

# Care UK Community Partnerships Ltd

## Amberley Lodge - Purley

### Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This inspection took place on 11 and 12 October 2018 and our first day of inspection was unannounced. At our previous inspection in February 2016 we found the provider was meeting the fundamental standards. We rated the service Good overall and Outstanding in the key question 'Is the service Well-led?' At this inspection we found the service had improved significantly and we rated it Outstanding overall.

Amberley Lodge - Purley is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Amberley Lodge – Purley provides nursing care. CQC regulates both the premises and the care provided and both were looked at during this inspection. The care home specialises in dementia care and end of life care. The service provides care for up to 59 older people requiring residential or nursing care. There were 49 people using the service at the time of our inspection.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was outstandingly caring. Staff were exceptionally kind and caring and demonstrated a real empathy and understanding of people with dementia. Staff knew people well and staff helped people reflect on their past creatively. People received compassionate care in line with best practice for people with dementia. The service had a strong, visible person-centred culture and the registered manager set up a successful 'wish tree' project to fulfil people's wishes, despite their advancing age, dementia and medical conditions. People were supported to maintain relationships and social contacts. People were given the privacy and dignity they needed.

The service was outstandingly responsive and the service was innovative in relation to end of life care. Staff were encouraged to talk about death and dying openly and sensitively with people and the service helped people plan the end of their lives with dignity. Staff had an excellent understanding of the best ways to deliver end of life care following best practice guidelines including 'Namaste' care for people with advanced dementia. Staff also followed the personal wishes of people and their relatives when people were at the end of their lives. The service responded rapidly to people's changing care needs so people experienced a comfortable, dignified and pain-free death. Staff were very able to meet people and relative's emotional and practical needs when people reached the end of their lives.

Arrangements for social activities showed innovation with a weekly fruit market for people at the home. Activities met people's needs and helped them lead a full life. Relatives and professionals agreed the service was excellent at providing person-centred care.

The service was outstandingly well-led by the registered manager and management team. Managers

developed their leadership skills and those of others and the registered manager created a positive atmosphere to work where staff felt well supported. Staff were motivated by and proud of the service with award systems in place to recognise their achievements. Staff had high levels of satisfaction levels relating to equality and inclusion at work. The registered manager and other managers kept their knowledge current attending forums and completing specialist training in leading services for people with dementia. The registered manager developed the values of the service through involving people and staff and the values placed people centrally. Governance was well-embedded in the service with a strong framework of performance monitoring and the service was involved in an internal 'good to great' scheme to achieve excellent standards. There was an emphasis on continuous improvement and the views of people, relatives and staff were pivotal to this.

People felt safe with the staff who supported them and staff knew how to safeguard people from abuse and neglect. People received care from the right numbers of staff. Risks relating to people's care, including those relating to their medical conditions such as diabetes, dementia, mobility and risk of falls, were well managed by staff. Staff understood people's needs well. People received care from staff who were suitable as the provider carried out the right recruitment checks. People received their medicines safely and the provider was implementing an electronic medication administration recording system with the aim of improving safety. The premises were clean and free from malodours and staff followed appropriate infection control procedures. People lived in premises which were maintained safely and were secure.

People received the support they needed relating to eating and drinking including any specialist support to reduce their risk of malnutrition. Staff took care to ensure mealtimes were a pleasant, unhurried experience for people. The chef had a good knowledge of people's needs and preferences and followed guidance from professionals such as dietitians and speech and language professionals in preparing food.

People were supported with their day to day health and nurses worked with other healthcare professionals to ensure people's medical needs were met.

The premises were adapted to people living with dementia based on current research including the use of colour to help people recognise doors and entrances.

Staff received the training and support they needed to understand their roles and responsibilities and staff told us the training was good quality.

People received care in line with the Mental Capacity Act (MCA) and their choices were respected by staff. The provider followed the Deprivation of Liberty Safeguards (DoLS) in lawfully depriving some people of their liberty as part of keeping them safe.

Processes were in place to respond to concerns or complaints and the provider's complaints policy was shared with people and their relatives so they knew how to raise a concern.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service remained Good.

### Is the service effective?

Good 

The service remained Good.

