

Waterfall House Ltd

# Amberley House - London

## Inspection report

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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Amberley House – London is a residential care home providing accommodation and personal care for up to 30 people aged 65 and over, some of whom may have dementia. At the time of the inspection there were 29 people living at the home. The home is a large adapted detached residential house. There is a well-appointed, large garden to the rear of the property.

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

People told us that they felt safe living at Amberley House. Feedback from relatives was also positive. However, we found significant concerns around how the home was managed, documentation relating to care, cleanliness and ensuring people's psychological needs were met.

People's personal risks were not always assessed. Where risks were assessed, risk assessment documents failed to provide adequate guidance to staff. People received their medicines safely and on time. However, we found that systems to safely monitor medicines were ineffective. Staff recruitment was not always safe or consistent.

People's bedrooms were not always clean, furniture was often unsafe and in a poor state of repair. Whilst the provider took remedial action when this was pointed out, there were not adequate systems in place to identify this prior to the inspection. Infection control was not always well managed.

Staff did not have enough time to spend with people. There was no system in place to ensure that there was sufficient staffing to make sure people were adequately supported in all aspects of their care.

We observed caring and warm interactions between staff and people. However, we also observed interactions that were not as caring where people's privacy and dignity was not respected.

Care plans were not person centred and failed to give staff guidance on how to work with people as individuals. People were observed to be sitting in the communal lounge with very few activities or stimulation. There were no formalised activity timetable and people were not supported to follow their interests. People did not always have a choice of what they wanted to eat and were not involved in menu planning.

People were not supported to have maximum choice and control of their lives. People did not always have choice around every day decisions such as, what they wanted to eat or if they wanted to go out.

There was a lack of managerial oversight of the home. There were no effective audits of any aspect of care delivery. Documentation, including care plans and risk assessments, were not always up-to-date. There was no deputy manager in post and the registered manager had no support to maintain an effective level of oversight of the home.

Staff understood safeguarding and how to keep people safe from abuse. Staff received regular training to support them in their role.

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 overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

Rating at last inspection: At the last inspection the service was rated Good (Report was published on 24 March 2017).

Why we inspected: This was a planned inspection based on the previous rating.

Enforcement: We have identified six breaches of regulation around person centred care, staffing, premises and equipment, safe care and treatment and good governance. The failings found are detailed in the main body of the report.

With regards to the breach found regarding fit and proper persons employed, regulation 19, please see the action we have told the provider to take at the end of this report.

We are taking enforcement action and will report on this when it is completed. Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our well-Led findings below.

# Amberley House - London

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

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

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and formal notifications that the service had sent to the CQC. Notifications are information that registered persons are required to tell us about by law that may affect people's health and wellbeing.

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

We used all this information to plan our inspection.

#### During the inspection

We spoke with 14 people living at the home and one visiting relative about their experience of the care provided. We spoke with seven members of staff including the director of the provider organisation (who also owned the home), the registered manager, three care staff and two cooks. We also spoke with three healthcare professionals visiting the home at the time of the inspection. We further spoke with five relatives by phone to gain their feedback. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and 24 people's medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and supervision records that the registered manager sent to us.

# 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 inadequate. This meant people were not safe and were at risk of avoidable harm.

### Using medicines safely

- There were no systems in place to ensure regular checks of medicines stocks.
- The home's medicines policy stated, 'It is unacceptable and unsafe to hold excess stocks of Medication'. However, we found for one person receiving a medicine via injection there was a large stock in the medicines room. We calculated that the person would have enough of this medicine for eight years.
- Another person's medicine was in its packaging within a clear plastic bag. There was a handwritten label on the bag saying who the medicine belonged to. However, there was no dispensing label on the box or information on how often it should be administered, when and how often.
- Medicines that came into the home, not as part of the regular medicine system, had handwritten Medicine Administration Records (MARs) completed by staff. However, these did not follow recognised guidance and were not signed by two staff. One stated that it was checked and signed but this had been completed by the same person. A second MAR had only been signed by one staff member. There were insufficient checks to ensure that the medicine coming into the home was correct.
- Records showed that there were 19 people receiving, often multiple, PRN medicines. PRN or 'as and when required' medicines are medicines that are prescribed to people and given when required. This can include medicines that help people when they require pain relief or become anxious.
- There was no guidance for staff to describe when, why and how often people could be given PRN medicines. The registered manager confirmed that PRN protocols were not in place. We could not be assured that people were receiving their PRN medicines correctly.
- The registered manager confirmed that no risk assessments had been completed for people receiving high-risk medicines. High-risk medicines are medicines that could have significant impact if not taken or have potentially serious side effects.
- There was no risk assessment for a person that was receiving insulin for diabetes. There was no guidance for staff on what to do if the person had high or low blood sugars.
- Where people were taking medicines to thin the blood, there were no risk assessments in place or information on potential risks and side effects.
- There were people receiving a medicine used to treat brittle bones which has very specific requirements around its administration. There was no risk assessment or documented guidance for staff to follow. We spoke with the registered manager about this and asked how staff knew that there was specific guidance around this medicine, the registered manager said, "I tell them."
- There was a monthly medicines audit that had failed to pick up medicines issues that were found. This is discussed further in the well-led section of this report.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and

