

Waterfall House Ltd

Amberley House - London

Inspection report

44-48 Amberley Road
London
N13 4BJ

Tel: 02088860611

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11 December 2023

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Amberley House is a residential care home providing accommodation and personal care for up to 30 people aged 65 and over, some of whom may be living with dementia. At the time of the inspection there were 3 people living at the home. The home is a large adapted detached house. There is a large garden to the rear of the property.

In December 2022 the local authority identified concerns around the quality of care being provided at Amberley House. On 9 December 2022 the local authority placed an embargo on Amberley House not allowing them to accept any new referrals until the quality of care had been improved. The embargo was still in place at the time of this inspection. Since the last inspection people had been supported by the local authority to move to alternative homes if they wished to.

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

At this inspection we found there had been an improvement in the quality of care and the provider had addressed some of the concerns raised during the last inspection. However, we found breaches of regulation around staff training, assessing risk and governance of the home.

We have also made a recommendation around care planning and the use of language when discussing people living with dementia.

People and their relatives told us people were safe living at Amberley House. Whilst we found not all staff had received training in safeguarding, staff were able to explain safeguarding and how they would report any concerns. People received their medicines safely and on time. Staff were recruited safely, and relevant background checks done before staff started work. There had been a lot of work on the premises around decorating and replacing furniture which was on-going. Staff had received training in infection control and understood how to keep people safe. There were no restrictions on visiting.

People were supported to eat and drink, and staff were aware of their likes and dislikes. People were referred to appropriate healthcare in a timely way. Staff knew people well and understood when they became unwell. 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. Staff were supported in their role through regular supervision and appraisal.

Activities for people had improved within the home and people's interests and what they enjoyed were documented and acted on by staff. Care plans were person centred and contained information that was important to maintain people's health and wellbeing. There was a complaints process in place. People and relatives knew how to make a complaint.

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 inadequate (published 26 April 2023) and there were breaches of regulation.

This service has been in Special Measures since 26 April 2023. 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.

The provider completed an action plan around regulation 18 (staffing) after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made. However, we found the provider remained in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

The overall rating for the service has changed from inadequate 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, effective, responsive 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 Amberley House on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to staff training, assessing risk and good governance of the home.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Amberley House - London

Detailed findings

Background to this 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 carried out by 2 inspectors.

Service and service type

Amberley House 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. Amberley House 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.

Inspection activity started on 1 November 2023 and ended on 11 December 2023. We visited Amberley

House on 1 November 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. Following the last inspection, the provider also completed an action plan around the regulation 18 breach for staffing to explain how they would improve. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. At this home, the nominated individual was also the owner of the home.

We also spoke with 2 people living at Amberley House, 1 relative and 4 care staff. We used observations to help us understand the experience of people who were unable to speak with us. We reviewed a range of records related to 3 people's care and support. This included people's care plans, risk assessments and medicines records. We reviewed 3 staff files in relation to recruitment, training and supervision. We also reviewed records related to the management of the service, which included quality assurance records and rota systems.



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 inadequate. 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.

Assessing risk, safety monitoring and management

At our last inspection we found there was a failure to robustly assess the risks relating to the health safety and welfare of people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Whilst we found some improvements around risk assessing people's care and support needs, we also found risks were not always identified and monitored appropriately.
- People were on fluid charts to monitor their fluid intake. However, there was no information on what volume of fluids or 'safe range' was appropriate for people. There was also no guidance for staff on what to do if a person had not had enough fluids or was drinking too much.
- At our last inspection we found people had lost significant weight and had not been referred to the appropriate healthcare professionals. The local authority ensured all people had received appropriate referrals. At this inspection we found people's weights were monitored monthly. However, there was no information or guidance on the monitoring forms about what was a stable weight for each person or what action staff should take if a person lost or gained an unusual amount of weight.
- Risks were not always recognised and assessed. For example, a person who had a history of urinary tract infections did not have a risk assessment in place. Another person who used incontinence pads did not have a skin integrity risk assessment to ensure the risk of pressure ulcers was minimised.
- People had personal evacuation plans (PEEP) which documented the help they may require in the event of a fire. For one person, we found information was contradictory. The PEEP stated the person understood the fire alarm and what it meant but in the same document it stated they did not understand the meaning of the fire alarm.

