Athena Care Homes (Gaywood) Limited

Amberley Hall Care Home

Inspection report

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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

We carried out a comprehensive inspection of Amberley Hall Care Home on 20 and 25 January 2016. Following this inspection, we served a Warning Notice for a breach of one regulation of the Health and Social Care Act 2008 relating to good governance. In addition to this, we also found an additional six breaches of five other regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 during that inspection. These breaches were in relation to person centred care, the need to obtain people's consent, the safe care and treatment of people, enough staff deployed to support people and treating people with dignity and respect.

Following the inspection the provider wrote to us to say what they would do to meet the legal requirements. We undertook an unannounced focused inspection on 7 July 2016 to check that our warning notice had been complied with. At that inspection, we found that the provider had taken sufficient action to achieve compliance with the Warning Notice.

We undertook this unannounced comprehensive inspection in January 2017 to look at all aspects of the service and to check that the provider had followed their action plan, and confirm that the service now met legal requirements. At this inspection, we found improvements had been made in the required areas and the provider was no longer in breach of the regulations.

You can read the report for previous inspections, by selecting the 'All reports' link for 'Amberley Hall Care Home' on our website at www.cqc.org.uk

Amberley Hall Care Home is registered to provide accommodation for up to 106 people who require nursing and personal care. We spent time in four of the six units within the home. This included the units providing nursing care or specialising in care for people living with dementia. During our inspection, we spent time on the Windsor, Kensington, Regency and Buckingham units. There were 102 people living within the home.

This unannounced inspection took place on 11 and 12 January 2017.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 that they felt safe living at the service. Staff were knowledgeable about the procedures to ensure that people were protected from harm. Staff knew who to report any concerns to. People received their medication as prescribed.

There were sufficient numbers of suitably qualified staff employed at the service. The provider's recruitment process ensured that only staff that had been deemed suitable to work with people at the service were

employed.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The registered manager was knowledgeable about when a request for a DoLS application would be required. Applications had been submitted appropriately to the relevant local authority.

Staff respected and maintained people's privacy. People were provided with care and support as required and people did not have to wait for long periods of time before having their care needs met. People's dignity was respected and that their care needs were met in a timely manner.

People's assessed care and support needs were planned and met by staff who had a good understanding of how and when to provide people's care whilst respecting their independence. Most care records were detailed and up to date so that staff were provided with guidelines to care for people in the right way. Where records were not up to date, there was a plan in progress to address this.

People were supported to access a range of health care professionals. Risk assessments were in place to ensure that people could be safely supported at all times.

People were provided with a varied menu and had a range of meals and healthy options to choose from. There was a sufficient quantity of food and drinks and snacks made available to people.

Staff provided people's care in a respectful, caring, kind and compassionate way. Staff supported people to take part in their chosen activities to prevent them from becoming socially isolated.

The service had a complaints procedure available for people and their relatives to use and staff were aware of the procedure. Prompt action was taken to address people's concerns and prevent any potential for recurrence.

There was an open culture within the service and people were freely able to talk and raise any issues with the registered manager and staff team. People, staff and relatives were provided with several ways that they could comment on the quality of their care.

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.

A sufficient number of appropriately trained staff who were knowledgeable about procedures to keep people safe cared for people.

Only staff that had been deemed suitable to work with people living at the service were employed.

People were safely supported with taking their prescribed medication. Medication was stored, recorded and managed by staff who had been assessed to be competent.

Is the service effective?

Good

The service was effective.

Staff had a good knowledge of each person. Staff received on-going training and development so they had the right level of skills and knowledge to provide effective care to people.

Staff ensured care was provided in ways, which respected people's rights, and people were helped to make decisions for them.

People were helped to eat and drink enough and they had been supported to receive all the healthcare attention they needed.

Is the service caring?

Good

The service was caring.

People's care was provided with warmth and compassion and in a way which respected their independence.

Staff had a good knowledge and understanding of people's support needs and what was important to them.

Staff promoted people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People had been consulted about their needs and wishes and staff provided people with the care they needed.

Staff supported people in a way that took into account people's individual needs, preferences and what was important to them.

People were able to raise any concerns or about the service and the provider had clear polices and processes in place to address any formal complaints raised with them.

Is the service well-led?

Good

The service was well-led.

People were enabled to make suggestions to improve the quality of their care.