### Is the service caring?

Outstanding 

The service was outstandingly caring. Staff were exceptionally kind and empathetic, particularly to the needs of people with dementia. Staff knew people well and creatively helped people reflect on their past.

The service had a strong, visible person-centred culture and the registered manager set up a project to help people achieve their dreams. People were supported to maintain relationships and social contacts. People were given the privacy and dignity they needed.

### Is the service responsive?

Outstanding 

The service was outstandingly responsive. People's end of life needs and wishes were well met by staff who understood the best ways to deliver their care following best practice. People with advanced dementia at the end of their lives received 'namaste' care to enhance their lives. The service responded rapidly to people's changing care needs so people achieved a comfortable, dignified and pain-free death. Staff were very able to meet people and relative's emotional and practical needs when people reached the end of their lives.

Arrangements for social activities showed innovation with a weekly fruit market for people at the home. Activities met people's needs and helped them lead a full life.

A complaints process was in place to investigate and respond to any concerns.

### Is the service well-led?

Outstanding 

The service was outstandingly well-led. Managers developed their leadership skills and those of others, including skills in managing services for people with dementia. The registered manager created a positive atmosphere to work where staff felt well supported. Staff were motivated by and proud of the service with award systems in place to recognise their achievements.

Governance was well-embedded in the service with a strong framework of performance monitoring. There was an emphasis on continuous improvement and the views of people, relatives and staff were pivotal to this. The registered manager developed the values of the service through involving people and staff and the values placed people centrally.

# Amberley Lodge - Purley

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider and the Provider Information Return (PIR). Statutory notifications provide CQC with information about significant events such as allegations of abuse and serious incidents. The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

This inspection took place on 11 and 12 October 2018 and was unannounced.

The inspection was carried out by two inspectors, a CQC specialist nurse advisor and an expert 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.

We spoke with eight people who used the service and four relatives. Due to their needs, some people living at Amberley Lodge - Purley were unable to share their views. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with the registered manager, deputy manager, regional director, quality development manager, two chefs, housekeeper, maintenance person and eight care staff. We observed care and support in communal areas, spoke with people in private and looked at the care records for five people. We reviewed how medicines were managed and the records relating to this. We checked five staff recruitment files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including quality assurance audits, action plans and health and safety records.

After our inspection visit we contacted 11 health and social care professionals to gather their feedback and received feedback from four.

# Is the service safe?

## Our findings

People were safeguarded from abuse and neglect. People and relatives told us they felt safe with the staff who supported them. Staff received training in safeguarding adults at risk and knew how to respond if they were concerned about abuse. The provider responded to allegations of abuse appropriately including reviewing the support people received, liaising with the local authority safeguarding team and informing CQC as required by law. The provider had robust systems to monitor and review any safeguarding allegations to check the action taken in response was suitable. Any areas for identified areas for improvement were shared with the team to reduce the risk of reoccurrence. A staff member told us, "I have done training within the last year. It helps to make us aware of what to do if we see something, like bad care."

There were enough staff to care for people safely. One person told us, "If I call someone always come quickly." Relatives told us, "There are always plenty of staff", "They are well staffed", "Yes, there are enough staff", "There is always someone around" and "My relative has never had to wait more than three minutes for staff." Staff told us there were enough staff and one commented, "We have had times where staffing wasn't always 100% but it's better now and there's been some recruitment. We do have time to spend with the residents now." During our inspection we observed there were sufficient staff to support people promptly and staff were visible and available across the service. The registered manager and staff told us there were enough staff and agency staff who knew the service would be used to fill any short-term absences as far as possible. Agency usage was relatively low making up an average of 4.2% of staff for the week of our inspection and the four weeks prior. In these four weeks no agency nurses were required, only care workers. This supported the feedback from the quality team that the staff team was consistent with a low turnover and low vacancy rates. The provider recently introduced a dependency tool to calculate the numbers of staff required on each floor. The provider reviewed staffing levels to check they were sufficient and in line with the dependency tool. Rotas showed staffing levels were in line with the required levels during our inspection.

