

Waterfall House Ltd

Amberley House - London

Inspection report

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09 February 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 8 and 9 February 2017 and was unannounced. At our last inspection in December 2014 the service was rated 'Good'. At this inspection we found the service remained 'Good'.

Amberley House is a privately owned care home for older people in Enfield. The home is registered to accommodate 30 older people, some of whom may have a diagnosis of dementia. The registered provider had recently opened a new extension to the property.

There was a newly 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.

People told us they felt safe at the home and risks to people's safety and been identified, acted on and, where possible, were being reviewed with the person.

Staff were aware of their responsibilities to keep people safe from potential abuse.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Staff were positive about the management and told us they appreciated the clear guidance and support they received.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and knew that they must offer as much choice to people as possible in making day to day decisions about their care.

People told us they enjoyed the food and staff knew about any special diets people required either as a result of a clinical need or a personal preference.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Staff knew about various types of discrimination and its negative effect on people's well-being. Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes, dislikes, needs and preferences.

People told us that the management and staff listened to them and acted on their suggestions and wishes.

They told us they were happy to raise any concerns they had with any of the staff and management of the

home.

People we spoke with confirmed that they were asked about the quality of the service and had made comments about this.

People told us the service took their views into account in order to improve.

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 continued to be safe.

Is the service effective?

Good ●

The service continued to be effective.

Is the service caring?

Good ●

The service continued to be caring.

Is the service responsive?

Good ●

The service continued to be responsive.

Is the service well-led?

Good ●

The service continued to be well-led.

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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 checked 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.

This unannounced inspection was undertaken on 8 and 9 February 2017.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection.

We also reviewed information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service.

This inspection was carried out by one inspector 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 13 people who used the service and two people's relatives. We also observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

We spoke with five staff, the registered manager and the registered provider.

We looked at six people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held at the home including staff meeting minutes as well as health and safety documents and quality audits.

Is the service safe?

Our findings

People told us they felt safe and had no concerns about how they were being supported at the home. One person told us, "Yes it is safe. I'm not worried at all."

We asked a relative if they felt the staff knew how to keep people safe, they commented, "I'm sure she is safe. I'm not worried about that."

We observed friendly and kind interactions between staff and the people they were supporting which was having a positive effect on people's well-being.

Staff could explain how they would recognise and report abuse. They knew that they could report any concerns to outside organisations such as the Care Quality Commission (CQC) the police or the local authority.

Any potential risks to people's safety were assessed, reviewed and the required actions were recorded so staff knew how to mitigate any identified risks. Risk assessments were proportionate and centred around the needs of the person.

Staff we spoke with were able to tell us the potential risks to people in relation to their everyday care and treatment. These matched the risks recorded in people's care plans. Where this was possible, care plans also detailed people's understanding of the risks they faced. We saw that risk assessments had been developed in relation to people's mobility, nutrition and pressure care management. Where required, the registered manager had ensured that the appropriate pressure relieving equipment had been provided before the person moved into the home.

Environmental risk assessments, including a fire risk assessment had been completed and were accessible to all staff. We noted during our visit that two fire doors were not closing properly. When we spoke with the registered manager about this they immediately arranged for the maintenance person to fix the doors.

We checked medicines and saw satisfactory and accurate records in relation to the receipt, administration and disposal of medicines at the home. We noted that the medicines that were due to be returned to the pharmacy were in a bag by the dining room. When we pointed this out to the registered manager she immediately moved these to a locked cupboard.

We saw records that showed staff who administered medicines had received medicine training and the manager told us she undertook an observed competency to check they were following correct policies and procedures. Staff confirmed that they had been observed by the registered manager. However, this was not being recorded. The registered manager told us that, from now on, this would be recorded as part of their general supervision support.

People we spoke with said they were satisfied with the way their medicines were managed at the home. One

person we spoke with told us "They give it to me. They are very good. I have it after breakfast and they tell me what it is for." A relative commented, "They manage all of this so she doesn't have to think about it. They tell me everything and update me when I arrive and usually before I see her."

People using the service did not have any concerns about staffing levels. Staff told us and we saw that although the staff were busy, they had some time to sit and chat with people in the lounge. One person told us, "I know all of the staff and if there is a new one, they introduce them to us. Staff are good, they make time for you and that's very good." Another person commented, "All of them help me and they come quickly whenever you need them. I know them all."

A relative told us, "There are always enough staff around to help. They are really nice and kind." One staff member told us, "It's busy but we have time."

We checked a selection of six staff files to see if the service was continuing to follow appropriate recruitment procedures to make sure that only suitable staff were being employed. Staff files contained recruitment documentation including references, criminal record checks and information about the experience and skills of the individual.