Management systems were in place to ensure that staff were aware of their roles and responsibilities in providing people with the care that they needed.

Quality assurance systems were in place, which continually reviewed the quality and safety of people's care.

Amberley Hall Care Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 11 and 12 January 2017 and was carried out by three inspectors, a medicines inspector and two experts by experience. An expert by experience is someone who has experience of using or supporting someone who uses this type of service.

Before our inspection, we looked at information we held about the service including notifications. A notification is information about important events which the provider is required to tell us about by law. Before the inspection, the provider completed 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 spoke with professionals from the local authority and clinical commissioning groups who had regular contact with the home.

During the inspection, we spoke with 12 people living in the home and six relatives. We also spoke with the registered manager, clinical care manager, the activities' coordinator, eight members of care staff and two senior care staff. We observed how people were being looked after. In addition, we also 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 looked at nine people's care records, quality assurance surveys, staff meeting minutes and medication administration records and audits. We checked records in relation to the management of the service such as health and safety audits and staff training records.

Good

Is the service safe?

Our findings

At our previous comprehensive inspection in January 2016, we found that there were not enough staff to meet people's needs and that risks to people's safety were not always assessed. We also found that people's medicines were not managed safely. This meant there had been breaches of Regulations 18 and 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, we found that improvements had been made and that the provider was no longer in breach of these Regulations.

People we spoke with told us that they felt safe. One person said, "I feel absolutely safe here. I have lived here for two years, and I have never had a concern, their focus is on looking after me. I have a call bell and if I ever need to press it, they always come running." Another person said that when they moved in to the home, they were able to talk to staff about their needs, which made them feel safe. A relative of a person living at the home commented, "My [relative] is very safe here, we have no concerns for her safety."

People's risks were assessed and these were managed to reduce the level of risk where possible. This included people's risks of falling, poor eating and drinking and developing pressure areas. Staff had a good understanding of risks to people and took actions to reduce these, for example reminding people to use their walking frames. At the time of our inspection, people's records were being transferred from a paper-based system to an electronic one. The registered manager told us that this was part of a plan to improve access to, and the updating of information. They expected the electronic records system to improve people's safety as it would be quicker to access and update information. A key area for this would be when communicating with people's GPs and community based healthcare staff, particularly for people receiving short-term care after leaving hospital. This meant that we were confident that staff knew how to manage people's risks.

We saw that risks associated with the premises were well managed. There were fire and personal emergency evacuation plans in place for each person living in the service to make sure they were assisted safely whenever there was a need to evacuate the premises. Records of fire safety checks, water temperatures, refrigerator and food temperature checks had been completed. This helped ensure that the service was a safe place to live, visit and work in.

People and their relatives that we spoke with told us they felt that there were enough staff to meet their needs. One person told us, "The staff here are ever so nice, if I need anything, there is always someone who will help me." A relative told us, "There is always someone available if they need help, and they can use the call bell when they need someone." The registered manager told us that, since our last inspection, where we identified concerns regarding the number of staff, staffing ratios had been reviewed using a different dependency tool to that previously used. They had also reviewed the how many ancillary staff, such as housekeepers and catering staff, were needed. As a result of this review, additional housekeeping staff had been employed to work later in the day. This meant that care staff were able to focus entirely on providing direct support to people.

The registered manager told us that the home was fully staffed. Gaps in the staff rota due to annual leave or

ill health were covered by the home's own bank of relief staff. Staff we spoke to felt that there were enough staff to keep people safe. Staff on the Buckingham Unit, which supports people who require non-nursing care, said that at certain times of the day more staff were needed. For example, during the afternoon, attending to people's requests for support in the lounge area and bedrooms, meant that they could become overstretched. This was because the senior member of staff undertook administrative duties during this time. We spoke to the registered manager about this, and they told us that they were reviewing the staffing arrangements scheduling of administration time for this area of the home. This was in response to changing needs of the current population of this unit.

We saw that staff responded quickly to people's requests for assistance. At our last comprehensive inspection in January 2016, we saw that people's call bells were not always responded to in a timely way. At this inspection, people and their relatives told us that most calls for support were responded to quickly. One person told us, "The staff are always here to help me, and respond well if I press the buzzer." People said that this made them feel safe. They told us that at certain times, when staff were busy, then they might experience a delay. We looked at a sample of response times on the homes call bell system log, which confirmed this. The registered manager told us that they checked these records every week, and investigated any incidences of a delayed response.

