

Waterfall House Ltd

# Amberley House - London

## Inspection report

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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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Amberley House – London is a residential care home providing accommodation and personal care for up to 30 people aged 65 and over, some of whom may have dementia. At the time of the inspection there were 24 people living at the home. The home is a large adapted detached residential house. There is a well-appointed, large garden to the rear of the property.

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

People and relatives said they felt Amberley House was a safe place to live. Relatives praised the committed and caring staff team. Staff knew people well and people were treated with dignity and respect. Relatives talked of 'banter' and lots of laughing between people and staff. Staff understood how to work with people living with dementia.

There had been significant improvement since the last inspection. However, progress had been slow. Systems to adequately record and address accidents and incidents were not in place. There was a failure to ensure care documents and good management oversight of people's care records was in place. Audits were not completed to show there was appropriate oversight of the home and to identify any concerns.

People received their medicines safely and on time. However, there remained some concerns around medicines management. We have made a recommendation around medicines. People's risks were assessed, and staff understood how to minimise people's known risks. There had been refurbishment of some rooms, furniture and flooring had been replaced in some areas. The home smelled fresh and clean. There was increased infection control measure in response to the coronavirus outbreak. The provider reacted quickly and appropriately to keep people safe.

Staff were well trained and supported through regular supervision and appraisal. People were provided with a choice of what they wanted to eat and drink. 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.

People were involved in planning their care where they were able. There were residents, staff and relatives' meetings where feedback could be given. The home worked well in partnership with other healthcare professionals to ensure their care needs were met.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update:

The last rating for this service was Inadequate (published 14 October 2019) and there were multiple breaches of regulation. We took enforcement action due to the significant concerns found. We imposed conditions on the providers registration. This meant the provider had to send us monthly reports on how

they were addressing the issues found during the last inspection.

This service has been in Special Measures since 14 October 2019. 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.

At this inspection we have found evidence that the provider still needs to make improvements. 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 Amberley House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We are mindful of the impact of Covid-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and to hold providers to account where it is necessary for us to do so.

At this inspection we have found there have been significant improvements. We have withdrawn the requirement for the provider to send us monthly reports.

However, at this inspection we have identified two breaches in relation to recording accidents and incidents and management oversight of the home.

Please see the action we have told the provider to take at the end of this report.

## 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 caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### 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

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by two inspectors. The inspection was also supported by two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One Expert by Experience attended the home during the inspection to speak with people using the service and gain their views. The second Expert by Experience contacted people's relatives by phone to request feedback.

#### Service and service type

Amberley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

#### 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 and formal notifications that the service had sent to the CQC. Notifications are information that registered persons are required to tell us about by law that may affect people's health and wellbeing. We also reviewed the monthly reports the provider sent to CQC as part of their enforcement action following the last inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with 10 people living at the home and one visiting relative about their experience of the care provided. We spoke with six members of staff including the registered manager, the owner of the home, the activities coordinator, the cook, a care worker and a visiting healthcare professional.

We reviewed a range of records. This included five people's care records and 20 people's medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance, training records and health and safety were also reviewed.

#### After the inspection

We spoke with a further 10 relatives of people living at the home and three care staff. We continued to seek clarification from the registered manager to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Assessing risk, safety monitoring and management; learning lessons when things go wrong; using medicines safely; Preventing and controlling infection;

At our last inspection the provider had failed to ensure effective accident and incident monitoring, safe medicine management, adequate assessment of risks relating to the health safety and welfare of people and ensure appropriate infection control systems were in place.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvement had been made at this inspection, as documented below, the provider remained in breach of one aspect of regulation 12.

- At our last inspection we found accidents and incidents were inconsistently documented.
- Any actions taken and outcomes relating to accidents and incidents were not always documented.
- At this inspection we found recording of accidents and incidents remained inconsistent. One record had no date recorded, five records had no detail of actions taken as a direct result of the accident and two records was not clear of what had happened. The registered manager had not conducted any form of investigation to ascertain cause and further implement learning and improvements to prevent future re-occurrences.
- This meant that we could not be satisfied that there was any learning when things went wrong.