All parts of the home were clean and there was no malodour detected anywhere in the building. People were very positive about the cleanliness of the home and the staff who kept it clean. One person commented, "As homes go it's good. It is comfortable and has a nice feel. It is always clean."

Is the service effective?

Our findings

We asked people if they thought the staff were well trained and good at their work. Responses were positive and one person told us, "They seem good yes. They know what they are doing." Another person commented, "They are okay. They do what I need them to help me with and they put up with me!"

Staff were positive about the support they received in relation to supervision and training. Staff told us and records showed that they were provided with training in the areas they needed in order to support people effectively. This included fire safety, moving and handling, dementia awareness and infection control. One staff member told us, "There is regular training. I'm all up to date."

In addition to this mandatory training, staff told us that they were also offered nationally recognised vocational training such as the National Vocational Qualification (NVQ) and the more recent Qualifications and Credit Framework (CQF).

The registered manager showed us a training matrix which detailed the date of training undertaken and the date that the training expired. Staff told us and records showed that most staff were up to date with their refresher training.

Staff gave us examples of how they had put their learning into practice. For example, one staff member told us that a recent dementia awareness course had highlighted the importance of understanding people's life history, as this could explain certain behaviours as well as people's likes and dislikes. Staff told us that they would discuss learning from any training course at team meetings and any training needs were discussed in their supervision.

Staff confirmed they received regular supervision and yearly appraisals and we saw records of these in their files. They told us supervision was a positive experience for them and they could discuss what was going well and look at any improvements they could make. Staff told us they felt supported by the management. One staff member told us that supervisions and appraisals, "Encourages me to keep improving."

Staff were positive about their induction and we saw records of these inductions which included looking at the philosophy of care of the service and shadowing more experienced staff until they felt confident to support people on their own.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had received training in and understood the principles of the Mental Capacity Act and told us they would always presume a person could make their own decisions about their care and treatment. Staff understood that people's capacity could fluctuate and the relevance of this with the people they supported.

The registered manager understood and had followed the relevant policies and procedures in relation to the Deprivation of Liberty Safeguards (DoLS).

We observed staff asking people for permission before carrying out any required tasks for them. We noted staff waited for the person's consent before they went ahead. People told us that the staff did not do anything they didn't want them to do.

One person told us, "They ask me what I need help with and they give me the help. We chat about it and they help me arrange things like doctors' appointments and visits to the hairdresser. They assist me in booking transport."

Care plans made it clear to staff to make sure they always offered choices to people. Staff told us that, even though people may have dementia and not be able to make big decisions about their care, they were usually able and encouraged to make day to day decisions such as what they wanted to wear or what they wanted to eat.

People told us they liked the food provided at the home. One person told us, "The food is very good. I am a chef and I feel it is a very good standard. It is better during the week but there is choice and you can ask for them to get things for you. The Christmas dinner and special celebration meals are outstanding and BBQ's in summer are excellent. We have parties for birthdays and they are excellent fun."

The cook was aware of the people that needed a special diet because of particular health requirements such as diabetes or if someone had a swallowing problem. We saw this and information about each person's likes and dislikes on the notice board in the kitchen. We sat with people during lunchtime, which was relaxed and sociable. The cook asked people if they wanted more food and one person told us, "I sometimes get a second portion!"

People were appropriately supported to access health and other services when they needed to. Each person's personal records contained documentation of health appointments, letters from specialists and records of visits.

People told us and records we saw confirmed that they had good access to health and social care professionals. One person commented, "I was down the diabetic clinic yesterday. [The registered manager] has just organised for all of us to get our eyes tested."

Is the service caring?

Our findings

People told us they liked the staff who supported them and that they were treated well. One person we spoke with said, "Well yes they do help you with anything. They help me organise things and I still have my independence because of them. I like that they offer to help and I can say no if I don't need it, like with having a bath."

Another person told us, "Yes they are very caring. They are there to assist me and look after me if I need them to" A relative commented, "They are lovely and very patient."

We observed staff interactions with people throughout the two days of our inspection. We saw that people were very relaxed with staff and it was clear that positive and supportive relationships had developed between everyone at the home.

Staff knew people well and responded to them in a caring way and in line with guidance from their individual care plans.

We saw that people had commented and had input in planning their care and support where possible. We saw that support plans had been reviewed and updated where required and detailed the level of involvement that people wanted in their care planning. One person we were speaking with told us, "I don't need much support but they are always there to advise. I like the fact I don't have to think about bills and things like that and I still have my car and my independence. I go out every day shopping, visiting friends, lunches, it is great really and then my dinner gets made and room cleaned for when I get back."