The failure to robustly assess the risks relating to the health safety and welfare of people meant that the service was in continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider submitted an updated PEEP. This provided clear guidance on what the person's care and support needs were in case of a fire.
- Despite the concerns found above, there had been some improvement since the last inspection in

assessing and documenting people's risks.

- Risk assessments were basic but provided staff with guidance on how to minimise identified risks.
- Equipment and premises were regularly checked and maintained where appropriate. This included hoists, lifts, electrical appliances, gas and fire systems.
- Accidents and incidents were documented with information on what had happened and any follow up.

At our last inspection the provider had failed to ensure the premises and equipment were adequately maintained and suitable for the intended purpose. This was a breach of regulation 15 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 15.

- At our last inspection we found people's rooms were in a state of disrepair, poorly decorated with some furniture not fit for use.
- At this inspection we saw the provider had started a schedule of decoration which was ongoing. All hallways and doors had been repainted and some rooms had been decorated.
- The provider had ensured the home had been deep cleaned. This included people's rooms and en-suite bathrooms as well as communal areas. A cleaner had been employed and we observed cleaning during the on-site inspection.
- We observed some broken and old furniture in vacant rooms. The provider told us this was an ongoing process, and the old furniture would be removed. Following the inspection, the provider told us new furniture had been purchased.

Staffing and recruitment

At our last inspection there was not enough adequate staff to ensure people's full care and support needs were met meant that the service was in breach of Regulation 18 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.

- At our last inspection we found care staff had been expected to complete other duties such as cooking and cleaning of the home as there was no cleaner or regular cook. This meant care and support for people was not as person centred and focused as it should be.
- At this inspection we found the provider had employed an external cleaning company and a full time cook.
- There were enough staff to meet people's care and support needs. However, at the time of the inspection there were 3 people living at Amberley House out of the registered 30 beds. This meant people were receiving more one-to-one care.
- A relative commented on the staffing, "Now, it's fine, [person] has pretty much 200% focus on [them]. At the moment there are 3 residents but if its running at full capacity our conversation may be completely different."
- There had been no new staff employed since the last inspection.
- Staff were recruited safely. Staff files showed a range of recruitment checks including written references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). DBS checks provide information including details about convictions and cautions held

on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and harm. People told us they felt safe living at Amberley House. 1 person said, "Yeah, truthfully and honestly I can be a bit naughty, I can go out I have to press the bell to come in. I feel safe enough."
- A relative also told us they felt their loved one was safe living at Amberley House.
- Although we found concerns around safeguarding training as detailed in the effective part of this report, staff understood the principles of safeguarding and how to report any concerns. A staff member said, "It [safeguarding] is to protect any person from harm and neglect. If you see anyone is being neglected, we go to the manager, local authority or CQC."

Using medicines safely

- Medicines were well managed and staff followed guidance on safe and effective administration of medicines in care homes.
- Each person had a separate section within the medicines folder which detailed their prescribed medicines and any allergies.
- Medication Administration Records showed people received their medicines on time and there were no omissions in documenting this.
- 1 person had been prescribed laxatives twice a day, to help them go to the toilet. However, they were not being given as prescribed as the person had needed this medicine. We saw the persons bowel movements were being monitored and laxatives only administered, when necessary. We spoke with the registered manager who said they would contact the GP to review the prescribing information.
- There were systems in place to monitor the ordering, storage and return of unused / discontinued medicines. Medicines stock checks were accurate, and we confirmed medicines in stock matched stock check records.
- The home had recently had an external pharmacist visit to review medicines management. The registered manager told us the report had not been received. Following the inspection, the registered manager provided a copy of the report which noted three minor improvements needed. The registered manager told us these had been addressed.
- Staff had received medicines training and competency assessments to ensure they were safe to administer medicines.