The poor recording and monitoring of accidents and incidents meant that the service was in continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the time of the inspection all people using the service had their medicines administered by staff. Medicine administration records showed that people received their medicines safely and on time. One person said, "Meds are 100% good."
- Staff received medicines training which was refreshed each year. Following training staff were assessed to ensure they were safe and competent to administer medicines.
- Since the last inspection systems had been put in place to ensure medicines stocks and disposal of medicines was monitored. This included documented daily and weekly stock checks.
- We observed staff supported people with dignity and knew how people preferred to take their medicines.
- At our last inspection there were no 'as needed medicines' protocols. At this inspection we found where

people had been prescribed 'as needed medicines' there was clear guidance in place for staff, to explain in what circumstances these medicines should be given. 'As needed' medicines are medicines that can be given for things like pain relief and to help anxiety.

- However, whilst there had been improvements since the last inspection, we still found some issues around medicines management. These concerns did not reach the threshold of a breach but still require action by the home.
- People's care files did not document people received regular medicines reviews to ensure their medicines were monitored. We raised this with the registered manager who confirmed this had not been done.
- The medicines policy did not reflect the current procedures used at the home. This included the way in which staff re-ordered people's medicines.

We recommend the provider considers recognised guidance on safe medicines management in care homes.

- At our last inspection we found that people's known risks had not always been assessed and there was no guidance in place for staff to understand how to manage these risks safely. We also found that where risk assessments were in place, these were not detailed and failed to provide adequate guidance for staff on how to minimise the known risks.
- At this inspection we found there had been an improvement in documenting risk assessments.
- The registered manager had completed eleven people's risk assessments in detail. For the remaining people, risk assessments had been reviewed and updated.
- Risk assessments were individualised and identified people's risks associated with their health and care needs. Risk mitigation plans were in place to guide staff.
- At our last inspection we found infection control was not always effective. Some people's bed linen was found to be dirty. At this inspection we saw new bed linen had been purchased and all bed linen was clean and fresh. There were systems in place to check bed linen daily.
- The home had implemented stricter infection control in response to the Coronavirus outbreak. There were increased hand washing and sanitiser facilities available. All visitors were reminded by staff on entry to the home of the importance of hand washing. There were notices around the home with information on how to keep safe during the outbreak.
- Staff had access to personal protective equipment such as gloves and aprons when conducting personal care.
- The home was clean and fresh at the time of the inspection, this included communal areas and people's bedrooms. One person told us, "It's all nice and clean here."
- People had access to call bells in their bedrooms and all bathrooms, so they were able to summon help if needed. People were positive about how quickly staff responded when they needed help. One person said, "Response time [by staff] is quite good, and if I have to wait a little, it's because they're helping someone in or out of the toilet."
- There were up-to-date records of maintenance of equipment such as hoists, the lift, fire equipment, water safety and the call bell system.

#### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure that the premises and equipment were in a good state of repair. This included furniture and flooring in people's rooms and en-suite bathrooms and equipment to monitor and prevent falls.

This was a breach of regulation 15 (Premises and equipment) 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.

- During the inspection we walked around the home, including twenty people's bedrooms and communal areas, with the registered manager and owner of the home.
- At our last inspection we found furniture in people's rooms such as chests of drawers, side cabinets and chairs were in a poor state of repair. At this inspection we saw new furniture had been purchased and all furniture was now in a good state of repair. Wardrobes had now been fixed to walls to prevent the risk of them falling on people.
- Flooring in people's en-suite bathrooms was no longer ingrained with dirt. Where identified, flooring had been replaced or well cleaned.
- Where people's bedrooms required redecoration, we saw this had been done.
- There was a system in place to report any maintenance issues which staff were aware of. During the inspection we observed the handy man addressing maintenance issues that had been raised.
- There were daily room checks that identified any issues and this fed into the maintenance reporting system. However, during the inspection we found some maintenance issues that had not been identified. This included a falls sensor mat in a poor state of repair, and some minor maintenance issues. We showed the owner who replaced the sensor mat on the same day and told us the other things had been added to the maintenance list to ensure they were done.