### controlling infection

- People did not always have comprehensive risk assessments that provided staff with information on how to minimise people's known risks.
- Some people's known risks had not been assessed. For example, one person that had been diagnosed with insulin dependent diabetes had no risk assessment in place. There was a nutritional assessment that stated, '[Person] is on a normal diet, [Person] has a sugar free diet'. However, there was no further information and no risk assessment had been completed.
- Two people had a history of mental ill health. However, there was no information on if this was a risk or that this had been explored to ensure that the people were appropriately supported.
- One person's care file documented that the person had refused staff checking on their well-being during the night and locked their bedroom door. This had not been risk assessed.
- Another person had been diagnosed with a heart condition. We found information at the back of their care file and asked the registered manager about this. The registered manager told us that this had been diagnosed in April 2019 and confirmed that no information was in the person's care plan and it had not been risk assessed.
- One person required a soft diet due to swallowing difficulties. The risk assessment stated, 'Staff/ Chef to ensure [Person] is given a soft diet so it's easy for them to eat and swallow their food'. However, there was no further information on the types of food that would be suitable or any guidance for staff.
- Risk assessments viewed included information around personal and oral care. This was often generic information and did not provide information tailored to the person. This meant that people may not receive care appropriate to their needs.
- We found that risk assessments were not always updated when people's needs changed. A staff member told us, "I will say with some residents, their risk assessment needs to be updated and their [needs] change all the time."
- People had pressure relieving equipment such as mattresses and cushions if they were at risk of developing a pressure ulcer. However, there was no consistent assessments in place to monitor this such as Waterlow scores. Waterlow scoring is a way to assess changes in people's risk of developing a pressure ulcer and allows the home to respond accordingly.

### Preventing and controlling infection

- People were not protected from the risk of infection. We checked people's bedrooms. In two of the rooms, beds had been made with fresh faecal matter and mucus evident on the sheets. We showed the registered manager our findings. On the third day of the inspection we checked beds again and found them to be fresh and clean.

- The pill cutter used to divide tablets was extremely dirty and had not been cleaned in between uses. This created the risk of cross infection of medicines.

### Learning lessons when things go wrong

- Accidents and incidents were inconsistently documented.
- Any actions taken and outcomes relating to accidents and incidents were not always documented. This meant that we could not be satisfied that there was any learning when things went wrong.

The lack of systems to ensure safe medicine management, the lack of individualised risk assessments, poor monitoring of assessed risks and the poor recording and monitoring of accidents and incidents meant that the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most people that we spoke with said that they were happy with the cleanliness of the home and their bedrooms. One person commented, "Clean yes, it is nice."
- However, whilst we found that communal areas were clean, people's rooms were not always clean, and



furniture was often in a poor state of repair. One person told us, "Not clean enough, careless. I don't think it's clean."

- Some chairs, bedside cabinets and chests of drawers in people's rooms were old, in a general state of disrepair and not always clean.
- Where repairs had been made to walls we saw that these had been filled but not decorated.
- One person had a commode in their room, the seat was coming apart and it was rusty. The registered manager told us that the person no longer used the commode. However, this had not been removed from their room.
- Two people's beds had been made with sheets that had been worn and had holes in them.
- Wardrobes that we saw were not fixed to the walls and were often flimsy. This created a risk of a wardrobe falling on people.
- We saw carpet thread by one person's door had come apart, creating a trip hazard.
- Two sensor mats placed by people's beds were dirty and in a poor state of repair with one sensor mat coming apart.
- Where people had en-suite toilets and bathrooms, these were not always clean, with ingrained dirt around toilet bases and floors.
- One person's bedside cabinet had a knob missing leaving a spike. This created a risk of a person injuring themselves.
- Two people's bed bases were significantly stained and in a poor state of repair. Two bed headboards were badly stained.
- One person's footboard on their bed was cracked and broken with sharp edges and covered by a blanket. This created a significant risk of injury to the person. Due to our concerns of injury to the person, we showed the owner and asked that this be addressed immediately. On the same day the owner showed us that the entire footboard had been changed.
- There was a maintenance book where any issues were documented. However, there was no formal system in place for maintenance issues to be reported and addressed and issues found at the time of the inspection had not always been identified.
- The registered manager had walked around with us and was shown the findings, we also informed the owner.

