Waterfall House Residential Home

Amberley House - London

Inspection report

44-48 Amberley Road
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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

Overall summary

This inspection took place on 16 December 2014 and was unannounced. At our last inspection in September 2013 the service met all the regulations we looked at.

Amberley House provides accommodation and personal care for up to 16 older people. There are 15 rooms, one of which is a shared room. A large extension to the property has been built and the provider told us that there would be a further 14 bedrooms available from April 2015.

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

People told us they felt safe at the home and safe with the staff who supported them. They told us that staff were patient, kind and respectful.

People and their relatives said they were satisfied with the numbers of staff and that they didn't have to wait too long for assistance when they used the call bell.

Summary of findings

The registered manager and staff at the home had identified and highlighted potential risks to people's safety and had thought about and recorded how these risks could be minimised.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and told us they would presume a person could make their own decisions about their care and treatment in the first instance. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve asking people close to the person as well as other professionals.

People and their relatives said they had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians. We met with the local doctor who was visiting the home on the day of our inspection. They were positive about the registered manager and staff at the home.

Food looked and smelt appetising and the cook was aware of any special diets people required either as a result of a clinical need or a cultural preference.

People told us they liked the staff who supported them and staff listened to them and respected their choices and decisions.

People using the service, their relatives and friends were positive about the registered manager and management of the home. They confirmed that they were asked about the quality of the service and had made comments about this. People felt the service took their views into account in order to improve service delivery.

Summary of findings

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 was safe and people told us they felt safe at the home and with the staff who supported them.

People told us and records showed there were enough staff at the home on each shift to support them safely.

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

Is the service effective?

Good

The service was effective and people were positive about the staff and felt they had the knowledge and skills necessary to support them properly.

Staff understood the principles of the MCA and told us they would always presume a person could make their own decisions about their care and treatment.

People told us they enjoyed the food which looked and smelt appetising. The cook was aware of any special diets people required either as a result of a clinical need or a cultural preference.

People and their relatives said they had good access to other healthcare professionals such as doctors, dentists, chiropodists and opticians.

Is the service caring?

Good

The service was caring and people told us the staff treated them with compassion and kindness.

We observed staff treating people with respect and as individuals with different needs and preferences. Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of people's likes and dislikes and their life history.

Is the service responsive?

Good

The service was responsive and people told us that the registered manager 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 the staff and management of the home.

We saw that people using the service were engaged in various activities throughout the day of the inspection. We saw that these activities were having a positive effect on peoples' well-being.

Care plans included a detailed account of all aspects of people's care needs, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

Summary of findings

Is the service well-led?

Good

The service was well-led and people we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve.

The service had a number of quality monitoring systems including yearly surveys for people using the service, their relatives and other stakeholders.

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

Amberley House - London

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 took place on 16 December and was undertaken by two inspectors.

Before our inspection we reviewed information we held about the provider, including notifications of any safeguarding and significant incidents affecting the safety and wellbeing of people.

We met and spoke with 12 people who used the service and three relatives and friends so they could give their views about the home. A few people could not let us know what they thought about the home because they could not always communicate with us verbally. Therefore we spent time observing interactions between people and the staff who were supporting them.

We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people who could not talk with us. We wanted to check that the way staff spoke and interacted with people was having a positive effect on their wellbeing.

We spoke with four staff as well as the registered manager and provider.

We met with a social care professional who was visiting Amberley House on the day of the inspection and we asked for their views about the home.

We looked at eight 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, health and safety documents and quality audits and surveys.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and safe with the staff. One person, referring to the staff, told us, "They are all good to me; I've never had one who was unkind." Another person commented, "I feel happy, safe and no complaints."

All of the staff we spoke with could clearly explain how they would recognise and report abuse. They told us and records confirmed that they received regular safeguarding adults training. Staff told us they had also undertaken training in equality and diversity and understood that racism or ageism were forms of abuse and gave us examples of how they valued and supported people's differences. For example, by ensuring that people could still follow their chosen faith and by respecting and maintaining people's cultural preferences.

Staff understood how to 'whistle-blow' and were confident that the management would take action if they had any concerns. Staff were aware that they could report any concerns to outside organisations such as the police or the local authority.

The care plans we reviewed included relevant risk assessments, such as the Malnutrition Universal Screening Tool (MUST), used to assess people with a history of weight loss or poor appetite. There were also risk assessments in relation to falls and continence management. Where a risk had been identified the registered manager and staff had looked at ways to reduce the risk and recorded any required actions or suggestions. For example, where someone had been assessed as at risk of falling, there was guidance in the risk assessment for staff to monitor this person and ensure that they were assisted when they wanted to move around the home.