#### Staffing and recruitment

At our last inspection the provider had failed to ensure an effective and robust staff recruitment system was in place. Criminal records checks were not always completed in a timely manner and information about staff previous work history was not documented on application forms.

This was a breach of regulation 19 (Fit and proper persons employed) 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 19.

- Staff were now recruited safely. Staff files showed two written references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults.
- Since the last inspection all staff had had a renewed DBS check. It is good practice to renew DBS checks every three years.

At our last inspection the provider had failed to ensure appropriate deployment of staff, people were often left alone for long periods in the communal areas. There was no system of monitoring staffing levels.

This was a breach of regulation 18 (Fit and proper persons employed) 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, staff we spoke with felt they did not have enough time to spend with people. At this inspection staff did not raise these concerns when we talked with them.
- Throughout the inspection we observed people were not left unattended in the communal area and a member of staff was always present.
- People's care and support needs were assessed monthly which helped inform staffing levels.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Amberley House. People said, "I do feel safe. Staff are nice and look after us. Staff are patient, they're co-operative and helpful in terms of wants and needs" and "I feel safe all the time."
- Relatives were also positive about people's safety. Comments included, "[Person] is 100% safe. She can be very difficult, but the staff always remind her to use her walking frame. She would be the first to tell me if there was a problem" and "[Person] is safe. There is a call button and a pressure mat. And the night staff do check her regularly. There have been no incidents."
- Staff had training on safeguarding which was refreshed each year.
- Staff understood their responsibilities around safeguarding and understood how to report any concerns.

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

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

At our last inspection there was a failure to ensure people had choice around what they wanted to eat. Menu plans had not been updated since November 2017.

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.

- The registered manger confirmed and showed us a new menu plan that had been created in consultation with people. However, this was not yet in place. We have discussed this further in the well-led section of this report.
- Throughout the inspection we observed people being offered drinks and snacks. Where people were in their bedroom, we saw there were jugs of juice or water available.
- There was detailed information if people required a specialist diet such as pureed or soft food. In care plans that had been updated, we saw people's likes and dislikes had been documented. The registered manager told us the rest of the care plans were in the process of being updated and we saw the cook had access to information on people's specific needs around food.
- The cook knew people well and was able to tell us about people's likes and dislikes. The cook explained that they provided choice to people and said, "What I normally do if they can't make decision or understand, I do sign or show them things I have got, I put porridge, cornflakes and other choices on a tray, and they can see and choose one."
- We observed the cook checking with people after breakfast what they wanted to eat for lunch and dinner, and recording their choices. Alternatives were available if people did not like what was on the menu.
- We received mixed feedback from people about the food and choice of food. Comments included, "Food on the whole is very good. No choice given as such, but I enjoy what is given", "Food is quite good, I can ask for different things, but I don't always get it" and "Food is not bad and I am given a choice"
- Relatives said they felt the food had improved since the last inspection. One relative said, "[Person] likes the food. Now residents are given a choice of dishes at lunch which is a new innovation."

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

- There had been no new people move into the home since the last inspection. Therefore, we did not review pre-admission assessments during this inspection.

- People's needs were re-assessed yearly or if any changes occurred. We saw care plans were updated where there were any changes in need.

- Protected characteristics under the Equality Act were considered such as faith, disability, race and sexual orientation. For example, people were asked about any religious or cultural needs they had.

Staff support: induction, training, skills and experience

- All relatives we spoke with were confident that staff were well trained and understood how to care for people well. Comments included, "The carers are very skilled. They treat his challenging behaviour very sympathetically. I am impressed by how well they understand his needs" and "Staff are well trained and are very patient in dealing with her challenging behaviour."

- Staff told us they felt supported in their role. One staff member said, "We are supported, you can always go in and talk to her [registered manager]. I feel more supported by the team and we work well as a team. Everybody helps everybody out here. I even feel I can go to [the owner] and ask him as well."

- Staff received an induction when they began working at the home. The induction process had been reviewed since the last inspection and records were more comprehensive on what the induction included.

