Enter and View Visit Report

Amberley Court Nursing Home

1. Visit Details

Premises Visited:	Amberley Court Nursing Home 82-92 Edgbaston Rd Birmingham B12 9QA
Date of Visit:	12th June 2015
Time of Visit:	9.30am – 1pm
Date of Report:	26th June 2015
Purpose of the Premises/Services:	Provider of nursing and residential services
Authorised Representatives:	Jason Mistry June Phipps Keith Hulin
Contact Details:	Healthwatch Birmingham, Cobalt Square, 83 Hagley Road, Birmingham, B16 8QG

2. Acknowledgements

Healthwatch Birmingham would like to thank the service provider for their contribution to the Enter and View programme.

3. Disclaimer

Please note that this report relates to the findings found on the specific date and time specified above. Our report is a representative portrayal of our experiences on the date and time of our visit.

4. What is Enter and View

Enter and View is part of the local Healthwatch programme to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views Reps are not intended to identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time, an authorised representative observes anything that they feel uncomfortable about, they need to inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to CQC where they are protected by legislation if they raise a concern.

5. Background

Amberley Court is a purpose built 62 bed residential nursing home located in Edgbaston, Birmingham. The home is run by Bupa and is registered with the Care Quality Commission (CQC) to provide nursing for individuals with physical disabilities of all ages. At the time of visiting, there were currently 60 residents living at the home with 2 residents being in hospital.

The main source of referrals is from hospitals and social services with funding coming from either Continuing Health Care or Local Authority. There are currently no residents who privately pay.

Accommodation is arranged over 2 levels and is in a “U” shape layout. There are lifts available to ensure the home is accessible. There is a maintenance team on site responsible for the upkeep of the facilities.

CQC carried out an unannounced inspection on 9th and 10th October 2014 and assessed the home as "requiring improvement". CQC found that the home was not always following the Mental Capacity Act 2005 and residents were at risk of poor nutrition and dehydration.

6. Purpose of the Visit

Healthwatch Birmingham received concerns from a member of the public regarding the quality of care at the home. After liaising with the CQC, Healthwatch Birmingham deemed that an Enter and View visit was needed to gather resident's views on the service.

7. Methodology

This was an unannounced Enter and View visit with limited notice. We wrote to the provider to inform them that we would be visiting the premises within a certain time period.

Authorised representatives conducted short interviews with residents and staff at the home. Topics such as quality of care, safety, dignity and whether residents were satisfied with the care they received were explored. Nutrition and access to food/drink was also discussed with residents.

A large proportion of the visit was observational, involving the authorised representatives observing the environment, communal areas and service delivery. This enabled us to gain an understanding of how the home actually works and how the residents engaged with staff.

We were also provided with a tour of the building. However, we did not enter bedrooms unless we were invited to by residents. Similarly, we did not enter spaces where residents would not normally be allowed access (e.g. staff rooms). Feedback from residents was conducted in communal areas.

During our visit, we spoke to 13 residents, 1 relative and 8 members of staff.

The visit lasted approximately 3.5 hours.

8. Results of Visits

Environment

The reception area was bright, clean and welcoming. There is a receptionist on the front desk 9am – 5pm, seven days per week. Various leaflets about the home and other services were also on display.

We did not note any issues in regard to hygiene and the home appeared well maintained in this aspect. The home was also well lit.

Corridors are wide and all contained handrails for those needing additional support. However much of the corridors were in need of re-decoration due to being chipped and scrapped.

We viewed an empty room which was of good size. Each room has their own toilet and sink. Each room has its own call point and an emergency point. Antibacterial gel was also available at various points around the home to maintain hygiene. We noted that fire points and emergency exits were well displayed. E-vac and Ski pads were also available on stairwells in the event of a fire.

Some areas of the home looked tired and in need of redecoration. For example, carpets on the first floor are in need of replacement. Similarly, much of the paint work on the walls appeared tired, chipped and scrapped.

In the downstairs dining room, the rear door was boarded up. The home informed us that they were waiting on the door being replaced and a new door had been ordered.

We noted that the outside balcony on the first floor was unkempt and in urgent need of maintenance. The balcony had a no smoking sign on the wall however there was clear evidence of smoking taking place on the balcony. There was a large amount of cigarette stubs and a beer can strewn on the balcony. This also presents a significant fire risk to residents and staff if it is not a designated smoking area.

We noted some areas of the home were cluttered with furniture and various items. For example, an unused unit in one of the lounges, trolleys left unattended in the corridors and a storage room containing a large number of hoists. This poses a health and safety risk.