We saw that risk assessments were reviewed on a regular basis and information was updated as needed. Staff confirmed they had access to people's care plans and risk assessments. The registered manager told us all staff were informed of any changes in a person's care needs or risks during the shift handover to help ensure that people were kept safe.

We saw that risk assessments and checks regarding the safety and security of the premises were up to date and being reviewed. These included the fire risk assessment, monitoring water temperatures to reduce the risk of scalding and checks to reduce the spread of water borne infections such as Legionella.

People and their relatives said they were satisfied with the numbers of staff and that they didn't have to wait too long for assistance. One person commented, "I've only got to press the buzzer (call bell) and someone comes within a few minutes." Another person said, "I don't have to wait too long."

Staff did not raise any concerns with us about staffing levels at the service. We observed staff during the inspection and saw that, although staff were very busy, they were not rushing and were able to spend some time with people. The registered manager told us that staffing levels were based on people's level of dependency and care needs.

We checked staff files to see if the service was following robust recruitment procedures to make sure that only suitable staff were employed at the home. Recruitment files contained the necessary documentation including references, criminal record checks and information about the experience and skills of the individual. Staff confirmed that they were not allowed to start work at the home until satisfactory references and criminal record checks had been received.

All medicines in use were kept in the medicine trolley, which was safely secured to the wall in the dining room when not in use. All controlled drugs were stored appropriately.

Prescribed medicines were dispensed by the local pharmacist using the monitored dosage system. Medicines kept in individual boxes and containers were clearly labelled with the name of the person and the date of opening. All repeat medicines had been supplied and received weekly and had been accurately recorded. Copies of the prescription forms were retained when the forms were dispatched for dispensing.

We checked the medicines administration record (MAR) charts and found the staff had completed and signed them correctly and, where a person had refused their medicines, this matter had been explained on the reverse of their chart.

A senior member of staff told us only senior care workers administered medicines to people. All three senior staff

Good

Is the service safe?

had received training on the handling, storage, recording and administration of medicines. Staff said there had been no errors in the administration of medicines and we saw that medicines were being accurately recorded. The registered manager confirmed that he undertook regular checks to make sure staff had followed the medicines policy and procedure which had been updated recently.

Good

Is the service effective?

Our findings

People who used the service, their relatives and friends were positive about the staff and told us they had confidence in their abilities. One person told us, "This was the nicest home we looked at and I've never regretted it." Another person commented, "If you want something or need help, the staff are always around to help you."

Staff were positive about the support they received in relation to supervision and training. Staff told us that they were provided with a good level of training in the areas they needed in order to support people effectively. Staff told us about recent training they had undertaken including safeguarding adults, fire safety, dementia care and moving and handling. We saw training certificates in staff files which confirmed the organisation had a mandatory training programme and staff told us they attended refresher training as required. Staff told us that they would discuss learning from any training course at staff meetings and any training needs were discussed in their supervision.

Staff confirmed they received regular supervision from the registered manager and told us they could discuss their work practices and look at any improvements they could make. They said the registered manager was open and approachable and they felt able to be open with him.

Staff were positive about their induction and we saw records of these inductions which included health and safety information as well as the organisation's philosophy of care. One staff member who had recently completed her induction said the process had made her feel much more confident.

Records showed that staff had good written communication skills and could effectively describe the care given and each person's wellbeing on a day to day basis.

Staff understood the principles of the Mental Capacity Act 2005 and told us they would always presume a person could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve asking people close to the person as well as other professionals. Staff understood that people's capacity to make some decisions fluctuated depending on how they were feeling. We saw records that these "best interests" meetings had taken place when needed to ensure that people's rights were protected and their needs met.

We spoke with the registered manager about Deprivation of Liberty Safeguards (DoLS). These safeguards are put in place when it is necessary to place restrictions on a person, such as a person's access to areas within the home or stopping them from leaving the home because they would not be safe on their own. The registered manager told us that there was no one at the home under a DoLS and no restrictions were in place for anyone. He told us that people could leave the home when they wanted and those who were potentially at risk if they left the home unaccompanied did not want to leave and went out with relatives.

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.