Risks to people were well managed to keep them safe. The provider assessed risks for individuals such as those relating to their medical conditions such as diabetes, dementia, mobility and risk of falls, moving and handling, bed rails, pressure ulcers, malnutrition and dehydration. Guidance was in place for staff to follow in reducing risks to people. The provider assessed the risks regularly and reviewed guidance if risks changed, such as if a person experienced a fall or they became less mobile. The provider monitored accidents and incidents, including falls, to check people received the right support. The provider also looked for any patterns to identify where the service could improve the support people received. We noted the provider worked well to reduce the risk of pressure ulcers with regular monitoring of pressure areas, repositioning and the use of pressure-relieving equipment. We observed staff used equipment such as hoists to transfer people safely.

People received care from staff who were suitable to work with them. The provider carried out appropriate recruitment checks on all staff. These included obtaining a full work history and references from former employers, checking qualifications and nursing registrations, criminal records, identification, health conditions and the right to work in the UK. The provider interviewed staff to check they had the necessary



attributes to care for people. The provider had checks in place to ensure each recruitment file contained the information required by law.

People received their medicines safely. Medicines were administered and recorded appropriately. Medicines were stored securely. The provider had systems to check people received their medicines as prescribed and that medicines management followed best practice with a range of audits. The provider recently started using an electronic medicines monitoring system. This system alerted senior staff if people did not receive their medicine and the system assisted the provider in ensuring medicines management was safe. Staff received training in medicines management and the provider checked they were competent to administer medicines safely.

People received care in premises which were clean and free of malodours. Relatives told us the service was clean. During our inspection we observed good standards of cleanliness. Domestic staff were employed to ensure the service was clean and hygienic at all times. We found infection control procedures in the kitchen were suitable and the service recently achieved the highest rating from the food standards agency. Staff had a good understanding of infection prevention and control issues as they received regular training and updates in this area. The provider undertook monthly infection prevention and control audits and the latest audit revealed a 97.4% compliance rate.

People lived in premises which were maintained safely and were secure. One person told us, "They are very good at security." A relative told us, "I have no concerns about her safety at all. The security systems are very good." The provider carried out any repairs promptly with a maintenance team on-site. The provider carried out a range of checks to monitor the safety of the premises and equipment. Checks included the environment, water hygiene, water temperatures, gas safety, electrical installation, electrical equipment, fire safety and call bells. Staff carried out regular practice emergency evacuations with people and staff. A contingency plan was in place for staff to follow in the event of an emergency and each person had a personal emergency evacuation plans (PEEP).

## Is the service effective?

### Our findings

People received the support they required with food and drink. People and relatives told us, "The food is nice and plenty of it", "The food is good", "The food is great. He never leaves any and could have more if he wanted" and "She really enjoys the food." We saw people were offered drinks throughout the day. A water dispenser was available on each floor which people could access freely. This contained a drink fortified with vitamins and minerals to help people maintain their health. We observed the lunchtime experience on all three floors of the home. We saw the provider took care in the way the dining tables and food were presented with menus, dining cloths and condiments on each table. Staff did not rush people and people were supported to eat at their own pace. We spoke with the chef and found they had a good knowledge of people's needs and preferences. People received their choice of food and the menu included meals which reflected people's cultural needs and preferences. The provider monitored people's risk of choking and malnutrition and followed the advice of specialists, such as dietitians and speech and language therapists, in reducing the risks. People who required a soft diet were served food presented well to encourage people to eat, with different foods blended separately so people could enjoy the different flavours. We

People were supported with their day to day health. A relative told us, "There was a time when he wasn't so well so I called them and he was in an ambulance being sorted out immediately." A second relative told us, "They are always watchful of his health." The provider assessed people's healthcare needs before they came to live at the service and reviewed their needs frequently. Staff understood people's healthcare needs and nurses monitored people's conditions daily. A GP visited the service twice a week and people were supported to access specialist healthcare professionals. The provider kept records of people's appointments and any advice from specialists was incorporated into their care plans for staff to follow. A healthcare professional told us the documentation they saw was excellent.

The premises were adapted to people living with dementia based on current research. For example, colour was used to help people recognise doors and entrances. Bright lights were used across the service to help people with dementia see more easily. The carpets were a single colour, avoiding patterns which may confuse people with dementia. Places to rest were set out along the corridors and handrails were in place to help people mobilise. Signage was in place to help people orientate themselves and this was placed considering the common tendency of people with dementia to stoop when walking.