The home uses a tannoy system to communicate to staff members. Residents told us that this system was loud and made the home noisy. Dining areas had music on and the tannoy system which when used was particularly loud. We noticed that we had to stop our conversations with residents while the tannoy system was being used as we found it difficult to communicate.

Outside areas were unkempt and in need of maintenance. Garden areas were overgrown and untidy. There was broken garden furniture which presents a health and safety risk to residents, staff and visitors. We were informed that the home was waiting on a work programme to begin which would improve the outside areas.

Promotion of Privacy, Dignity and Respect
All of the residents appeared well dressed and clean.

We noted that resident's rooms all had their names on the door as well as how they would like to be referred as.

Residents are able to bring their own furniture and belongings with them to personalise their rooms.

Resident feedback on the standard on the quality of care was positive. Residents said they got the help they needed. However residents informed us that they were treated with dignity and respect by some staff but not by others. When asked to explain further, they told us that they felt some staff do the job because they care but some staff do not care.

CQC reported that staff was not previously following the Mental Capacity Act 2005 in relation to Deprivation of Liberty Safeguards (DOLS). The manager informed us that 16 residents currently had a DOLS status in place and a further 2 applications submitted.

Residents told us that when they press the call button, they frequently have to wait between 15-30 minutes to see a member of staff. Residents said they got the help they needed however they had to wait too long. We raised this issue with the manager during our visit and he confirmed that this is a long standing, ongoing issue at the home. He informed us that the issue was being addressed in team meetings.

Whilst in the dining room, we observed a resident who was unable to feed themselves being left with their dinner. No staff member was present and the person was left unattended for approximately 15 minutes. A resident who was also sitting the dining room highlighted this and pointed this out as an example of a person's dignity not being respected. The person had limited movement and speech and therefore would not be able to call for support.

Safety and Security
Key pads were installed at the end of the upstairs corridors which we were informed were for safety purposes to stop residents who may not be safely capable of going up and down stairs. There was also a key pad on the front door and we were informed that some residents knew the code and others did not, depending on their capability.

We were advised that all staff undergo a full induction which includes Health and Safety, Safeguarding, Mental Health and Manual Handling training. Training is conducted by the Learning and Development manager for Bupa. We were informed that members of staff cannot begin work until mandatory training has been completed. The home manager showed us their system for tracking and monitoring training needs.

During our visit, one of the residents called for emergency help. We would like to highlight that staff were responsive and quick to react. It was communicated via the tannoy system that it was a false alarm.

Interaction between Residents and Staff
We noted 1 staff member playing snooker with a resident and 3 residents in the activity room. The residents in the activity room appeared to have a really good relationship with the staff and said that some of the staff felt like family.

There was mixed feedback on staff in relation to interaction. Residents told us that some staff lacked a good rapport with them.

We had limited observations of staff interacting with residents. However we did not note any negative interactions.

Food and Drink
All food is cooked on site and meal times are flexible depending on resident preferences. Breakfast runs from 6am to 11am, with lunch approximately 1pm and dinner around 6pm. Residents choose when they want their meal times. This was a positive aspect of the home and allowed resident's choice and control over their meal times.

There was a varied menu with residents being able to choose from a number of standardised options. Menus were on display in communal areas. Should residents not like the options, they also have the choice to choose from an "alternative menu". Example of the menu is below:

There is also a snack trolley that is available which has crisps, drinks and biscuits. Tea and coffee is also available for residents to help themselves.

Residents informed us that the food quality was satisfactionary and they have access to food and drink when they want.

The last CQC visit criticised the home for not having appropriate height tables for those not in wheelchairs. We would like to highlight that appropriately sized tables have been purchased and were in use.

Promotion of Independence

Residents have access to a small kitchen area on the second floor but are not allowed access to the main kitchen area. Residents are not involved in cooking or preparing food.

Residents informed us that they were encouraged to go out every day. We also observed residents leaving the building which was a positive aspect of the home.

Recreational Activities and Social Inclusion

There is a well decorated activity room with designated staff to support residents to take part. There is a large range of activities for residents to choose from. This includes exercise, bingo and painting. Relatives are also able to take part in activities should they wish to. We saw 3 residents in the activity room taking part. We would like to highlight the activities as being a positive aspect of the home.

	Morning	Mid- Morning	Afternoon	Evening
Monday	One to Ones	Family fortunes	Exercise session	Open Activity Room
Tuesday	One to Ones	Coffee morning	Music and pool	Open Activity Room
Wednesday	One to Ones	Hairdresser	Exercise session	Open Activity Room
Thursday	One to Ones	Bingo	Theme night	Open Activity Room
Friday	One to Ones	Music and Pool	Puzzles and games	Open Activity Room
Saturday	One to Ones	Residents Shopping	Movie Afternoon	Open Activity Room
Sunday		Church Service		Open Activity Room

The home also contains a computer café which residents can use. However, residents said that they found the computers slow and in need of replacement. Residents informed us that this discourages them from using the facilities.