Preventing and controlling infection

- There were systems and processes in place to protect people from the risk of infection.
- Staff had access to appropriate personal protective equipment (PPE) such as masks, aprons and gloves.
- Staff were encouraged to be vaccinated against COVID-19 and seasonal flu.
- In November 2023, staff had received training in infection control which had been provided by the local authority.

Visiting in care homes

- There were no restrictions on visiting. Relatives and friends were able to visit at any time.
- Relatives confirmed they could visit whenever they wanted to.

Learning lessons when things go wrong

- There were systems in place to review any incidents, these were discussed in staff meetings and during handovers.
- In May 2023 there were two incidents of falls where people bumped their head, Staff had failed to follow

the falls protocol and seek medical attention. Safeguarding alerts were raised and investigated. The incidents led to lessons learned, whereby the falls protocol was made more readily available, and the registered manager discussed this with staff to ensure they understood what to do in case of a head injury.



Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not received regular training to ensure they were up to date and understood best practice.
- There were significant gaps in staff training. Staff training records showed multiple staff members had not completed training modules on the Mental Capacity Act (MCA), safeguarding, health and safety and fire safety. 1 staff member had completed training in challenging behaviour, death dying and bereavement, no other staff had received this training.
- Some staff training had been completed over 4 years ago and had not been refreshed. The registered manager confirmed following the inspection staff training should be refreshed yearly. This was also documented in the training record. For example, 1 staff member had completed dementia training in 2017 and thus had not been refreshed, 2 staff had completed safeguarding training in 2018 with no refresher training.
- The registered manager confirmed the cook, who was responsible for providing special diets, such as soft meal textures for people who had difficulty swallowing, had not received any training on dysphagia (difficulty swallowing) or ensuring they were trained in different types of diets and preparing them. At the time of the inspection there were 2 people who required soft diets. Whilst we were assured the cook knew people's dietary needs and prepared food accordingly, the lack of appropriate training may place people at risk of harm.

The lack of staff training and ensuring staff training was refreshed meant that the service was in continued breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There had been no new staff taken on since the last inspection.
- Staff were supported through regular supervision and appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection there was a failure to involve people in choosing what they wanted to eat and ensuring person centred care which meant the service was in breach of Regulation 9 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 9.

- At our last inspection we found the menu had not been updated for 18 months and whilst people had been consulted in creating the menu it had not been reviewed or updated. At this inspection the registered manager had created a new 4 week rolling menu in collaboration with people. A person confirmed they had been consulted. One person had their own dedicated menu due to their dietary requirements.
- Alternative foods were included on the menu according to what people suggested. One person also told us they were able to request something different if they did not want the meals on the menu.
- There was information provided to the cook on each person's dietary needs such as special diets, vegetarian and diets. Information was kept in the kitchen for them to refer to.
- Care plans documented people's care and support needs around food as well as their like and dislikes.
- 2 people required a 'fortified diet'. This meant they needed extra calories to help maintain their weight. We spoke with the cook who was able to explain how they fortified food such as using full fat milk and butter.
- The local authority had been monitoring the quality of food and mealtimes. At the time of the inspection, the nominated individual told us the local authority were visiting every 2 days and were reviewing food as part of their on-going monitoring processes. The local authority felt there had been an improvement in the choice and quality of food.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- At the time of the inspection, there had been no new admissions to the home.
- Care plans were written with family involvement. Since the last inspection, care plans had been reviewed with a focus on involving family.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- At our last inspection we found people were not always supported to access healthcare or access it in a timely manner. At this inspection we found this had improved.
- People were supported, where required, to attend routine medical appointments such as doctors and dentists. People were also supported to attend more specialist appointments such as dieticians.
- The home had been working closely with the Care Home Assessment Team (CHAT), which consisted of various therapists and nurses. This team supports people living in care homes across the borough of Enfield.
- Where staff had concerns about a person's health and wellbeing, they referred to the CHAT and appropriate referrals were made.
- Relatives told us they felt people received timely referrals to healthcare professionals and were monitored. A relative said, "The CHAT team have seen [person]. With regards to [person's health condition] They [the home] monitor it, they know."