People were supported by staff who received the training and support they needed. People and relatives told us, "Staff are very knowledgeable and helpful", "They know what they are doing" and "I am always impressed by how well they know their jobs." Staff told us the training was good quality and helped them understand their role. Staff received an induction in line with the Care Certificate. The Care Certificate is a nationally recognised training programme which sets the standard for the essential skills required for staff delivering care and support. The provider monitored staff training needs and records showed training was delivered frequently to keep staff up to date with a current 94% completion rate for mandatory training for all staff. Staff in all positions received training in dementia awareness, infection control and safeguarding adults at risk. Nurses received training in clinical topics to help them meet people's specialist needs and to help them maintain their nursing registrations. Staff were supported to complete diplomas in health and

social care to deepen their understanding of their roles. Staff received regular supervision from their line manager and annual appraisal during which they discussed their role, training needs and the best ways to care for people. A staff member told us, "I get supervision. It's confidential and I can say what's on my mind."

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. The provider assessed people's capacity in relation to their care when necessary. The provider also made decisions in people's best interests when they were assessed to lack capacity through consulting with their relatives and others involved in their care. Staff understood the importance of the MCA in their role as they received training in this.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider applied to deprive some people of their liberty as part of keeping them safe. Records showed the provider closely tracked applications and their outcomes. Information about DoLS authorisations and any conditions were included in people's care plans for staff to refer to.

## Is the service caring?

### Our findings

People were extremely positive about the staff who were exceptionally caring. Comments included, "They are wonderful! Nothing is too much trouble", "They are super kind and caring" and "Sometimes she just needs a hug and staff give hugs." People and relatives also told us staff listened to people well. In the recent relatives' survey a relative wrote, "The carers take the time to get to know her and her life. They not only show an interest in her as a person now but also her past and where she has come from. They are very positive and kind to her." A relative of a person who recently passed away emailed the home commenting, "We were really impressed with the excellent care which Mum received at Amberley." A different relative wrote in a letter, "The care was excellent and the staff were always very attentive." A healthcare professional told us staff were always friendly, knowledgeable and caring towards people. We observed there were sufficient staff to provide care in a meaningful, relaxed way with conversation and laughter. Our discussions with staff showed they enjoyed their roles, felt respected and were very motivated to provide high quality care to people.

The service had a strong, visible person-centred culture. A relative told us, "The care is very much individual." As an example, the registered manager set up a 'wish tree' on each floor of the home. People and relatives were encouraged to write down their dearest wish and the staff team worked together to help achieve it. As an example, a person wished to see a world-famous pop star in concert. Despite their complex care needs the registered manager arranged for them to see the pop star in concert when they visited London. One person wished to visit China although this was not possible due to their care needs. However, the provider arranged a 'Chinese evening' where their floor was decorated with a Chinese theme. Relatives were invited and Chinese food served and we read a card from a relative thanking staff for a 'lovely evening.' The registered manager was arranging for a person with complex care needs to visit Italy to be accompanied by staff and an external medical professional to keep them safe. Where people were unable to express their wishes the provider liaised with their family. For one such person the provider dedicated the summer barbecue to them. The registered manager asked staff from their country of origin to arrange the barbecue and ensure all the food was authentic. The registered manager also hired a band to play traditional music. A relative told us, "It was a good day and we all enjoyed it." The registered manager also set up a 'resident of the day' scheme. Each day a different person was given their choice of any meal they wanted and had their room deep cleaned.

Staff demonstrated a real empathy for people and understood people with dementia may experience a different reality to others. A relative told us, "They allow [my family member] to sit in the manager's office sometimes. They give [my family member] paper and a pen to write on because it reminds her of what [my family member] used to do." We observed the person anxiously asking staff if they had lost their job and staff reassured them this was not the case. A relative wrote in a letter to the registered manager, "I have visited many dementia nursing homes in my career and I can truly say Amberley Lodge is one of the best for all aspects of dementia care I have seen."

People received compassionate care in line with best practice for people with dementia. For example, people's wardrobes had a clear plastic window so people could easily identify where to find their clothes.