Whilst viewing the room, we noticed that there was a knife left on the table from where someone had eaten their dinner. This could be a risk to resident's safety.

Each unit has a good sized communal area and is themed in various ways. For example, there is a "pub themed" communal area which has a darts board, draught beer and pool table. The home is also turning one of the communal rooms into a cinema room.

During our tour of the building, we noted that there were a number of files left unattended in one of the communal areas. One file was open containing hand written notes. We did not observe whether if it was a resident file or confidential notes but it was evident that it was file used by a staff member. We noted that this could have been a breach of Data Protection.

Both staff and residents said that it would be of great benefit if the home had access to their own vehicle to take residents out. This particularly impacts those who cannot leave the home by themselves. Some residents told us that they felt that their routine was too predictable and all they did was “go to bed, get up, watch TV and get back into bed.”

We discussed this with the manager and he was aware of this request. However, funding and practical arrangements is a reason why the home does not have a vehicle. However, it remains aspiration of the home to purchase one.

Use of External Services
The home informed us that since the recent CQC inspection, they have been working with a specialist nurse in PEG feeding to ensure good practice.

The home receives all of their referrals from hospitals and in particular social workers.

The home also works with physios who visit the home regularly to work with residents.

Involvement in Key Decisions
The home holds monthly resident meetings which relatives can also attend. Residents confirmed that they attended these meetings and had input into them.

The residents we spoke to said that they have input into their care plan and informed us that they felt listened to during this process. Residents also told us that they had been given a copy of their care plan or were able to access it if required.
Residents also said that since the new manager has been in post, they feel listened to and able to complain. All of the residents that we spoke to praised the new manager and said they had noticed improvements at the home.

Staff
Staff were all appropriately dressed and well presented. Staff had different uniforms depending on their role.

We were informed that staff sickness was between 5-6% and there were no current staffing vacancies.

There is a clear management structure with the registered manager in post, supported by a clinical lead/deputy manager. There are also 3 unit managers and 2 senior care assistants who help with day to day running of the units.

The staff we spoke to were helpful and friendly. When asked what they felt was good about the home, they stated: good team working, effective communication, approachable and supportive management. They praised the management and said they listened to staff and took their ideas on board. They also said that they had noticed improvements within the home in the last 6 months.

Staff told us that they previously lacked training however this has now been resolved. All of the staff that we spoke to told us that they had the resources and training to do their jobs.

There is a full induction process which is mandatory for all staff to complete and they cannot begin work until this is completed. Staff confirmed to us that they receive induction and training when starting the role.

Staff confirmed that they receive supervision once a month and also have monthly team meetings. Staff also said that they have "take 10" meetings which are ad-hoc/impromptu meetings where they communicate important information. We would like to highlight this as a positive aspect of the home.

Feedback from residents on staff was mixed. Residents told us that they really liked receiving support from some staff but not others. When asked to explain this further, they felt some staff really care about their jobs but others do not. We raised this with the manager during our visit and he informed us that there are processes in place to tackle this issue such as supervision, appraisals etc and the home was working on improving the staff team.

Visitors and Relatives
One relative told us that they were not always happy with the service that was provided, citing a number of reasons. The relative told us that a number of times, he has visited his family member and found that the PEG feed has been turned off and carers had forgotten to turn it back on. Relatives have had to ask staff to turn it back on and were concerned about this as it could lead to complex issues.

The relative also told us that carers have carried out personal toilet needs and undressed his family member in front of them, without asking them to leave the room. This made the relatives feel uncomfortable and not respected his family member's right to dignity and privacy. Relatives also provided mixed feedback on staff saying that some members were good but others did not demonstrate empathy and a caring attitude.
The relative told us of an example where their family member had vomited but it had not been cleaned up and was left to dry. The relative told us that this is not the first time that staff had not cleaned the tracheotomy thoroughly. We were informed that this is an ongoing complaint and is being dealt with by the home.

Relatives did say that they have had input into the care planning process and felt listened to. They also told us that their family member seems happier at this home compared to other homes.

Complaints Procedure
We saw evidence of the complaints policy being displayed in reception and communal areas. Residents also informed us that they have made complaints and felt listened to by staff and management.