The poor condition of parts of the home and the failure to identify these issues means that the service was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- On the third day of the inspection, some action had been taken by the owner to address the issues that we had identified.
- We saw that all wardrobes had now been fixed to walls. One person's bedroom had been repainted. There had been some remedial cleaning which had made toilets and bathrooms cleaner. The commode in one person's room had been removed and the carpet tread repaired.
- Following the inspection, we received an e-mail from the registered manager stating that further repairs had been carried out.

#### Staffing and recruitment

- During the inspection, particularly in the mornings, we observed periods where the communal lounge was left unattended despite there being ten or more people there. Staff were elsewhere ensuring that people were supported getting up.
- On the third day of the inspection we observed one person in the communal lounge who had become quite agitated was leaning over another person shouting at them. The person appeared distressed and was leaning back in their chair. There were no staff present in the communal lounge to ensure that both people

were supported safely.

- Some staff told us that they felt there were enough staff to appropriately support people.
- However, other staff we spoke with said that they did not think there were enough staff. Staff told us, "We can't do everything we want to do. Prioritise going to the toilet. The morning time is hectic. Being able to spend time and sit and talk with them, we don't have time for that. There is only two [staff] at night, not enough with three floors" and "I enjoy working here and I love the people we look after it upsets [me] we can't spend more time with the residents."
- A staff member told us that staff could be increased if there was a change in a person's care needs and that they would speak to the registered manager. Another staff member told us about care plans, "Very difficult to find time to read them. Work is nonstop." This means that staff did not have sufficient time to ensure that they understood people's documented care needs.
- A person told us, "Generally yes there is enough [staff], it can get a bit short staffed in the evening"
- Staff rotas showed that the home used four staff throughout the day with two care staff on waking night duty.
- However, the registered manager confirmed there was no system in place to assess if there were enough care staff to adequately meet people's needs.

The lack of systems in place to adequately assess staffing levels means that the service was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff recruitment was not always safe. Criminal records checks were inconsistent and not always carried out by the home prior to staff starting work.
- We found that two staff out of the six that we checked did not have a criminal records check completed by the home. The two staff had criminal records checks from previous employers. One staff member had a criminal records check that had been completed 13 years ago. There had been no further checks in line with best practice of re-checking every three years.
- Staff application forms did not always contain a full employment history. This meant that the home was unable to be assured of staffs' previous work history and suitability for the role.

The inconsistency in ensuring that criminal records checks, and adequate pre-employment information was gathered means that the service was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager informed us that she had applied for new criminal records checks for the three staff where we had identified concerns.
- However, we were not satisfied that checks had been completed for all staff employed by the service to ensure that suitability checks were consistently in place.

Using medicines safely; safety monitoring and management; Preventing and controlling infection

- Although we found concerns we did not feel that all aspects of medicines management were unsafe.
- Medicines were stored securely in a locked medicines trolley. Medicine administration records showed that people received their medicines safely and on time.
- All staff that administered medicines had received training. Following training, staff had a competency assessment to ensure they were safe to administer medicines. We saw that one person had recently been trained and was awaiting a competency assessment.
- Where people required medicine to be administered via injection, this was done by district nurses. There was a system in place to document when people had received their injections.
- One person told us, "They administer my medicine and I know what it's for." A relative commented, "The

carers chat with her and me about medication and any changes are explained. I know why she takes all her things and that's because the carers told me. They are very organised with the giving of the tablets as there are so many and everything is recorded."