Doors to bathrooms were left open with lights on to help people understand the function of the rooms. Staff responded well to people with dementia who preferred to walk around instead of sit to eat at lunchtime. People were served food on yellow plates to help them identify their food better. We observed staff supporting people to eat and saw they did this in a caring manner, sitting at the same level as people and telling them what the food they were eating. Some people were provided with adapted cutlery to help them maintain their independence in eating.

Staff knew people well and people's personal histories were creatively reflected on. People and relatives told us staff knew them very well and a relative told us, "Staff talk to [my family member] about their pasts, even though they have heard it a million times before." People had memory boxes outside their doors with photographs and personal trinkets to help them identify their rooms. Some people also had 'life story' books readily accessible in their memory boxes. These books included pictures and descriptions of significant people and events in their lives. Staff told us they used these books frequently to help people reduce their anxieties and reminisce about their lives.

People were supported to maintain relationships and social contacts. A relative told us, "[My family member] did make a friend. Staff made sure they sat together at meals and in the dayroom. There seemed to a connection and staff helped with this." A relative told us the provider ensured a couple had rooms next to each other to help them see each other often. Visitors could visit at any time and we observed staff treated visitors hospitably. People encouraged to come together for mealtimes and other social events in the home to reduce the risk of social isolation. A person sometimes displayed challenging behaviours related to their dementia. The person found sitting with other people at mealtimes difficult and could behave in a way which was distressing to others. The provider discussed the issues with their relatives and agreed the person would continue to eat in the communal dining area so they did not become socially isolated, although they were provided their own table to sit at to reduce the risks to others.

People were treated with respect and given the privacy they needed. One person told us, "I go to my room and listen to music when I want to." A relative told us, "[My family member] can spend time in his room. Sometimes he likes to be alone." A person told us, "They don't treat me like a child even when I forget things." Other comments included, "They treat me like a person not a number", "They are very respectful. Always cheerful and kind", "They never shout and they have the patience of saints", "They always treat him with respect, making sure he is dressed properly and consulting him where possible." During our inspection we observed staff were always respectful in their interactions with people. When a person became anxious and began shouting we observed staff intervene in a way which helped them calm down. Staff gently and respectfully guided people to their rooms and to the dining area. When staff passed people in the corridors they greeted them by name. When a person requested assistance with personal care from a passing staff member they promptly supported them which helped them maintain their dignity. A staff member told us, "This is their home and we fit around them."

## Is the service responsive?

### Our findings

People received outstanding end of life care and staff worked closely with healthcare professionals to achieve this. A thank you card from a relative wrote how they were extremely grateful to staff for looking after their family member in the last few years of their life and though staff were 'all wonderful'. In second thank you card a relative told how they 'cried with happiness' as their family member was able to achieve their death in their preferred place, Amberley Lodge. We viewed footage of a recent memorial service held at the home where a relative said, "[My family member] finally received the care everyone deserves at the end of their lives. That would not be possible without the care and expertise of such dedicated staff. We are truly grateful." A relative wrote in a letter, "I take comfort knowing [my family member] had the best possible care in his short stay with you." A healthcare professional told us end of life care was 'excellent'. We viewed an email from an end of life healthcare professional to the registered manager where they complimented the 'innovative and inspiring ideas' which made a 'huge difference' to the experience of people with dementia. The registered manager told us, "If this is their last journey why not make it their best journey."

The service followed the Gold Standard Framework (GSF), an evidence-based approach to providing high quality end of life care. We viewed a letter from a different healthcare professional to the registered manager commending staff in initiating, implementing and maintaining high standards in following GSF. Since our last inspection the service was reaccredited by GSF and their status improved to platinum, reflecting the significant improvements to end of life care. In 2017 the service reached the final 'GSF care home of the year 2017' a competition run by GSF for standards in end of life care, one of only six care homes in the country to do so.

The service responded rapidly to people's changing care needs and people experienced a comfortable, dignified and pain-free death. In a letter to the registered manager dated June 2017 a healthcare professional commented on the clear and strong leadership from the deputy manager in end of life care. The service's GSF 'core team' met monthly with the GP and a representative from the hospice when possible. If people were deteriorating the core team identified this and their individual needs, such as pain relief, were reviewed. Staff also used a tool to assess people's pain levels through the day and ensure they received sufficient pain relief. In addition, staff closely monitored people for depression and provided them with the right support. These steps meant people could die in comfort in the care home.

