a range of areas from falls risks to call bell response times were regularly undertaken by the registered manager and assistant manager. Areas of concern were promptly identified, and actions were taken to improve the quality of care people received.

● Analysis of incidents was undertaken. The registered manager completed thorough reviews of accidents, falls and incidents to put in place measures that minimised risks and improved care. Information was shared with staff which meant opportunities to improve the service were taken.

Working in partnership with others

● Partnership working was established. Staff worked closely with professionals, frequently sharing information relevant to people's health and social care needs. This meant people experienced effective joined up care in a timely way.