- At our last inspection we found staff were receiving supervision, but supervision records were not up to date. At this inspection we found staff supervision records were up to date and staff received regular supervision. Staff received four supervision sessions yearly and an annual appraisal.

- Staff received regular training. This included topics such as safeguarding, manual handling and health and safety.

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

- At our last inspection we found there was no accessible bath available for people, who may have mobility issues, to have an immersive wash. People did not have the choice of a bath or shower. We raised this with the owner of the home who told us this would be reviewed. At this inspection we found this had not been addressed. We once again raised this with the owner, who told us this was in the plan of works.

- The home was adapted to ensure people with mobility issues were able to freely access all parts of the home. This included, a ramp to the front door, lift and wide hallways.

- People were able to personalise their bedrooms. We saw people had their own pieces of furniture, pictures and ornaments to make their personal space homely.

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

- People were well supported with their healthcare needs. People's care records showed routine visits to healthcare practitioners such as opticians, GP's and chiropodists.

- Where people were at risk of falls, they were referred to the local authority's Care Homes Assessment Team (CHAT) for assessment.

- In people's updated care files there were oral health risk assessment forms. These looked at each person's care needs around their oral health and how staff should support them. This information was then carried through into the person's care plan.

- Staff understood how to make referrals to healthcare practitioners if they needed to. Staff knew people well and understood how to recognise if a person's presentation or health changed and what steps to take.

- Relatives were confident they were kept informed about any health concerns. Comments included, "They [staff] called me in the night because they had spotted that her breathing was difficult: they reacted very well" and "They [staff] know what to do, and they tell me if there are any problems."

- A healthcare professional was positive about the way the home referred people to them and implemented advice given saying, "They have been very receptive to the information we have given them. Very positive."

#### 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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- MCA, DoLS and Best Interest Decisions had been recorded within people's care plans. Where a DoLS was in place we saw there were time frames for these to be reviewed.
- However, we found that one person's DoLS had expired and had not been re-applied for or reviewed. This means the person was being unlawfully deprived of their liberty. We raised this with the registered manager who was unaware this had not been addressed. On the second day of the inspection the registered manager showed told us the person's DoLS had been applied for. This has been discussed further in the well-led section of this report.
- Where appropriate, people had personalised 'Do not attempt cardio pulmonary resuscitation' orders in place. People were consulted, where they had the capacity to be involved.
- Staff understood the importance of asking for consent before carrying out any care tasks.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives were overwhelmingly positive when asked if staff were kind and caring. Relatives commented, "They chat with her and have lots of banter. Sometimes we are laughing our heads off" and "I think they [staff] are very kind and considerate to her. [Relative] told me recently, 'I am going to live here for the rest of my life. I am really happy here'."
- During the inspection we observed a person becoming anxious. Staff calmly sat with the person and chatted with them until they felt better.
- Relatives were also complimentary about staff working with behaviour that challenged. One relative said, "Staff understand that she has issues. They let her vent her frustration for a time, and then calm her well. What I like about this home is that they treat residents as individuals."
- People's friends and relatives were observed to visit throughout the inspection. There were no restrictions on people receiving visitors. However, since the recent coronavirus outbreak, the home followed guidance and stopped visiting. People were supported to stay in contact with relatives through phone calls and video calling.
- Where people had any specific religious or cultural needs, this was documented in their care plans. The cook told us about preparing food for a person to meet their cultural needs.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions on aspects of their day-to-day care. We observed staff asking people what they wanted to eat, if they needed help with personal care and if they wanted to take part in activities.
- People were also involved, where they were able to take part, in residents' meetings.
- Where people were able, we saw they had been involved in the new care planning process.
- People's new style care plans documented people's likes and dislikes and staff knew people well. A person told us, "They [staff] know what I like." A relative commented, "Oh yes, the care is good because the staff know all the little things about her. I can't find anything wrong with the care."

Respecting and promoting people's privacy, dignity and independence

- People told us they felt respected by staff and their views listened to. One person told us, "They [staff] respect my wishes."
- Relatives told us they felt people were treated with dignity. One relative said, "They [staff] absolutely treat her with dignity. A lot of staff have a good sense of humour, so there is a lot of banter. Despite her behaviour, no-one gets angry with her. Their [staff] patience is fantastic. They are incredibly caring."