Staff were very skilled at helping people and their families to explore and record their wishes about care at the end of their life. Staff began talking with people and their relatives about their end of life care, choices regarding resuscitation and funeral plans at the pre-assessment stage. The registered manager told us, "It breaks the ice and makes them think about it. It makes it easier for staff to follow it up when the person comes to live here." The provider also produced a brochure to guide people and their relatives on end of life care and advanced care planning. The provider developed an end of life care plan for each person based on their needs and wishes and these were reviewed to ensure they accurately reflected people's preferences. These care plans included any communication needs and people's capacity in relation to their end of life care decisions. When people neared the last few days of their lives, staff transferred all their care plans to integrated personalised end of life plans produced by the local hospice. The provider worked closely with the local hospice in training staff to use this care plan responsively and the registered manager told us, "80%

of staff are trained to use it and we'll carry on training staff."

The service was very responsive in enabling people to engage with their religious beliefs and preferences at the end of their life. The provider gathered information about the importance of religion to people as part of advanced care planning. The service had arranged for religious ministers to perform the last rites on people when this was important to them. Staff also received training to understand different religious beliefs and their practices for end of life care and treatment of a body after death.

The service strived to be outstanding and innovative in providing person-centred end of life care. The service sensitively alerted others that a person was at the end of their life by placing butterflies and a heart on their door. Relatives were encouraged to bring in any items that may provide comfort. As an example, a relative set up special lighting in their family member's room and music. Their room was scented with their favourite fragrance. Treasured items were placed near their bed to be touched at will. Relatives were encouraged to bring items to put in people's 'memory boxes' at the end of their lives. These were wooden boxes the service provided to people at the end of their lives. The registered manager told us, "We strongly believe the last sense to go is the hearing" and so they encouraged relatives and staff to sit with people and talk about the items in their memory boxes and topics they were interested in. The registered manager and their team developed end of life care standards to guide the rest of the company since our last inspection.

Staff had the skills to meet the needs of people including emotional support at the end of their lives. To help people with advanced dementia emotionally at the end of their lives staff were trained to follow the 'Namaste care programme'. During the Namaste sessions staff gave comfort and pleasure to people through music, colour, massage, scent and food treats in a group and individually, involving relatives. The registered manager was involved in University research by sharing their views on well Namaste works in care homes. This showed the registered manager kept their knowledge of how Namaste can help people up to date to benefit people in the service.

Staff had the skills to meet the needs of relatives when their family members died. A relative recently wrote in an email to staff thanking them for helping them, "...come to terms with [my family member's] death by patiently listening and answering to the numerous questions and doubts I had." A different relative told us their family member was nearing the end of their lives, "...we have had discussions about it and the staff are totally understanding." Staff were trained in understanding bereavement and senior staff were trained to engage in supportive discussion with bereaved relatives. The provider created a 'bereavement pack' for families which to guide them on emotional and practical matters following a death. The provider held an annual memorial service for relatives to reflect on people's lives. In addition, the service had a 'perpetual tree' where relatives could hang a leaf in memory of their loved one.

Staff were supported with empathy and understanding following the death of people they cared for. After a person died the provider carried out 'reflective debriefing'. As part of this staff met to discuss the person, their background and their life, what happened leading to death, what went well and whether anything could have been improved. The provider used any suggestions to consider how end of life care could be improved for other people. Relatives were also invited to the reflective debriefing sessions to help with their bereavement process. The provider created a 'pen-portrait' for each person summarising the discussion for staff to review to help them with their loss. Staff received training in end of life care to help them manage their own feelings of bereavement.

Staff used individual ways of involving people and their relatives in their care plans. Staff developed a 'life story book' for each person through speaking with them and their relatives. The life story book detailed the person's background and life experiences, people who were important to them and their preferences. With



the consent of people and their relatives, life story books were placed in memory boxes outside people's rooms which made them easily accessible. Staff told us they used life story books regularly to help re-orientate and calm people. In this way life story books helped people feel listened to and valued in their care. People also had plans for each aspect of their care which guided staff on their needs such as those relating to their clinical needs, pressure area care and eating and drinking. These care plans were kept up to date by staff and regularly reviewed so they remained reliable for staff to follow.