The care plan folders we checked contained a number of consent forms including consent for care and treatment, for administrating medicines and for taking photographs for identification purposes. These were dated and had been signed by the person or by their relative if they had lasting power of attorney (LPA).

People's nutritional needs were met. We saw the care plans and risk assessments for people who had a loss of appetite or those prone to choking or with swallowing difficulties. We noted their care needs had been reviewed monthly, which included nutritional screening and an assessment of the risks associated with poor nutrition and poor hydration.

One person who had a poor appetite had a daily food and fluid intake monitoring chart. We saw the chart in use had been appropriately completed to reflect the person's daily food and fluid intake. We were told their condition had improved in recent weeks and they were now eating well.

One person who suffered from a stroke had been referred to the Speech and Language Therapist**.** Their advice had been reflected in the person's care plan and appropriate risk assessments had been completed on their healthcare and personal safety, on their mobility and falls prevention

Good

Is the service effective?

and on their nutritional screening and swallowing. There had been regular reviews of the person's care needs and their risk assessments, which were documented in the person's care plan.

We observed that one person who had difficulty in swallowing was given a pureed diet consisting of mashed potatoes and pureed beef and carrots. Another person was given a soft diet of meat, potatoes and vegetables. Both had their meals in the lounge, as they preferred. Each of them was assisted by a member of staff, who was respectful and the mealtime was unhurried.

The care plans showed people's weight had been recorded at the time of admission and, for those whose weight was potentially cause for concern; a monthly record had been kept. We saw that a person's weight recording chart had been well maintained.

We observed all 14 people at lunchtime, some in the dining room and some in the lounge. They were all given a choice of soft drinks, and tea or coffee after lunch. The cook and a member of staff confirmed people had a choice of two hot meals. They could also choose the vegetarian dish.

The cook had a good knowledge of each person's likes and dislikes and was aware of those on a special diet and how much each person usually ate. The cook commented, "The owner is very good. I write down what the residents like and the owner buys the items. For example, a resident wanted a special cereal; the owner bought it for them. There are no restrictions on spending on food."

People's comments about the food included, "She's an excellent cook. If there is something I don't care for they give me something else I do. There's plenty to eat" and "I haven't got any complaints about it. I've had some really nice things. They cook beautiful."

People and their relatives said they had good access to other healthcare professionals such as dentists, chiropodists and opticians.

People told us and records showed that the service worked closely with funding authorities and other healthcare providers, including the local hospitals and GPs. On the day of our inspection a social worker was visiting a person who was due for a review. The social worker told us they had no concerns about the home.

The registered manager told us he had referred two people to see their GP. By lunchtime a GP had visited but since the people were having their lunch, the GP had decided to return in the afternoon to see them. The GP told us that the registered manager was efficient, knew the people well and was able to assess when to call them out. They told us the registered manager took their advice and acted upon it appropriately. The doctor told us the staff were dedicated and very good at their job.

Care plans indicated that staff checked people's skin condition during personal care and would report any skin rash or sore that they found. A body map was used to show where any sore or rash was located so that this could be reported and monitored to ensure people received the care they needed.

Good

Is the service caring?

Our findings

People told us they liked the staff who supported them and that they were treated with warmth and kindness. One person told us, “They have been very kind to me.” Another person commented, “I look at them as friends.” A relative commented in the most recent quality survey, “I’m very happy with the care and attention my mum gets here.” Another relative commented, “The staff are always polite.” People told us that staff listened to them and respected their choices and decisions.

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. We asked one person about their care plan and if they looked at it. They told us they had when they first came in but said, “that doesn’t bother me. They come in and help me”.

We saw there were regular meetings with the registered manager and people who used the service. Minutes of these meetings showed that people were given opportunities to make suggestions for improvements and that the registered manager also shared information with people about aspects of the service. This included keeping people updated about the new extension to the home which was happening soon.

Staff demonstrated a good understanding of people’s likes and dislikes and their life history. Staff used verbal communication which was clear and positive. Staff made good use of short closed sentences and used vocabulary adapted to the needs of the person with dementia.

Staff told us they enjoyed supporting people and we observed staff treating people with respect and as individuals with different needs and preferences. Staff understood that people’s diversity was important and something that needed to be upheld and valued. They gave us examples of how they respected people’s diverse needs. For example, by making sure people’s cultural and religious preferences were still maintained when they moved into the home even though the person may not remember this due to their cognitive impairment.

We observed staff respecting people’s privacy through knocking on people’s bedroom doors before entering and by asking about any care needs in a quiet manner and without being overheard by anyone else.

