

## Amberley Lodge Care Home Limited

# Amberley Lodge Care Home

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service:

Amberley Lodge is a care home that provides nursing and personal care for up to 17 people, most of whom are living with dementia. The service is provided in an adapted detached building. At the time of the inspection 17 people were living in the care home.

### People's experience of using this service:

People were at risk of not always receiving a safe service because medicines were not always managed safely and risks to people were not always identified or mitigated. These included risks associated with use of equipment, infection prevention and control measures and choking.

Quality assurance systems, including audits, were not always effective and did not identify some of the shortfalls we found during the inspection, including risk management, medicines management and infection control and prevention.

People were supported by staff who had the skills and knowledge to meet their needs. People's care needs were being met in line with their personal preferences. The service responded when people's needs changed and worked well with other health professionals who spoke positively about the service.

People were supported to make decisions about their care. Where people did not have capacity to make decisions, legal processes were followed.

Staff felt they were valued and respected by the registered manager who was described as 'excellent' and who sought their involvement to improve and develop the service.

Staff were caring, kind and compassionate, and took opportunities to promote people's independence.

Rating at last inspection: The last rating for this service was good (published March 2017).

Why we inspected: This was a planned inspection. The service was rated Requires Improvement overall. This was based on the findings at this inspection.

### Enforcement

We have identified breaches in relation to the management of medicines and risks, infection prevention and control, and good governance. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re inspection programme. If we receive any concerning information we may inspect sooner.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

## 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 effective

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Amberley Lodge Care Home

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

Amberley Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had two managers registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The second registered manager was the registered manager for the provider's other care home, located in the same street as Amberley Lodge. They are referred to as the supporting registered manager in this report.

#### Notice of inspection:

The inspection was unannounced and took place on the 29 August 2019. This meant the provider and the registered manager did not know we would be visiting.

#### What we did:

We reviewed the information we held about the home. This included details about incidents the provider must notify us about, such as notifications about serious incidents.

We assessed the information we require providers to send us at least once annually to give us some key information about the home, what they do well, and improvements they plan to make. We used this information to plan and conduct the inspection.

We met everyone and spoke with five people living in the home and three visiting relatives. Most people were unable to fully express their views, so we spent time observing interactions between staff and people using the service.

We spoke with the registered manager, the supporting registered manager, and six staff that included housekeeping, catering, registered nurse and care staff. We also spoke with a visiting health professional.

We reviewed a range of records. These included three care plans, medicines records, two staff recruitment files, staff training and supervision records. We reviewed records relating to the management of the home. We reviewed how quality assurance checks were completed.

After the inspection, we received feedback from two health professional to gain their views about the service. We have included their feedback in the main body of the report.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People did not always receive a safe service because risks to their health and safety were not fully considered. Risk assessments were completed that included risks associated with moving and handling, falls, dehydration, risk of skin damage and choking. However, risk assessments were not completed for the use of bed side rails, to make sure these were the safest and least restrictive option for each person.
- Where people had been assessed as requiring pressure relieving equipment to reduce their risks of developing skin damage, pressure relieving mattresses were provided. These were not being used correctly. For example, we checked three people who had pressure relieving mattresses in place. These mattresses required setting according to the weight of the person to provide the pressure relief they needed. They were all set incorrectly.
- Staff told us how they supported one person who was at high risk of choking. They told us they occasionally needed to use suction equipment. The registered manager told us they were not aware this was being undertaken, there was no protocol or guidance in place, and the care staff had not received training.
- The laundry room which was very small, was not clean. In addition, there was no 'dirty to clean' workflow to minimise the risk of the spread of infection. When we checked during the morning, items for washing were in direct contact with items that had been washed.
- People who were supported to move with the use of hoists, did not all have their own slings. Staff told us they used shared slings for most people. Sharing slings increases the risks of cross infection and is not nationally recognised good practice.
- The sluice room was not clean. Commode pots were stored on the floor. This increases the risk of the spread of infection.

### Using medicines safely

- Medication records were not always correctly completed. For example, when staff had handwritten onto medicine administration records (MARs), these entries were not always dated or signed by two staff. Nationally recognised best practice was not being followed. The provider's policy did not provide guidance for staff.
- Arrangements were in place to safely store medicines that required cool storage and medicines that required additional security. However, we found some medicines that required additional security, but were no longer required and awaiting disposal, were stored unsafely. They had been placed in an unsecure area. The provider took immediate action to rectify this shortfall during the inspection.
- Some topical medicines such as creams, were kept in peoples' rooms. Staff did not ensure they were labelled. This meant that staff could not be sure the creams were being used for the correct people.