- Due to some people having dementia, they did not always know what the medicine they were taking had been prescribed for. However, people were clear when we spoke with them that they were given their medicines.
- We saw that one person who required repositioning during the night had a turning chart. The chart had been appropriately completed at the required times.
- There were up-to-date records of maintenance of equipment such as hoists, the lift, fire equipment, water safety and the call bell system.
- We saw that staff had access to gloves and aprons to reduce the risk of cross-contamination when supporting people with personal care.
- People had access to a call bell at night to ensure they could get help if they needed to. One person told us, "I arrange my call bell on the side table of a night, to have it easy at hand. They know I don't press the bell for a spilt drink or trip to the loo. So, they know I'm in trouble."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Amberley House. Comments included, "I do find it safe, they do all they can", "Yes I'm not going to get attacked here" and "They're alright. The staff are alright they look after us."
- Relatives were positive about their family member's safety. Comments included, "It has a nice feel here, the staff are mostly friendly, and I know she feels safe here, she has told me. I feel it is safe to leave her here" and "It's okay here. They are gentle with her and it's safe, that's the main thing I worried about but I'm happy with the levels of safety."
- Staff had received training in safeguarding which was refreshed yearly.
- Staff understood how to recognise signs of abuse and how to report any concerns. A staff member said, "You report the time, date, the place, the people first of all, who was with them, what type of abuse it was."

# 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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People did not always have a choice around what food they wanted to eat. Some people told us, "She [the cook] asks what you want, can't complain" and "Yes, I'm vegetarian and the veg is fresh, the foods good." However, despite this positive feedback we found concerns around people being involved and able to choose what they wanted to eat.
- There was a three-week rolling menu which was similar each week for the types of meals being provided. The registered manager told us that the menu had not been reviewed since she had stated working at the home in November 2017.
- People told us that they were not involved in menu planning. Comments included, "Not necessarily what I'd want to eat, there is no choice, but it is nutritious" and "I eat what I'm given, and I'm not given a choice."
- There were no records to show that people were involved in choosing what they wanted to eat or how menus were planned.
- Staff told us that they were aware of people's dietary needs. One staff member told us, "We got two or three [that] are vegetarian, we need to be careful, the chef knows too. We make sure we're not giving the wrong food to the wrong person. I always make sure the vegetarians go first." However, people's dietary needs and preferences were not documented.

People were not provided with a choice of food that they wanted to eat and people's dietary requirements were not clearly documented. This means that the service was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us that three people required fortified meals. These are meals that have extra calories to ensure that the person can maintain a healthy weight.
- People's care plans did not document if they required fortified meals.
- The cooks told us that they did use high calorie additives such as full fat milk and butter for people. However, we were unable to confirm that this was happening on a regular basis.
- We observed breakfast on the first day of the inspection and found that staff knew what people liked. For example, how one person like their sandwiches cut and the type of fruit they enjoyed.
- One cook told us, "We have diabetics and people who don't eat pork. I do an alternative and tell them about alternative. A few veggies. One will eat fish. We communicate."
- People were referred to healthcare professionals if they were at risk of malnutrition. We were told that one person had recently been referred as there were concerns around them losing weight.

- People were supported to have enough to drink. We saw regular tea rounds serving people hot drinks. When we inspected it was a warm day and we observed a trolley with jugs of juice and water in the lounge. People were regularly offered cold drinks to maintain hydration.

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

- Prior to moving into the home people had a pre-assessment that looked at the person's care needs as well as their well-being and preferences.
- People's care plans were created using the information from the pre-assessment. We saw that where appropriate, relatives were involved in pre-assessments.
- A healthcare professional told us, "Any concerns, any new residents. Their [the home] assessments are detailed. They are able to meet the needs of the residents they take on, they will assess if they can meet the needs of the person."

Staff support: induction, training, skills and experience

- Staff received an induction when they began working at the home. During induction the registered manager told us new staff spent one day going thorough policies and procedures. They then had one shift with a senior who showed them around the home, after the second shift they were then on the rota.
- The registered manager told us that she received feedback from senior staff to ensure new staff members were working safely. We saw records of induction. However, these were checklists and not detailed. There were no records regarding the feedback that senior staff were providing to the registered manager. We spoke with the registered manager who told us that she would review how induction was documented.
- Staff received supervision and told us that they felt supported by the registered manager.
- However, supervision records were not always up-to-date. The registered manager told us that she was aware of this and some staff had not received regular supervision.
- The registered manager told us that staff appraisals were completed for all staff yearly around May. We saw that staff had received an appraisal in 2018. However, no appraisals had been completed for 2019. The registered manager said that she was aware that staff appraisals were overdue and was in the process of booking them in for all staff.
- Staff told us that they received regular training. The registered manager told us that there an external company provided training sessions on various topics three times a year. If any staff missed these sessions, they were able to provide the training at other times.
- Staff were also able to access training provided by the local authority in topic such as end of life care and falls prevention. We saw that three staff had recently completed training in falls prevention.
- Relatives were positive about the support that people received. Comments included, "The staff are very good, efficient and knowledgeable. They work hard" and "It is a very good service and they know what they are doing. They appear confident."
- Following the inspection, the registered manager sent us updated training records for all staff. We saw that staff had been trained in subjects such as safeguarding, mental capacity, health and safety and moving and handling.