Staff were able to give us examples of how they maintained people’s dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people’s privacy when giving personal care was vital in protecting people’s dignity.

One person told us, “They always knock on my door before they come in.”

Good

Is the service responsive?

Our findings

Care plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences. A relative made the following comment in the most recent quality survey, "The staff treat him as an individual, with care, humour and compassion."

We checked the care plan folders for eight people. They contained a detailed pre-admission document which showed people had been assessed before they decided to move into the home. One person commented on the initial assessment of her needs, "The manager reviewed me. He explained everything." We were told each person would be referred to their doctor for a dementia assessment prior to admission. These assessments had ensured that the service only admitted people whose care needs could be met.

We case tracked a person's care plan folder since admission. We saw the pre-admission document which was very detailed. It identified specific risks to the person's safety, such as healthcare issues, restricted mobility and a history of falls. We noted that an initial care plan had been prepared on admission and a more person-centred care plan had then been developed later as staff got to know the person and their preferred lifestyle. Subsequent reviews of the person's care needs and their risk assessments had taken place regularly since the initial assessment in 2013. We spoke with the person, who was content and happy; the person gave positive feedback about the staff and the care provided.

Care plans included a detailed account of all aspects of their care, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

Staff told us all in-house activities were decided after the morning handover and people were asked what type of activities they would like to do that day. The registered manager confirmed there were no planned activities documented on the weekly chart as people were given choices on the day. One person told us, "We do keep-fit exercises; sometimes I join in but sometimes I don't feel like it and I don't. The staff allow me to choose what I want to do. They are very good."

The activity folder showed the activities each person had been involved in each day, such as reading books they liked; sometimes with the staff reading to them, group exercises and board games of their choice. We observed staff interacted well with people; conversing with them and giving them individual attention and encouraging them to participate in group activities, such as singing and group exercise. One person we spoke with said, "If you look around here (the lounge) you can see everyone is happy. Staff always try to make us happy."

We saw from the visitor's book that friends and family were able to visit when they wanted to. One person told us, "My [relative] comes to visit me. I always tell my visitors to sign the visitors' book." Another person commented, "I have lots of friends and family. They visit me often." Visitors we spoke with confirmed that they were made welcome and could visit at any reasonable time.

One person had gone to the local hairdresser and they returned in time for lunch. We saw that a few people would go out of the home to local shops. However, we did not seen evidence that those less mobile or frailer people were taken on outings or involved in social activities in the community. We discussed this with the registered manager who acknowledged that this was a challenge and that some people did not want to go out of the home for fear of falling.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. One person told us, "If you want something or need help, the staff are always around to help you."

The complaints record showed that any concerns or complaints were responded to appropriately and each entry included the outcome of any investigation. For example we saw that one person had complained that their room was cold. We saw that the registered manager had called out a plumber that day who fixed the problem.

People told us that the manager always met with them and asked them if everything was alright.

Good

Is the service well-led?

Our findings

People who used the service, their relatives and friends were positive about the registered manager and the provider of the service who, people told us, visited the home most days. One person told us, when they first viewed the home that, "the manager was so nice". Another person commented, "All the staff are very kind. The manager usually comes round and talks to me."

Everyone we spoke with knew who the registered manager was and said he was approachable and available. The registered manager had a very detailed knowledge about all the people in the home.

Staff were also very positive about the registered manager and the support and advice they received from him. Staff told us the registered manager was "approachable" and one staff member said, "He listens and tries to help you if he can." They told us that there was an open culture at the service and they did not worry about raising any concerns. Staff were also aware of the other ways they could raise concerns including use of the "whistleblowing" procedure.

There were regular staff meetings and we saw that staff were able to comment and make suggestions for improvements to the service. Staff told us that they were aware of the organisation's visions and values. They told us that the registered manager always told them that, "The residents always come first." A staff member we spoke with told us, "We work as a team."

The registered manager and provider had developed an on going business plan which gave details of how the service would improve over the coming year. This included ways that the new extension to the home would be taken forward with minimal disruption to the existing people already living at the home and how increased staffing levels would impact on people.

The service had a number of quality monitoring systems including yearly surveys for people using the service, their relatives and other stakeholders. We saw minutes of regular meetings and records of monthly quality and safety audits which were undertaken by the provider.

People confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery. Relative's comments from the last survey included, "Good communication with staff," and "A beautiful home with very caring staff."