- One person who needed to receive their medicines covertly (disguised in food or drink) did not have the correct people involved in the decision making process. Staff did not have the information available on how to prepare and administer the covert medicines safely. For example, one medicine was being crushed before it was given to the person. The registered manager told us the records were with the GP awaiting authorisation. However, the person had been receiving their medicines this way for over four weeks.

Risk assessments and risk management plans were incomplete, and equipment was not always safely used. Insufficient measures were in place to identify, prevent and control the spread of infection. Medicines were not always safely managed. These were breaches of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager sent us an action plan after the inspection to confirm the actions they were taking to address the shortfalls we had identified.

- For people who needed to be checked on a regular basis to make sure they were safe, care charts were kept in people's rooms. These were not fully or accurately completed. Where they were completed, entries were made, for example that recorded 1am. We were told by the registered manager, such entries related to checks carried out up to half an hour before and half an hour after, the time noted on the record. Where there were significant gaps, the registered manager showed us that people had received the care, but the checks had been recorded in the daily care records kept in the office.

#### Preventing and controlling infection

- Staff received infection prevention and control training. Personal protective equipment was readily available for staff to use. However, good infection control and prevention practices were not always followed.
- Some areas of the home were not clean. Edges of flooring were ingrained and some of the paintwork was not clean.
- The registered manager took prompt action when we reported these shortfalls to them. They arranged for deep cleaning of the home and reviewed the current cleaning regimes.

#### Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us if they felt safe. Comments included, "We felt this was the right place as soon as we walked in. We know she's taken good care and of and yes, we feel comfortable when we leave, knowing that she's safe," and, "I always feel that Mum is safe here."
- There were policies, procedures and guidance readily available in the home to guide staff on what to do if they suspected a person was at risk of abuse. Staff had received training and were confident any concerns they raised would be acted on.
- Staff told us the registered manager, the supporting registered manager and the provider were approachable and always listened to what they had to say, and to any concerns raised. Whilst staff were confident that the management team would take appropriate actions, they were also confident they could raise concerns outside of the organisation if needed.

#### Staffing and recruitment

- Safe recruitment processes were in place to ensure suitable staff were employed. These included checks with the Disclosure and Barring Service (DBS). These checks ensure that staff who are not suitable to work with people, such as those who live in care homes, are identified.
- The registered manager ensured staffing levels were sufficient and people and their relatives told us there were enough staff on duty to provide the support they needed. Staff also told us they were sufficiently

staffed. A member of staff told us, "Staffing used to be a problem, but it's good now."

Learning lessons when things go wrong

- Accident and incident reporting forms were completed. They were reviewed by the registered manager to identify actions to prevent recurrence.

# 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 Good. At this inspection this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and relatives told us the staff were well trained and able to meet people's needs. A health professional told us, "I have found that the staff are well trained, knowing where they should be and what they should be doing, and care is carried out effectively and is timely," with a relative commenting, "If all staff could be trained like they are here, I'd be happy."
- Staff completed an induction and were supported by working with more experienced staff when they were new in post. Supervisions were then completed. The registered manager told us that staff supervisions had not all been completed every three months as they expected. However, they had a plan in place to address this and staff told us they felt well supported.
- Staff spoke positively about the training they had completed. This included update and refresher training for topics such as moving and handling, safeguarding, behaviour that could be considered challenging to others and dementia care.

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

- People's care needs were assessed before they moved into the home. The registered manager completed an assessment to ensure they could meet people's needs.
- Personalised care plans were developed, and care plans considered people's needs and aspects of their life and history that were important to them.
- For one person who had a long term chest condition, national guidance about the illness and a specific action plan had been written.

Supporting people to live healthier lives, access healthcare services and support

- Care records of how the service worked closely with a range of health professionals that included the GP's, admission avoidance matron, dementia well-being service, speech and language therapists (SALT), social workers, opticians and dentists to meet people's health needs.
- A good relationship had developed, and external healthcare professionals were very complimentary about Amberley Lodge. Their feedback included, "When carrying out a review, Amberley have demonstrated good processes, practices and systems. There is a good awareness of safeguarding and procedures to follow and also mental capacity. The home prioritises the resident's safety and well-being and, on my visits, there has always been very courteous and polite staff around."