A relative commented, "They help her all the time and they ask her if she needs things. They are always chatting with us."

We saw that people were able to express their views and make choices about their care on a daily basis. Throughout the day we observed staff offering choices and asking people what they wanted to do.

Staff told us they discussed people's cultural and spiritual needs and preferences with them and we saw this information had been recorded in people's care plans.

Staff had a good understanding of equality and diversity issues within the service and told us they made sure people at the home were not disadvantaged in any way.

Staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected.

We observed staff knocking on people's doors and waiting for a response before entering. One person told us, "Yes, they knock and they ask me if they can assist with personal care. They shut the door for things like that and explain what they will be doing and check I want them to help" Another person commented, "Oh

yes. It is like being at home. They knock and treat me with dignity. I have my independence respected all the time too."

Is the service responsive?

Our findings

Staff had a good understanding of the current needs and preferences of people at the home which matched information detailed in people's care plans.

People we spoke with were positive about how the staff supported them and how staff responded to any change in their care needs. One person we spoke with said, "They are nice yes and they do listen and do things." Another person commented, "Changes are usually made if you tell them. We requested the opticians come in and they did and saw everyone. We even got the special [optician] deals and the chiropodist comes in when we request to the staff."

People's care plans were centred on the individual and outlined what support people needed to be as independent as possible whilst being mindful of identified risks to people's physical and mental health and well-being.

People's needs were reviewed on a regular basis. We were informed that a new system of care planning was about to be introduced by the new registered manager.

Where people's needs had changed, usually because someone had become more dependent, the service had made the necessary changes to the person's support plan. For example, we saw that staff had recorded that a person was losing weight even though staff were trying to encourage this person to eat. The person was referred to the dietician. We saw this report which had actions for the GP to take. This person now had supplements and the cook told us they also needed a high calorific diet. We observed this person being gently encouraged to eat during lunchtime.

On both days of our visit we saw staff sitting and chatting with people in the large communal lounge, when they had time. People who were more independent told us about the activities on offer and how they kept themselves occupied. One person told us, "I read the papers and books and write letters and cards. I like to organise myself in my room and I have my TV too. I am entertained. They do ask me to go into the lounge but I don't really fancy it. I have lunch and dinner in the dining room and sit with my friend."

Another person we spoke with said, "They do a few activities but I like to do things in my room. I do internet shopping and make calls. I am very busy and then I go out in my car to the shops, hospital and things in the afternoons. The best things are when we have entertainers come in. They are hilarious and very good."

Other, less independent people told us they were not always occupied enough. One person told us, "I watch TV. There isn't much going on in the lounge though."

We saw people reading the newspapers, playing card games and engaged in colouring books. We spoke with the registered manager and the registered provider about activity provision for those less independent people and those people living with dementia. They both agreed that there was room for improvement and confirmed that they were in the process of advertising for an activities coordinator.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. When we asked people who they would raise any complaints with, they told us they could speak to any of the staff or management and we saw information about how to make a complaint on display in the home.

There had only been one recent complaint which involved the loss of someone's cardigan. The registered manager had investigated and apologised to the person and reimbursed them.

Is the service well-led?

Our findings

Staff were positive about working at Amberley House and the support they received from the registered manager and provider. Staff told us the registered manager was motivating and supportive. One staff member said, "[The registered manager] is a good listener."

People who used the service and their relatives were also very positive about the registered manager and the way she managed the service. One person told us, "You can talk to her." Another person commented, "You can talk to them anytime and they ask for feedback; what you think. Feedback is acted upon."

People who used the service and their relatives told us the registered manager asked how they were and if there was anything they needed or any suggestions for improvements. One person told us, "We do all get together for a chat and they ask us about things we would like; different food and planning parties."

There were regular team meetings and we saw that staff were able to comment and make suggestions for improvements to the service. Staff told us that these meetings were a positive experience and they felt able to raise any concerns or suggestions. Staff gave us examples of where suggestions they made had been taken on board by the registered manager. This included making suggestions about increased staffing levels in the afternoon.

Staff told us that they were aware of the organisation's visions and values. They told us that people using the service were always their priority and that they must be treated with the same kindness, dignity and respect that they would treat their own relative.

There was a yearly quality monitoring survey that was given to people so they could give their views about the service. We saw that the results of the most recent survey were positive. These recorded views included, "[My relative] really couldn't be in a better place or better looked after" and "[My relative] is happy, has some off days but more good days. We are very happy she is safe and looked after."

We saw that risk assessments and checks regarding the safety and security of the premises were taking place on a regular basis and records of maintenance and servicing of the building were satisfactory.