Adapting service, design, decoration to meet people's needs

- The home was in the process of redecoration following the last inspection.
- At our last inspection we found the home was not dementia friendly. There were no dementia friendly items, such as coloured doors for people's rooms or memory boxes to help orientate people to their surroundings. At this inspection, this was the same.
- There were wide corridors and space in people's rooms to ensure they could mobilise freely around the home.
- People had accessible en-suite bathrooms. Where people did not have an en-suite bathroom, there was an adapted wet room on the ground floor.

Ensuring consent to care and treatment in line with law and guidance

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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported in line with the principles of the MCA.
- Where people were on a DoLS, there were systems in place to monitor when these needed to be renewed.
- People's capacity was documented in their care plans. Where people did not have capacity, relatives were fully involved in planning their care.
- Although staff had not always received training on the MCA, staff demonstrated an understanding of how the MCA impacted on the care they provided and support to.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection there were no structured activities in place to ensure that people were supported to reach and maintain a state of wellbeing. The lack of person-centred care placed people at an increased risk of not having their needs met. This was a breach of Regulation 9 (Person-centred care) 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 9.

- At our last inspection we found there was a lack of activities, activities were not planned with people and people were not supported to do anything which was meaningful to them.
- At this inspection we found, where people wanted to be involved in activities, they were supported by staff.
- Activities focused on things people enjoyed. For example, a person was supported to watch films and TV in their language. The home had also arranged for them to live stream religious services so their faith could be maintained as the person was unable to travel.
- An activities coordinator had been employed by the home following the last inspection. However, as there were only 3 people living at the home, the activities coordinator was not in post at the time of the inspection. Care staff were ensuring people's support around activities was met.
- We observed staff gently singing and dancing with a person who had a love of dance. Another person told us they did not wish to take part in any activities as they were independent.
- Relatives were positive about the activities and support provided to people. One relative said, "We had a couple of religious events and [person] was able to connect to that and was able to watch that with a relative on the tablet. They have been very helpful with that."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we found there was a lack of person centred care planning which meant that the service was in breach of Regulation 9 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 9.

- At our last inspection care plans were not person centred and failed to provide adequate information on people's care and support needs. At this inspection, we found this had improved.
- All care plans had been reviewed and the registered manager had been supported by the local authority to make significant changes to the content of them.
- At this inspection, care plans were more person centred and contained more detailed information on people's care and support needs. This included their likes and dislikes and what a good day meant for them.
- People's physical health needs were much clearer, and guidance given to staff on how best to meet their needs.
- We did find some inconsistencies within the care plans. For example, 1 person who was on a soft diet, there was insufficient information within the care plan around why this was the case. We spoke with the registered manager who told us this would be reviewed.
- We found the language used in 2 of the care plans was inappropriate and did not help in explaining how staff could best support someone living with dementia using phrases such as 'fussy' and 'aggressive'.

We recommend the provider seeks recognised training on care planning and the use of language when talking about dementia.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. Staff knew people well and understood how they communicated.
- Each person had a communication section in their care plan which provided staff with information on how to effectively communicate with people.
- Communication needs were re-assessed when people's care plans were reviewed.
- One person was unable to communicate in English. There were several staff members who spoke the person's language and were able to effectively communicate with them. This meant the person could express their needs and chat with staff.
- The menu had been written in a larger font and had pictures to help people see and understand what choices they had for mealtimes.

Improving care quality in response to complaints or concerns

- The provider had procedures for dealing with concerns and complaints.
- People told us they knew how to make a complaint. A person told us that if they wanted to make a complaint, "I would make it to [registered manager's] face."
- The home took all complaints seriously however minor. There had been 1 complaint since the last inspection around food. We saw this had been appropriately addressed.