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

- People were supported to eat and drink and meals looked appetising and nutritious. People were

supported at their own pace. Staff explained to people before they provided clothes protectors for people who needed them.

- Catering staff were made aware of people's likes, dislikes, needs, choices and preferences, and informed when people's needs changed.
- People were monitored and where there were concerns over weight changes, appropriate actions were taken. Increased monitoring was introduced, and the GP contacted for advice and guidance. The registered manager told us in the PIR how they provided flexibility, so people could eat at times that were preferable to them. For example, one person sometimes declined food during the day, and liked to eat bacon and eggs during the evening. This was prepared for them at their request.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decision and are helped to do so when needed. When they lack mental capacity to make decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- The records showed how people communicated their views and described the support they needed with decision making. For example, one person's records noted they, 'Can express wishes for day to day decisions. She needs explanations in small steps to enable her to make that decision'.
- The registered manager and staff team clearly understood that people had the right to make decisions and they needed to obtain consent before they provided care and support for people.
- Staff told us that sometimes people declined care or did not fully realise they needed the care and support being offered. One staff told us, "We just leave the person for a while and go back later or ask another member of staff to go back to offer to help them."

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- DoLS authorisations were in place for people who lacked capacity to make decisions about their care, accommodation and treatment. The registered manager had also notified the Commission, which they are legally required to do.

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

- People's rooms were personalised and contained possessions that were important to them. One person showed us their room that had a significant amount of what they described as 'clutter'. They told us they had been pleased the registered manager agreed for the person to sort out their own belongings at their own pace and how helpful was for them.
- In response to feedback received changes had been made. The main entrance had been decorated and one of the shower rooms had been converted to a wet room.

# 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 Good. At this inspection this key question has remained Good. 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

- People were treated well by staff. They looked relaxed and comfortable in the presence of the staff who supported them. There was friendly banter and chat throughout the day. A relative commented, "The atmosphere here is so warm and loving."
- People were treated with compassion and respect. They were referred to by their preferred name and as one member of staff told us, "It's a real pleasure to be able to care for the residents here."
- Staff told us how they got to know people well, how they liked to be cared for and how they liked to spend the day.
- People and relatives felt staff were caring, kind and helpful. We saw caring interactions between staff and people living in the home. For example, staff positioned themselves appropriately when speaking with people who were sitting. They bent down to chat with people at their eye level.
- We observed people being supported to move from wheelchairs to armchairs with the use of hoists. Staff gently explained what they were doing, ensured that people were appropriately covered, and reassured people throughout.
- Complimentary letters and cards had been received. These included, "You have some wonderful people there to work with," "I won't hesitate in recommending you," and, "I have found staff to be respectful, helpful and courteous and they display a genuine kindness."

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

- People were as involved as they were able in decisions about their care and support. A health professional commented, "There is a good understanding around dementia and staff are attentive to people who are unable to express themselves verbally, reading expressions, movement and behaviour."
- Staff often asked people how they were feeling, if they were comfortable and they encouraged people to chat.
- We heard people being asked if they were ready to receive care and support. Staff told us they always asked people what they wanted to wear, and checked if they wanted accessories, such as jewellery and make up.

Respecting and promoting people's privacy, dignity and independence

- We saw that people were treated with kindness and respect. People's privacy was highly respected. One person had recently moved into the home. They told us how they appreciated the way they had been supported to independently settle in to the home.
- Staff were able to give us examples of how to maintain people's privacy and dignity. They told us how they

knock on people's doors before entering, and how they made sure people were fully covered.

- Throughout our inspection, we saw that people were treated with good humour and compassion. Staff took opportunities to sit with people and engage in conversations that were clearly meaningful to people.
- Visitors were made welcome in the home and told us they had been treated well. One relative told us, "To make sure they provided Mum with what she needed, in the way she needed it, [name of staff] asked us to come in and show them how Mum liked to be supported when she was having a shower."

