

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 personal care to up to 88 people. The service provides support to people aged 65 years old and older living with physical disabilities and conditions such as dementia. At the time of our inspection there were 48 people using the service.

The Amwell is a purpose-built building supporting people across 3 floors. There are communal spaces such as a bistro, salon, gym, cinema and garden. All people living at the service were supported to access these spaces. People had their own bedrooms with en-suite bathrooms, and each floor had shared dining rooms and lounge areas.

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

People were safeguarded from the risk of harm and abuse. Staff were knowledgeable about safeguarding matters and knew the procedure to report any concerns. Where incidents had occurred, these were investigated and referred to the local authority.

People's care needs were assessed and where needs changed; care records were updated. Risks for people were identified and assessed thoroughly. Staff followed guidance and had received training to safely meet the care needs of people in the service.

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

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

The service was well-led. Systems and processes were in place to allow oversight of the service. The registered manager was absent during the inspection however there was an effective, stable management team in place.

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 good (published 6 August 2022).

Why we inspected

We received concerns in relation to the management of medicines. 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.

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.

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

The inspection was carried out by 2 inspectors. 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 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 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 4 people and 9 relatives of people who used the service about their experience of the care provided. We also spoke with 10 staff members including the deputy manager, interim manager, regional support manager, senior care workers, care workers, housekeepers, maintenance staff and activities coordinator. We reviewed a range of records including 5 people's care records and multiple people's medicine records. We looked at 3 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 also reviewed.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff were safely recruited. Recruitment processes in place were robust in ensuring staff were safe to work with people prior to commencing their role. All staff had an up-to-date Disclosure and Barring Service (DBS) check. 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.
- Staffing levels were calculated using a dependency tool. The regional support manager calculated the hours of support required by people to ensure there was enough staff to meet their needs. One relative told us, "When I've visited, there always seem to be appropriate levels of staff." The dependency tool was reviewed when there were changes to people's needs and the management team ensured that there was a good mix of staff available to meet individual needs.
- Staff received relevant and appropriate training for their roles. Staff told us the training was detailed and informative and they felt supported in their role. During the inspection, 1 staff member told us they had not received internal training for eye drop administration. However, they had received training in their previous employment. The interim manager acknowledged this and agreed that the staff member would be booked on to training immediately.

Using medicines safely

- People received medicines in a safe way and at the times they needed them. Medicines were stored in a locked, temperature-controlled room. Stock balance checks were completed daily to ensure quantities of medicines were accurate.
- Where medicines were given without the knowledge or consent of the person receiving them, we saw evidence that staff had spoken with professionals and family members to ensure this was in their best interest.
- Protocols for 'as required' medicines, known as PRN medicines, were in place. These ensured PRN medicines were given in a safe way when needed. Some protocols had missing details for PRN medicines where the dose was variable, for example one or two paracetamol. However, the medicine administrators were knowledgeable and able to explain the process for giving these variable dose medicines safely to the inspection team. When this was raised with the interim manager, the inspection team were told that an amendment would be made to the protocols to ensure clarity for all staff.
- The inspection team found that staff responsible for medicine administration were trained in the safe handling and administration of medications. Competency checks were completed regularly to ensure knowledge was maintained.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of harm and abuse. The provider had a range of systems and processes in place to minimise risks. Staff were aware of the policies and procedures in place and knew where to find these.
- Staff received training in safeguarding and whistle blowing. They told us how they would report and escalate any concerns. We received notifications about safeguarding matters from the service in a timely manner.
- People living at the service told us they felt safe. One person told us, "They [staff members] know the skills to look after me and keep me safe.". Relatives told us they felt their family members were cared for and kept safe.
- Relatives told us that they felt the home was well managed and were able to raise concerns and issues if required. One relative told us, "[Staff] always listen to constructive suggestions, and it's always taken on board what I've said."

Assessing risk, safety monitoring and management

- People had individual risk assessments available in their care plan which were relevant to specific areas of support they required. Such assessments were regularly reviewed and updated by senior staff, who also sought advice from relevant healthcare professionals.
- Staff had access to individual risk assessments which provided guidance on how to respond and when to escalate concerns about people. This meant staff were able to safely monitor people and knew when to escalate concerns about their safety, health or wellbeing.
- Environmental risk assessments were completed. There was a thorough plan of health and safety checks which included maintenance of equipment.

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.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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

- At the time of inspection, non-essential visits had been suspended due to an outbreak. The interim manager told us that they were maintaining contact using telephone and video calls to ensure people kept in touch with their family members.

Learning lessons when things go wrong

- Records provided evidence that accidents and incidents were recorded, investigated, and analysed by the senior management team. Information and learning was shared with staff members in daily handovers, staff meetings and supervisions. This meant staff were able to learn lessons and reduce the likelihood of similar incidents occurring.
- Accident and incident records showed healthcare professionals and people such as family members were notified and informed of any action taken to prevent reoccurrence.

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. The rating for this key question has remained good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff understood their roles and responsibilities. In the absence of the registered manager, the provider had placed an interim manager and regional support manager within the service to provide advice, support and guidance to the whole staff team. This meant there was a clear and supportive management structure in place.
- The interim manager, regional support manager and administrative staff had a range of measures to monitor the quality of all areas of the service and make continual improvements. These were communicated with staff during regular team meetings.
- The interim manager made sure all people received good care and support by supporting staff members and maintaining contact with people living at the service and their relatives. One relative told us, "[Interim Manager] is very nice, I've spoken to [Interim Manager] a few times."

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

- Whilst the registered manager was absent from the service, the provider had ensured there was an effective and supportive management team in place. The interim manager was knowledgeable, promoted a positive open culture and was committed to providing quality care to all people living in the home. Feedback was genuinely welcomed from staff, people, and relatives.
- Staff members told us they strived to deliver the best person-centred care they could, and this was observed throughout the inspection by the inspectors. One staff member told us, "It's like a family here. Everyone pulls together to get the best outcomes for the residents. I love working here."
- The management team had oversight of the service and were supported by the provider. Effective systems and processes were in place to monitor the service. Leaders led by example and promoted open and honest communications with staff and people living at the service.

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 management team understood their responsibilities to notify all relevant agencies when issues had arisen. The interim manager had submitted notifications regarding incidents they were required by law to tell us about. There was a clear process in place which showed information had been shared with the care quality commission, safeguarding and the local authority.

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

- People, relatives, and staff were involved and consulted about their thoughts on the service. A relative told us, "I completed a questionnaire previously. So many good changes were put in place by [the registered manager]." The management team and staff ensured people were given the right support to make their views heard.
- Records demonstrated people's individual characteristics and preferences had been considered. One relative told us that the service had assisted in supporting their family members religious beliefs.
- There was an activities coordinator within the service who ensured people were engaged in activities they enjoyed. The interim manager told us about future plans for activities and these had been suggested by staff and people living at the service.
- The service had implemented a daily newsletter for people living at the service, which was printed to look like a newspaper. This was an effective way of communicating and engaging with people. On the day of inspection, several people were observed to be reading the newsletter.

Continuous learning and improving care; Working in partnership with others

- Systems and processes were embedded to ensure continuous learning and development for all staff. There was a clear focus on learning and development from staff and the management team.
- Analysis of accidents and incidents was undertaken regularly. The interim manager and regional support manager were responsible for undertaking a thorough review of accidents, falls and incidents. They ensured measures were put in place to minimise risk and improve standards of care.
- We saw evidence people were supported to access services as required. Care records showed people had been appropriately referred to specialist health teams and the whole staff team worked in partnership with health care professionals. This meant people had the right access to the right support when they needed it.