Arrangements for social activities showed innovation. Each week the service held a 'fruit market' social event where they recreated fruit market stalls. People were given paper bags to carry the fruits they chose and were encouraged to interact socially. People were also encouraged to select fresh fruit smoothies staff prepared earlier from the stalls. The registered manager told us the market had been so successful other care homes in the organisation were setting up their own weekly markets.

Activities met people's needs and helped them live a full life. One person told us, "There is always something going on and I like it so I come to it." A second person said, "There is a lot of activities. I like the quizzes and music." A relative told us, "[My family member] joins in the activities. I think [my family member] likes the exercises best." An activity programme was in place which the service's 'lifestyle coordinators' led. The lifestyle coordinators were staff assigned to help people to enjoy their lives in all areas including eating and drinking and activities. The activity programme included exercises, games and quizzes, cookery, pet therapy, arts and crafts, music and exercise, parties and theme nights, visiting entertainers and church services. People tended the sensory garden which grew various plants and herbs used in the meals provided by the service. The service had obtained a minibus since our last inspection which meant people could go on more days out. Recent days out included trips to a garden centre and meals out. People had access to wi-fi so they could freely use the internet and keep in contact with relatives via email and video calls.

Processes were in place to respond to concerns or complaints. A relative told us if they had a concern they would "talk to the staff at once. They are very responsive and always able to give me an instant update." A second relative said they would "talk to the manager immediately" if they had any issues. The registered manager told us they received one complaint in the past year. Records showed it was investigated and the registered manager took suitable action in response. People and relative were made aware of the complaints policy and it was on display in communal areas. The policy included issuing an apology if the service was found to have been at fault. The provider had systems to track complaint to ensure they were investigated and responded to appropriately and in a timely manner.



## Is the service well-led?

### Our findings

At our last inspection we found the service was Outstanding in the key question 'Is the service well-led.' At this inspection we found the service had maintained this rating as leadership continued to be outstanding. People and relatives were very positive about the leadership of the service. Comments included, "I would give them a gold star!", "The care couldn't be this good unless it came from the top", "It is well led with sound values" and "It's very well led I would say." The registered manager had been in post for four years and was a highly experienced nurse manager who led the home to improve significantly. The registered manager won several Care UK awards relating to their leadership and management of the service. In addition, the registered manager recently reached the final in the registered manager category for the Great British Care Awards, attending their interview on the first day of our unannounced inspection. The registered manager was nominated for the award by members of their team.

Staff were very positive about the leadership of the registered manager and told us they were an excellent role model who was always supportive of them. The recent annual staff survey reported very high satisfaction levels in relation to the management of the service. For example, 94% to 100% of staff responded positively to statements including 'My direct manager: talks to me and the team clearly and regularly', 'gives me clear feedback on my work', 'can be counted on to help me with a difficult task at work' and 'treats me with fairness and respect'. Our inspection findings showed the registered manager had an excellent understanding of their role and were motivated to lead staff in providing the best care possible to people.

Managers developed their leadership skills and those of others. The registered manager kept their knowledge relating to their role up to date, including leadership and management, through training and attended forums and workshops run by the local authority, universities and care-related organisations. As an example, the registered manager and their management team attended a five-day training course on leading services for people with dementia accredited by the University of Worcester in collaboration with Care UK. The registered manager told us, "I always speak to my deputies and ask what they want to be and I train to that. I always encourage my staff to go and learn." The registered manager had a track record of encouraging their deputy managers to achieve their ambitions telling us, "[the current deputy manager] is my fourth deputy in 4.5 years as they all went for something they would like to become." The deputy manager confirmed they were very well supported by the registered manager in developing their leadership skills and in their career progression. The registered manager developed leadership skills in other staff such as nurses who led shifts. In addition, the registered manager appointed a member of staff to be a dementia champion who was scheduled to attend two days of training so they could promote good practice in dementia in the service.