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

- Whist we were assured by records and people's presentation that they were being supported with personal care, people did not have the choice of a shower or a bath.
- There were no adapted bath facilities to meet people's needs. This meant that people were unable to have an immersive wash. We discussed this with the owner.
- Many of the bedrooms had en-suite bathrooms with a shower. There was also one communal bathroom which had a shower and a second large communal bathroom that was being used as storage. On the third day of the inspection the owner told us that the second bathroom had been cleared and could now be used.

However, this contained a normal household bath which people living at the home would be unable to use due to their mobility.

- People were able to get around the home and the home had been adapted to ensure that people with physical disabilities were able to get around.
- There was a lift as well as ramps into the home to ensure ease of access.
- Signs for fire exits were clearly displayed in large font so that people were able to see them.
- People could decorate and personalise their bedrooms. We saw that people had decorated their rooms with items that meant something to them.

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

- People were supported to access health care and were referred to healthcare professionals promptly when necessary.
- People's care records showed when they had healthcare appointments and what the outcome of this was.
- During the inspection we observed that one person had an assessment with a social worker due to a change in their care needs. Staff were able to explain how the person's needs had changed and why a review was taking place.
- Where people were at risk of falls they were referred to the local authority's Care Homes Assessment Team (CHAT) for assessment.
- A healthcare professional told us, "They [the home] are really good with their communication, they don't rely only on us and they will call the GP, CHAT team and so on."
- People were positive that their health care needs were taken care of. A person told us, "If I needed to, I could meet a doctor, just ask. I have a healthy life."
- Relatives were positive about the home's communication regarding people's healthcare needs. A relative commented, "They discuss what she needs with me if I am there and I have had a call from the manager before when they felt she needed more help. I discussed this with them and her GP."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We were not concerned that people were being unlawfully deprived of their liberty and appropriate applications were made. However, we found that application of the MCA was not always documented well.
- Where people required a DoLS to ensure their own safety, we saw that this was in place with information on when these needed to be reviewed.
- A relative told us that they had been involved in best interests meetings for their family member. They felt that any issues around the person's capacity was clearly explained to them and said, "I've seen the DoLS, I've had to sign the DoLS."

- There was some confusion around people with and without capacity signing their care plans and consenting to care. For example, one person that did not have capacity had signed their care plan. However, another person with capacity had not. We discussed this with the registered manager who told us that this would be reviewed.

# 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 now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People said that they felt that they were treated with respect. One person said, "The best thing [about the home], the privacy & respect. I'm able to keep independent and be here at the home."
- Relatives told us that staff respected people. One relative said, "She still has her dignity and we are respected as a family. The carers are sensitive and discreet."
- Staff understood consent and asked people before completing care tasks. One person said, "They always ask me."
- We observed three hoisting procedures during the inspection. These were carried out by two staff and throughout each one we saw staff talking to people, explaining what they were doing and reassuring them. Despite this being done in the communal lounge, staff were careful to maintain people's dignity.
- However, we also saw two instances where people's dignity was not respected. We observed the communal lounge which was full of people, a staff member was reminding a person to drink fluids. However, the care worker loudly stated that the person would get a urine infection if they did not as it was hot. This was not said rudely but said loudly in front of people instead of the person being quietly spoken to.
- We also heard a person saying that they needed the toilet and did not want to soil themselves. We saw a staff member leaning over the person saying, "Don't say that." The person was leaning back in their chair and appeared upset. Whilst staff did support the person appropriately to use the toilet, staff did not approach the situation in a compassionate and discreet manner.