# 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 Good. At this inspection this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and relatives where appropriate had been involved in planning and reviewing their care to make sure it met individual needs and preferences. Relatives told us they were involved and kept up to date when there were changes.
- Care plans provided staff with guidance relating to people's personal histories, how to manage people's physical and emotional needs, their likes, dislikes and preferences. For example, for one person it was recorded they often woke early and at other times had a lie in until breakfast time.
- Mouth care screening tools had been completed so staff were aware of the support people needed with oral care.
- Staff understood the Accessible Information Standard (AIS). This standard requires service providers to ensure those people with disability, impairment or sensory loss have information provided in a format accessible to them and they are supported with communication. The registered manager told us they would provide whatever was needed. In addition, people had access to an iPad to help communication with family and friends.
- The registered manager used their previous experience in health care enhance the well-being of people through activities. They told us how they had improved the programme for engagement and meaningful activities for people, inside and outside of the care home.
- People were encouraged to participate in a range of activities, both in and out of the home. On the afternoon of the inspection, an Elvis impersonator entertained people. This was clearly enjoyed by the people in the lounge, and one person sang and danced alongside the entertainer. Other regular activities included cake decorating, visits by local church groups, outings into town, line dancing led by a person living in the home, arts and crafts and reminiscence sessions.
- Staff were aware of people's preferences and activities they enjoyed. People received the support of staff in a group and for 'one to one' activities. A member of staff told us about one person they were a 'key worker' for. A key worker is a nominated member of care staff responsible for coordinating the care of a person, to help ensure their wider needs are met. They told us they had accompanied the person out to the park, to the pier for fish and chips and on bus rides. They told us how these activities gave great pleasure to the person.
- Activity records for each person were reviewed regularly, to ensure people had the opportunity to engage with activities they liked to do and what gave them comfort, enjoyment and pleasure. On the day of the inspection, one person was planning to have a takeaway meal at their request.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was readily available and accessible to people. Relatives told us they had not had any reasons to complain and they felt listened to. They also told us they would feel comfortable

raising any issues if needed.

- No complaints had been received in the last 12 months.

#### End of life care and support

- At the time of our inspection, the service was not supporting any person to receive end of life care. Where people had 'do not resuscitate' directives these were clearly recorded in the care plans.
- The registered manager told us, in their PIR how they had successfully cared for a person when they were end of life. They told us they had fully involved the person and their relatives. They had liaised with health professionals that included podiatry, GP, diabetic services, dietician and nurse practitioner and the person's end of life was dignified and pain free.

# 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 Good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and governance had not always assured high quality care.

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

- The registered manager completed a range of quality audits. However, they had not identified the shortfalls we found and reported on in the safe section of this report. The shortfalls related to medicines management, risk management and infection prevention and control.

The lack of quality assurance systems that identified monitored and mitigated risks were a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was aware of their registration requirements with CQC. They knew the different forms of statutory notifications they were required to send to the CQC by law.

Continuous learning and improving care

- Staff were supported with learning and encouraged to develop their understanding of the needs of the people living at Amberley Lodge. Staff performance was monitored to ensure they were supporting people effectively. Staff spoke very positively. They told us the registered manager and the provider actively encouraged them to participate in training and develop their skills.
- The registered manager was committed to making continuous improvements to the quality of the service they provided for people. They used their previous experience and professional contacts to make sure people had access to the services they needed.
- There was a positive staff culture and staff clearly enjoyed their work and were motivated and enthusiastic. Staff showed a real commitment to providing support and care for people to enhance their quality of life.

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

- People who were able to, relatives, staff and external health professionals were encouraged to contribute their views on an ongoing basis. Everyone we spoke with and received written feedback from commented positively.
- Meetings were held regularly. The registered manager used these opportunities to deliver information to relatives and staff. Topics included person centred care, communication and behaviour that could be consider challenging to others.
- Surveys were also completed annually, and feedback used to make further improvements. The feedback

from the last survey in 2018 resulted in actions been taken that included changes to the menu and improvements in staffing to enable reduction of agency usage. One of the improvement actions had been to introduce a deep cleaning programme. This had not been sustained.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was committed and passionate about providing a personalised service for people living with dementia. They were very knowledgeable about the people they supported.
- Everyone provided positive feedback about the registered manager and the provider with comments including, "The owner's here at least twice a week. We can talk to them and the manager about anything," and, "Things have really improved since [name of registered manager] has been here."

Working in partnership with others

- The registered manager told us how they worked in partnership with other health and social care professionals to ensure positive outcomes for people. One health professional had commented, "The manager is very approachable. She demonstrates a person centred approach and displays good leadership skills. Amberley has always been one of the homes of choice when looking for a placement due to the outstanding work and commitment shown by the management and staff."

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
Treatment of disease, disorder or injury	2 (a) (b) (f) Risk assessments and risk management plans were incomplete, and equipment was not always safely used.  2 (g) Medicines were not always safely managed.  2 (h) Insufficient measures were in place to control the risk of the spread of infections.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	2 (b) Systems were not in place to mitigate risks to people's safety.