Summary of Findings

Since the last CQC inspection, we noted that some of the specific issues have been addressed such as staff training, DOLS, dining table arrangements and residents having access to refreshments.

Residents and staff also told us that there had been improvements at the home since the new manager had been in post. Residents also told us that the quality of care was at a good standard and there was a varied food menu for residents.

However, there are a number of issues which remain prevalent and some that require immediate attention. This includes reducing the time waiting for care, practical issues regarding leaving residents during meal times, PEG feeds being turned back on after cleaning, internal decor, storage, maintenance of outside areas, reducing the level of noise within the home and health and safety issues.

9. Recommendations

- The findings suggest that you urgently address residents waiting times when they call for help. This could be through re-assessing processes within the home or the allocation of staffing.

- We are concerned that residents who need support to eat are being left at the dining table without support. We recommend that you urgently address this issue with staff.

- We recommend that you urgently refresh with staff, guidance on best practise in relation to personal care. This includes reminding staff to switch PEG feeds back on after cleaning and asking family members to leave while personal care is taking place and ensuring tracheotomy are cleaned thoroughly and often.

- We recommend that you urgently conduct a review of your Health and Safety which includes designated smoking areas, storage areas and communal areas.

- We recommend you invest in updating the home's décor and appearance.

- We recommend that you look at ways of reducing the level of noise within the home. This could be through the use of radios rather than a tannoy system.

- We recommend that there is a regular maintenance programme at the home which includes regular maintenance of the homes internal décor and outside areas.

- To promote resident's independence further, we recommend that residents are involved in the preparation of meals and consideration is given into certain residents being able to take part in planned activities.

- The findings suggest that you review and assess the transport needs of residents to ensure appropriate arrangements meet resident needs.

10. Comments from Provider:

We accept the report in full.

I do want to state that some of the concerns highlighted in this report were not feedback in the verbal feedback of the visit and it is only with the receipt of the report that these issues have been raised as some of them could have been addressed immediately or some explanation/ insight about resident/issues could have been given to the visiting team.

We are addressing the response to the call buttons and are regularly monitoring the response and reviewing the data reports generated by the system of time between activation and response. All staff have been reminded via meetings and supervision to respond to call buttons as soon as is practicable to do so even if it is to say they will be there in a little while after they have finished with another resident/issue.

Regarding the resident in the dining room, we have reminded all staff about this but this issue was not mentioned in the feedback and so without knowing the particular resident it is difficult to formulate a full response as many of our residents may appear not to be able to feed themselves without support but this is not always the case and so would have been useful to have known about this at the time of the visit so I could have addressed it immediately. We have reminded all staff that residents who are unable to feed themselves are not to be left in their rooms or dining rooms with their food close by without staff there to assist with feeding the resident.

We were unaware of the relatives concerns and have put into place a checking chart for the Tracheotomy care to ensure that this does not occur and have talked to the resident's relative concerned as they had never brought this to the homes attention before and to reassure them we have put systems in place to address this issue.

Regarding turning on the peg following cleaning all staff are aware of this and a member of staff has been given a letter of concern regarding this issue before the visit. All residents on PEG feeds are on ½ hourly checks and this includes checking that the PEG feed is on.

We are re-designating the upstairs balcony as a smoking area, as there are a

few residents who smoke but are unable/unwilling to go to the smoking area in the courtyard, the balcony does overlook the courtyard.

Regarding the wheelchairs in the lounges this is primarily due to residents not having enough room in their rooms to store them there and ask for them to be in the lounges for ease of access for them.

We have looked at alternatives to the tannoy s system but cordless phones and walkie talkies are not a viable option due to connectivity issues and signal reception in the home. We are in the process of changing our telephone providers and we have been surveyed for increased connectivity and this is expected to be installed later in the year, once installed we can then use cordless phones and have staff carry these with them as the tannoy is used to get staff attention primarily that there is a telephone call for the unit. We are attempting to limit the use of the tannoy but it is difficult when needing to get the attention of nursing and care staff to attend to telephone calls many of which are from external professionals or the relatives/friends of the residents.

We have appointed a gardener and we are waiting for their checks and references to be in place before they commence.

We are looking at transport options with the residents and exploring potential carriers/services and our ultimate aim is to have our own vehicle and we are looking at raising funds for this. I have discussed this with my manager and it has been escalated further up into Bupa.

The kitchenette upstairs is having “white” goods ordered so that some residents can prepare and cook some foods for themselves, but residents cannot use the main kitchen cooking equipment due to safety issues.
We do have a schedule of redecoration and have escalated this to the regional estates manager for an increase in resources for redecoration.

Joe Cutler
Home Manager

Healthwatch Birmingham