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

- We asked people if they felt that staff were caring and kind. People told us, "I think politeness and respect is automatic" and "The staff are so kind, considerate, reasonable. When someone is being difficult they have to know how to handle it and they do that so well."
- People also told us that staff were willing to chat with them when they had time. One person said, "Ask them, if you know what you want. I'm happy enough they [staff] all help and chat."
- Relatives were happy with staff and felt that they were kind and understanding towards their family member. Comments included, "They [staff] are very patient, I find this really caring as she can be difficult with them" and "I feel that they [staff] respect us as a family using their service. I feel he is looked after well, and the carer treats him as being important."
- People told us that they were able to get up and go to bed when they wanted to. One person said, "Freedom like your own flat, other people wake you up, get you up and take you to bed. Go to bed when you like."
- We observed genuine and warm interactions between staff and people. Staff that we observed and spoke



with showed genuine compassion in caring for people. However, staff were often rushed and did not have time to spend with people.

- We observed two meal times. Meal times were a social affair and people were often smiling and laughing with each other. Where people required support, we saw that staff gently prompted and chatted with people.
- People's preference of male or female member of staff was documented and recorded in their care file. One person told us that they got their preference of gender when they received support with personal care.
- Throughout the inspection we observed relatives and friends visiting people. Relatives told us there no issues around visiting and were able to visit whenever they wanted.
- People's faith was documented in their care plans. However, we did not see how people were being supported to maintain their faith. People told us, "Weekdays there is a lady who asks us about religion and holy communion" and "I was a regular church goer, but here there isn't anything. No priest."

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

- Relatives told us that they were involved in planning care and their opinions were listened to. Comments included, "He is involved in decisions about what he wants to do and how they help him" and "I tell them because he can't explain to them what he needs, and I feel that they listen to us too."
- Staff knew people well and understood what type of help each person required.
- The registered manager told us that people were involved in planning their care. However, this was not always documented in their care plans.
- Involvement on residents' meetings and feedback is discussed in the well-led section of this report.

# 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 now deteriorated to requires improvement. This meant people's needs were not always met.

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

- People's care plans were not person centred. There was insufficient information to provide guidance for staff on what people's likes and dislikes were and how they wanted to receive their care.
- Life histories were often blank on the care plans we looked at. This meant that staff may not understand people as individuals and were unaware of what was important to people and any significant life events.
- People's medical conditions were documented in their care plans. However, there was no information on how the person's medical condition may affect them or any guidance for staff on how to effectively work with them. This included significant conditions such as mental health issues, diabetes, glaucoma and mobility.
- Where people were living with dementia, the type of dementia, what stage the person may be at or how this affected them was not documented. Dementia can affect people differently and the lack of information and guidance meant that people may not be supported effectively.
- Care plans often used generic sentences. For example, 'All carers to promote independence as far as possible' and 'Staff to provide reassurance when [person] is confused'. There was a failure to state how this support should be given and what helped people as individuals.
- Where people required help with moving, manual handling care plans stated, 'staff to be trained in manual handling'. There was no information on why or what type of manual handling the person required. Whilst we observed safe manual handling practices, the lack of information in care plans meant that insufficient guidance was being provided for staff.
- Whilst legal requirements around capacity were met, we found people's capacity was not documented in their care plans. Where people lacked capacity or were under a DoLS, this was not recorded. There was no information on decisions that people were able to make and what they needed help with.
- The registered manager told us that a new template for care plans had been provided by the local authority which was more person centred. However, this had not yet been put in place at Amberley House.

Meeting people's communication needs

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

- We observed that staff knew people well and understood how to communicate with people. However, people's communication needs were not documented in their care plans.
- Written information in the home was not adapted to ensure that it was easy to read and help promote understanding for people.

- Care plans were not in a format where people would be able to understand them if they requested to see them. For example, care plans were written in small font on white paper which meant that people living with dementia may have difficulty reading them.
- The menus on display were written in small font and not easy for people to read. There were no large font menus on display to show what the meals for the day were.
- Training records sent to us following the inspection showed that no staff had received training around working with people living with dementia. This was further confirmed with the registered manager by phone. This means that staff had not been provided with the training to ensure that they understood how to effectively communicate with people who may have dementia.