End of life care and support

- Where needed, people were supported at the end of their life.
- Where people were at the end of their lives, there was involvement from the appropriate external teams and 'anticipatory medicines' were being stored at the home. These medicines are often prescribed when a

person is nearing the end of their lives in case they require any pain relief or supportive medicine.

- People's care plans contained information on their end of life wishes, if they wanted to discuss this. We saw families had also been involved in these discussions.
- Where appropriate there were do not resuscitate orders in place. Where able to, people had been consulted. For people who were not able to consent, best interests meetings had taken place and relatives had been involved.

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 inadequate. 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

At our last inspection we found effective systems were not in place to monitor the quality of care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst we found there had been some improvements, not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- At our last inspection we found the provider did not have appropriate oversight of the home. We found repeated failings during the inspection. At this inspection we found there was better oversight, but we are still not assured there is good governance of the home.
- We spoke with the registered manager about the training issues documented in the effective section of this report. The registered manager told us, "The funding is not there, you have to see the expenses side." Systems were not in place to ensure staff training was monitored and provided to support them in their role.
- Whilst risk assessments and assessing risk had improved, we still found incidents where risks had not been assessed or contained contradictory information as documented in the safe section of this report.
- Auditing systems had failed to identify the concerns found around assessing risks and staff training.
- There was a site safety survey which was completed on a daily basis and looked at different areas of the home. However, the audit document did not document findings, stating 'in the office'. We spoke with the registered manager about this who told us findings were written in the communication book and not on the audit form. This meant there was no information contained on the audit forms and it was difficult to assess and monitor progress of any concerns found.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- There were regular medicines audits which helped identify any areas for improvement.
- Monthly audits, such as window restrictor checks, were in place. Where any concerns were identified, they

had been addressed.

- The provider had increased their visits and now documented visits and findings. We saw the provider had increased engagement with the home and monitored quality of care since the last inspection. However, we found concerns as documented above which had not been identified in the provider audits.
- The provider told us, "I have introduced a manager's weekly report which will be forwarded to me every week, this holds vital information to enable me to have oversight of the service, the document produced ensures that any issues surrounding residents care, complaints and concerns, staffing and any issues with the building or maintenance of the building can be identified and addressed promptly."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Outcomes for people were much improved since the last inspection.
- People and relatives were involved in planning care and there was more collaboration between people and the home to ensure their needs were met.
- Staff were confident around the tasks they performed at the time of the inspection but remained concerned if resident numbers were increased. One staff member commented, "The cook goes about 5pm and she has prepared it so all we are doing is warming it up. This is what we are doing and after we are doing the washing up. If they are going to increase the residents the staffing needs to be increased, they have to consider the cook staying longer to help wash up, we could not do that if we have more residents."
- Staff told us they felt supported in their roles through regular supervision and open communication with the registered manager.
- Staff were positive about working at the home and said, "[The home had improved] Since we have got involved in the residents' needs. It was not like that in the past. Now we work as a team. It really works out I have to say. We really love this place."
- Relatives felt communication with the home had improved.
- Relatives' feedback was actively sought through regular conversations. As there were 3 people living at the home there had been increased communication with relatives. The registered manager told us, going forward there would be more formalised and structured ways of providing feedback as well as maintaining informal verbal feedback.

Continuous learning and improving care; Working in partnership with others; 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;

- At our last inspection, we found there had been a failure to learn, improve and embed care following previous inspections. At this inspection we found the home was working well with the local authority to address the shortfalls found.
- As the home had 3 people living there, we need to be assured that any changes are sustained and embedded in the future if the number of people increased.
- The home has been placed into the local authority 'provider concerns' process. This is where there are concerns around the quality of care a service is providing and receives increased oversight, monitoring and support from the local authority. Since the last inspection, the registered manager and provider have been working closely with the local authority to improve the quality of care.
- The registered manager was aware of their legal responsibilities to notify CQC of any concerns or incidents.