- People were supported to maintain their independence. Relatives said, "Staff always persuade her to use her walking frame once a day, so she retains her muscles, that is very good" and "They do encourage her to be independent."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

At our last inspection we found care plans were not person centred and often failed to include information on how people wanted their care to be delivered and how staff should support them. There was a significant lack of activities available and people were not supported to take part in activities. People's communication needs were not well documented.

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.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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; Meeting people's communication needs

- Since the last inspection the registered manager had updated 11 out of 24 people's care plans.
- Whilst the registered manager had not been able to transition all care plans to the new format, new care plans seen were detailed and person centred. There was detailed information on people's life histories, their care needs and how they wanted to receive their care. People's likes and dislikes around various aspects of their life were well documented.
- Since the last inspection an activities coordinator had been employed. The activities coordinator told us, "We have newspapers groups, book club, exercise classes, it's all dependent on who can do what. Some like to sing and dance. I try and get an idea of what songs the group likes. We speak about general topics. We do flower arranging and cooking."
- However, outside of activities, especially for those who did not attend the scheduled activity, people were observed to be sat doing nothing with no interactions and no stimulation. There was no music playing or the television switched on. People were seen to be sat dozing or with nothing to do.
- Relatives said they felt there had been an improvement around activities. Relatives said, "Last week they did flower arranging and colouring. I feel [person] is stimulated to the extent she wants" and "There were not enough activities before, but now they have more which is good."
- We asked people if they would they like to do activities. People said they would but they, "Weren't really hopeful" as they were "Old. What do you expect?". This meant that whilst there were activities now being offered, alternative activities were not always available. People also told us sometimes they just wanted a chat.

- Whilst we understand the importance of keeping people safe and not going out during the Coronavirus outbreak, we saw that people rarely went out prior to this happening. There had been a few trips out in November and December 2019 but nothing since. One person told us, "I never go out unless my son or friends take me."

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person had a section in their new care plan called, 'Understand my behaviour and what I am telling you'. This information included if the person had dementia and how staff could communicate effectively with the person.
- Where people required aids such as hearing aids or glasses, this was also documented.
- At our last inspection we found care plans were not in a format where people would be able to understand them if they requested to see them. For example, care plans were written in small font on white paper which meant that people living with dementia may have difficulty reading them. At this inspection we found this had not been addressed.
- There were no visual or pictorial choices around food offered. The registered manger told us, "I do have the pictorial menus ready but need to get these implemented."

Improving care quality in response to complaints or concerns

- There had been four complaints since the last inspection. Complaints were well documented, details of the complaint were recorded with information about the actions taken to resolve the complaint.
- However, there were no records to show people or relatives who had lodged a complaint were written to in response to the complaint, an apology or the actions the home had taken to resolve the complaint.
- People told us they felt comfortable raising any issues. One person commented, "I don't feel intimidated by anyone, I speak up for myself. I am never forced to do anything I don't want to do."
- Relatives were positive they knew how to complain and thought their concerns would be addressed. Comments included, "Anything I have mentioned has been sorted immediately. I have no concerns, but I am confident concerns would be taken seriously."

End of life care and support

- There were no people receiving end of life care at the time of the inspection.
- Staff had received training in working with people at the end of their lives.
- People's end of life wishes were documented in the new revised care plan documents.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

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.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Whilst there has been significant improvement found during this inspection, progress to address all the issues found at the last inspection has been slow.
- There remained failings around documentation and record keeping. This is part of the way a home ensures they have good monitoring of the quality of care.
- All risk assessments had been reviewed and updated. However, only eleven care plans had been reviewed. Following the inspection, on 2 April 2020 the registered manager informed us 17 care plans had now been completed.
- There was no adequate system in place to ensure DoLS were reviewed. One person's DoLS had expired and no audits had picked this up.
- There was no accident and incident analysis which could indicate patterns or areas for concern and help effectively address them. The registered manager confirmed no analysis had been completed.
- Record keeping around people's personal care and fluid intake was inconsistently documented. For example, people's fluid charts stopped at 5.30pm. Whilst we were assured people did have access to drinks after this time, recording was poor. Following the inspection, the registered manager told us new fluid charts had been put in place and staff instructed on how to properly complete them.
- Audits to improve the quality of care were not effective. Except for the medicines audit the registered manager was not completing regular audits on other aspects of care.
- Health and safety monitoring in the kitchen such as fridge temperature were only completed Monday to Friday with no recording over the weekend. This had not been picked up in any audits.
- There were three audits completed since the last inspection by a 'general manager' who worked at another service owned by the provider. There were action plans in place, but no evidence issues found had