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

- On the first day of the inspection we observed a singer that came in for an hour. The provider told us that this was done twice a month. We saw that people really enjoyed this and were singing and dancing with staff and each other.
- However, in the three days of inspection we did not observe any people leaving the home unless they were attending an appointment.
- The registered manager confirmed that people did not go out and there had been no day trips in the past year. People were not supported to go out for things such as lunch, shopping or a walk.
- The home had a large well-kept garden. However, nobody used the garden during our inspection and this was not offered as an option for people despite the favourable weather. A staff member told us that people used to have coffee in the garden, but this was not regular. Another staff member said, "The garden is unlevel so it's a bit scary. Last year we took them to garden, haven't taken them there this year."
- Staff tried their best to provide activities and we saw some colouring in and a ball exercise. However, staff were too busy to ensure that there was a planned activity timetable. This has been reported on in the safe section of this report.
- The home did not have an activities coordinator. There had been no activities coordinator in place since the last inspection. The registered manager told us that they had advertised for an activities co-ordinator, but this had been unsuccessful.
- People told us, "Someone used to come and do my nails. They left. I'd like them done", "No activities, No trips. Exercise would be good but there is none here. Maybe some of the residents wouldn't like exercise?" and "I don't move by myself, I just sit in the chair."
- A staff member told us, 'We're so busy all the time and can't spend time with people or do proper activities or take them out. I don't think I've been out more than once with them.'
- Throughout the inspection we observed that people sat in the communal lounge and appeared bored and unstimulated.

Care plans were not person centred, people's communication needs were not recorded and access to information for people living at the home was not clear. There were no structured activities in place to ensure that people were stimulated. This means that the service was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- On 17 July 2019 the registered manager informed us that an activities coordinator had been appointed.
- We observed that friends and relatives were able to visit whenever they wanted to and were welcomed by staff.
- Staff knew people's relatives and understood who was important in people's lives. We observed a staff member asking a person how their relative was and the person smiling and answering.

#### Improving care quality in response to complaints or concerns

- Complaints were inconsistently documented.
- There was a complaints book that was kept in the office. However, this was not easily accessible to people and relatives.
- There were two documented complaints since April 2018. Outcomes and actions taken were clearly recorded. One person told us that they had made a complaint about staff behaviour and that the manager had dealt with this. However, we could not find any record of this. The registered manager confirmed that a complaint had been made and dealt with, but this had not been documented.
- Some people told us they knew how to make a complaint. One person said, "I would complain to the manager, along the corridor."
- Relatives told us that they knew how to complain and were positive that any complaints would be responded to by the registered manager.

#### End of life care and support

- End of life care was discussed with people and their wishes were documented in their care files. A relative told us, "We have talked about end of life and there is a plan and everyone's wishes are recorded in the file."
- The local Care Home Assessment Team (CHAT) supported the home with end of life care planning.
- If people wished to be nursed at home in their final days, this was documented and adhered to.
- Staff had received training in CPR and end of life care including how to care for people compassionately at the end of their lives.
- We saw that, where appropriate, there were do not resuscitate orders (DNACPR) in place. These had been completed in conjunction with the person and where appropriate, their relatives.
- We spoke with a health professional that was visiting the home. We were told, "One thing they do very well, is that they will talk about future wishes, working with the family at the beginning when [people] may move in and making it part of the normal process. Talking about what happens if they want to go into hospital, do they want to be resuscitated. It helps people and family know that this is a normal part of planning care and their wishes."

# 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 now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- Effective systems were not in place to monitor quality of care at the service.
- Monthly medicines audits were ineffective. Checks had been completed but these checks had not identified any of the issues that we identified as part of this inspection.
- There were no other audits for any aspect of the home completed to ensure good managerial oversight. This was confirmed by the registered manager.
- We spoke with the owner during the inspection. The owner confirmed that he did not complete any audits of the home. However, he told us, and staff confirmed, that he visited the home daily. This was not documented and there were no records of any issues that may have been found or actions taken to improve the quality and safety of the service people received.
- There were no infection control audits in place or oversight of infection control procedures.
- Records were not always updated in a timely manner. This meant that people may not receive care and treatment appropriate to their needs. Staff may not have the correct guidance to support people appropriately.
- The registered manager completed monthly reviews of people's care plans. We saw that monthly reviews documented any changes. However, the actual care plan was not updated. For example, one person's care plan had been written in September 2016 but had not been updated. Staff would need to read through all of the reviews to get a clear understanding of the person's needs. This means that staff did not have easily accessible information on people's current care needs.
- There was no deputy manager employed at the home. The registered manager was expected to complete all documentation and management of the home. Because of this the registered manager told us that it was often difficult to ensure that documentation was updated in a timely manner.
- A quality monitoring visit by the local authority in November 2018 noted that the Manager 'needed some support, particularly with paperwork and recommended that a Deputy or an Administrator was considered'. However, this recommendation had not been acted on.
- At the time of the inspection there was no overview of staff training. There were training certificates in staff files. However, we were unable to check if all staff had received appropriate training. We requested that the registered manager send us this following the inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The owner and registered manager did not plan and promote good outcomes for people through person

centred care. There was a lack of good care planning and information about people was often missing or not explored.