Staff were motivated by and proud of the service. Staff told us they felt proud to work at Amberley Lodge - Purley and that the management team motivated them well. In the recent staff survey 100% of respondents said they felt proud of the work they did and 96% said their line manager told them when they had done good work. The registered manager spoke always very positively about their staff members to us highlighting their strengths and abilities. This showed the registered manager highly valued their staff which

helped motivate their team. To motivate and recognise staff achievements the service ran a monthly award scheme where staff could nominate each other for an award for going the extra mile. The provider ran an award scheme where people, relatives and staff could nominate staff for an award each year. Several staff won awards since our last inspection and several more had been nominated for awards to be presented at a forthcoming gala. These included awards for the registered manager, deputy manager, dementia champion, administrator and maintenance person.

Staff had high levels of satisfaction levels relating to equality and inclusion at work. In the recent staff survey 93% of staff felt people were treated fairly, regardless of their race and ethnic origin, age, sex, sexual orientation and any disabilities. 91% of staff felt the workplace was free of discrimination, victimisation, harassment and bullying and 96% of staff felt they would feel able to report bullying or harassment if they saw or experienced it.

The values of the service were developed by people and staff and placed people centrally. The registered manager held meetings with people, relatives and staff to adapt the Care UKs values to meet the needs of Amberley Lodge – Purley. Our discussions with staff showed they understood the values and cared for people in accordance with them.

Governance was well-embedded in the service with a strong framework of performance monitoring. Accidents and incidents were reviewed to identify any learning for the service to improve. The provider carried out frequent audits of all aspects of the service to check people received high standards of care. We found the audits were robust and any suggested improvements were promptly actioned through involving the staff team. The provider's audits were in line with our own inspection findings that the service was meeting the fundamental standards. The service was selected for the provider's 'good to great' project. As part of this a coach from the quality and governance team worked with the service to help them work towards achieving the best possible outcomes for people. The registered manager had a strong background in quality assurance management and understood the importance of robust processes to ensure high quality care. The registered manager shared their innovations and ideas to help other services improve. There was an emphasis on continuous improvement and the views of people and relatives were a key part of this. People and relatives could contribute their views and suggestions for improvements at meetings usually attended by the registered manager. Twice a year the provider carried out satisfaction surveys which included telephoning relatives to encourage open discussions. The provider used the meetings and surveys to identify any areas for improved and displayed action they were taking to address any shortfalls in communal areas. The local authority told us the service always engage well with them.

The registered manager and staff communicated openly with people and relatives. One relative responded in the recent survey, "The nurse on his floor rings me once a month to check in with me. If there are any problems in the meantime she will ring me." A second relative told us, "[The registered manager] is very approachable and so are they all." A relative commented in the recent satisfaction survey, "There is always someone to speak to when I need. If the manager isn't available there is always someone that I can talk to." The registered manager was a visible leader who operated an 'open-door policy' and people and relatives felt they were approachable and always listened to them.

The registered manager showed innovation in gathering feedback from people with dementia who were unable to share their views verbally. The registered manager set up a short 'dining experience' project with the aim of achieving excellence in eating and drinking for people with dementia. The management team coached all staff about how the dining experience can differ for people for people with dementia. This coaching followed evidence-based guidance produced by Care UK on the subject. The registered manager also ensured the chef was highly skilled and knowledgeable about the best way to meet people's dementia-

related needs. The registered manager worked with the chef to decide the key outcomes they wanted to achieve for people. Every day for two weeks the head chef and another staff member assessed people's dining experience against these outcomes across the service. The registered manager awarded a prize to the staff who were most successful at improving people's experience.

The registered manager shared their innovations and ideas to help other services improve. For example, the registered manager recently presented to other registered managers in the borough at a local authority forum about their 'wish tree' project. The registered manager told us they were always keen to share their ideas with other services and learn from them too and had arranged mutual visits to other care homes in the borough. The registered manager shared the weekly market concept with the provider and this was being implemented in other homes under Care UK. The management team also presented to at the monthly regional and senior manager's meetings about their innovations in end of life care which were being used as a role model across the organisation.

The service played a role in the local community having been selected by Care UK to take part in the national care home open day earlier in the year. Members of the community were invited to attend the home to take part in a range of activities showcasing the quality of care people at the home received.