been addressed. The registered manager told us, "I haven't written it down. When she has done them, they were put in the file and I have not had time to check out what has been done."

- Weekly health and safety checks failed to identify issues found at the time of the inspection. For the past six months, the checks stated, 'all radiators are covered'. However, during the inspection we identified six radiators that were not covered, placing people at risk of harm. We raised this with the owner who began addressing this on the second day of the inspection.
- Policies and procedures were generic and had not been updated to reflect practice at the home. This included the medicines policy which we have talked about in the safe section of this report.
- At our last inspection we found there was no deputy manager in place to support the manager. At this inspection we found there was still no deputy manager in place. We spoke with the owner who told us they were actively recruiting a deputy manager. A relative commented, "I think that this place is as well organised as it can be. But the manager needs a deputy to manage all the paperwork."
- At our last inspection we found the lack of support for the registered manager meant issues were not being identified. At this inspection we remain concerned about the lack of support for the registered manager. The continued lack of support meant progress to address failings found at the last inspection has been slow. We raised this with the owner who told us they were in the process of recruiting a deputy manager.

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 breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Since the last inspection, the home had been working closely with the local authority quality monitoring team. The home was working with them to help improve the quality of care and address the failings found at the last inspection.
- The owner had addressed many of the concerns found at the last inspection around the building and furniture. Furniture and bed lined had been replaced and, where necessary, rooms had been redecorated.
- Since the last inspection, the owner had been completing provider audits. These were completed monthly and looked at things like staffing and the environment. Where issues were identified, these were raised with the registered manager.
- The registered manager was aware of their legal responsibilities to notify CQC of any concerns or incidents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Care planning had improved, and we saw relatives, and where possible people, were involved. People's life histories were more comprehensive and gave staff better information about people as individuals.
- People knew who the registered manager was. We observed kind and caring interactions between people and the registered manager throughout the inspection.
- Staff told us they felt supported by the registered manager and owner and felt valued as members of the care team.
- Relatives were positive about the registered manager. Comments included, "The manager impresses me. She comes across that she really cares" and "She is very hands on. She tries to get out and about with the residents. She gets everyone dancing and is very caring."
- Relatives also felt there was good, open communication between them and the home. Relatives told us they were confident they would be informed if there were any concerns.
- People's physical health was well taken care of. We saw referrals when there were immediate concerns as

well as routine healthcare appointments. There were systems in place to ensure partnership working.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 surveys to gain people's feedback had been done. However, results were not collated and shared with people and relatives to promote transparency.
- At this inspection we saw there had been a survey completed since the last inspection. Results had been collated and put up in large font on the hallway notice board. However, there was no action plan in place to address any issues that may have been raised as a result of the survey.
- Relatives and people were more involved in the care planning process.
- There were residents' meetings and we saw people were involved where possible. People talked about the complaint procedure, activities, food and personal care amongst other topics. There were also relative's meetings that informed relatives about what was happening at the home and to gain feedback. One relative said, "The relatives' meetings are constructive. I am confident any concern would be addressed."
- There were regular staff meetings. Staff told us they felt they had a voice and were listened to by the registered manager.
- Relatives and healthcare professionals were positive about how staff and management communicated with them and told us they asked for their views and opinions.
- The home had been open and honest with relatives and people about the failings found at the last inspection. Relatives were informed during relative's meetings and progress was fed back to them.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to ensure accidents and incidents were adequately documented and addressed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes had not been adequately established and operated effectively to monitor and improve the quality, safety and experience of service users.