- Whilst we found that people were physically taken care of, we found significant failings throughout the inspection as detailed within this report.
- The lack of support for the registered manager meant that she was unable to always prevent or address the failings that we found in a timely or adequate manner.
- People were not involved in planning their day to day care including meal choice and activities.
- We asked people if they would recommend Amberley House as somewhere to live and received mixed feedback. One person said, "Yes I recommend it. I don't have to cook or iron." However, other people said, "I don't know about the alternatives to this place. I didn't look around, but I would suggest other people did" and "No I would not really recommend here, I would look around."
- We received mixed feedback from staff about working at Amberley House. One staff member told us, "No real feedback, no thank you, no real positivity, doesn't make you feel like you want to come and do the job" and "[It's] so so. The care we give is amazing but there's other things. It [the home] could do with updating."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We saw that there were residents' meetings. However, these were not regular. We saw that there had been one in August 2018 but there were no records for anything after this.
- Whilst we understood that residents' meetings can be difficult when working with people living with dementia and large meetings may not be appropriate, not everyone at the home had dementia.
- There were no alternative ways in place to involve people living at the home in decisions and ensuring that their voice was heard.
- The registered manager told us that the home completed surveys to gain people's and relatives' view of care "every six months or so" and told us "If there's anything there I do rectify it. Mostly it's about laundry." However, we were unable to look at the results of the survey properly as they were not collated.
- The registered manager confirmed that people and relatives were not informed of the results of any surveys. This means that the home was not transparent around feedback and addressing any concerns.

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

- Following the inspection, the registered manager sent us training records for all of the staff at the home. This has been reported on in the effective section of this report.

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

- We found that the registered manager knew people well. We observed warm and genuine interactions between people and the registered manager. Relatives greeted her warmly when they visited.
- People told us that they knew who the registered manager was. Comments included, "[Registered manager's name] is the manager, I think she is doing a good job" and "[Registered manager's name] is excellent. She will come up and talk about life in general, helpful and friendly."
- There were regular staff meetings where staff were able to discuss people, the care provided and raise any concerns. We saw that the owner also attended some of the staff meetings.
- Other staff that we spoke with told us that they felt that the registered manager was approachable and

would listen to them if they had any concerns.

- Relatives also told us that they felt the registered manager was approachable and easy to talk to. One relative commented, "They seem good at keeping me up to date and I get letters. They sit with her too and update and ask her opinion of any changes she would like." Another relative said, "A wonderful all-round service and an organised and caring manager."

#### Working in partnership with others

- Visiting healthcare professionals that were present during the inspection were complimentary of the registered manager and the home's communication with them.
- One healthcare professional told us, "I think they are excellent, very professional, very helpful, very accommodating and excellent care to their clients. It's one of the good ones [care homes], there is excellent team work it's always a pleasure coming here."
- The home worked well in partnership with other agencies to support people's physical health.
- There were timely referrals to healthcare practitioners and these were followed up appropriately.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider failed to establish and operate effective recruitment procedures to ensure staff were suitable for the role.



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Care plans were not person centred and failed to provide enough information for staff on individuals needs. Activities were not provided regularly within the home. People were not involved in choosing what they wanted to eat.

### The enforcement action we took:

We have imposed conditions on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risk assessments failed to document people's known risks. Where risks were documented these often failed to provide staff with adequate guidance to minimise the risk. People's bedrooms were not always clean and furniture was often in a state of disrepair. There were ineffective systems in place to monitor medicines.

### The enforcement action we took:

We have imposed conditions on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  People's bedrooms were not always clean and furniture was often in a state of disrepair. There were no systems in place to identify and address issues found during the inspection.

### The enforcement action we took:

We have imposed conditions on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 17 HSCA RA Regulations 2014 Good

personal care

governance

There were no audits in place to monitor the service and ensure good governance.

**The enforcement action we took:**

We have imposed conditions on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  There were no systems in place to assess staffing levels to ensure that there were enough staff to support peoples wellbeing.

**The enforcement action we took:**

We have imposed conditions on the providers registration.