Staff only commenced working in the service when all the required recruitment checks had been satisfactorily completed. Staff we spoke with told us that their recruitment had been dealt with effectively and that they had supplied all requested recruitment documents. These documents included; completing an application form, a criminal records check and references. A review of the personnel records showed all checks were completed before staff commenced working in the service. This meant that only staff that were checked as being suitable were employed to work at the home.

At our previous comprehensive inspection in January 2016, we had concerns about the way in which people's medicines were managed. Some people had not received them as prescribed and records relating to people's medicines were not always completed. We also found that staff had not always followed safe practices when administering people their medicines. At this inspection, we found that improvements had been made. A member of our medicines team looked at how information in medication administration records and care notes for people living in the service supported the safe handling of their medicines.

Staff authorised to handle and administer people's medicines had received training and had been assessed to ensure their competence. Medicines were being stored safely for the protection of people who used the service and at the correct temperatures. Records showed that people were receiving their medicines as prescribed and changes to people's medicines were properly documented. There were frequent checks and audits in place to enable staff to monitor and account for medicines and to ensure there were sufficient medicine supplies. People living at the service told us they received their medicines at prescribed times and when they needed them without delay.

We noted supporting information was available when medicines were given to people to enable staff handling and giving people their medicines to do so safely and consistently. There was personal identification, information about known allergies/medicine sensitivities and written information about how they preferred to have their medicines given to them. When people were prescribed medicines on a when required basis, there was written information available to show staff how and when to give people these medicines consistently for some but not all medicines prescribed in this way. Charts were in place to record the application and removal of prescribed skin patches; however, staff did not always complete these. We spoke with the registered manager about this, who told us that they would undertake additional checks to ensure that this was always completed.

Staff we spoke with knew how to keep people safe and were aware of their roles and responsibilities in reporting any concerns or incidents. They told us this could be to their manager or to external safeguarding agencies such as the police or the local safeguarding authority. Staff had undertaken training in the safeguarding of adults, and could tell us how to recognise indicators of abuse. The registered manager had reported any incidents of alleged abuse to the local authority safeguarding team, and had notified the Care Quality Commission (CQC). We were therefore satisfied that the provider had systems in place to help protect people from the risk of abuse.

Good

Is the service effective?

Our findings

At our last inspection in January 2016, we found that staff did not have a good understanding of their legal obligations when supporting people who could not consent to their own care and treatment. Staff did not always follow the principles of the Mental Capacity Act 2005 (MCA). People's consent was not always sought before staff delivered their care. This meant there had been a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014. We told the provider that improvements needed to be made in these areas. At this inspection, we found that improvements had been made and that the provider was no longer in breach of this Regulation.

The 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA.

The registered manager told us that since our last inspection, the staff had received further training in the MCA and DoLS. The staff we spoke with confirmed this but had limited knowledge of the MCA. We spoke to the registered manager about this, they told us that they were aware that this was an area for development. They also told us that they had been working to improve staff knowledge in the MCA, so that staff were more confident when discussing it. This included issuing all staff with a pocket guide to the MCA, which they could carry on them when at work.

Staff were, however, able to demonstrate to us the importance of seeking consent from people before they offered support. People living at the home told us that staff asked them for permission before providing them with support. One person told us, "They always ask me before doing anything for me." Our observations confirmed this. For example, we saw staff asking a person and waiting for a reply if they needed support cutting up their lunch. When people needed support to move in their wheelchair, staff checked with people beforehand to see if they were happy with this. This demonstrated to us that staff understood the need for people to consent and agree to the support they offered.

Assessments of people's capacity to consent to certain decisions had been made for most but not all people who needed them. We discussed this with the registered manager, who told us that this had been identified during the transition of people's care plans on to the new electronic system. They told us that this work was in the process of being completed, and showed us a document that identified which assessments were still outstanding. We could see that this was due to be completed by the end of March 2017. We also saw that applications had been made in accordance with the DoLS where this was considered appropriate.

People and their relatives told us that they felt staff were well trained and knew how to support people. One

person told us, "The staff here really know what they are doing and support me very well." Another person told us, "The staff are pretty good at what they do and they always do their best." A relative of a person we spoke with said, "The staff here certainly know how to care for my [relative], and they provide for all their needs."

All of the staff we spoke with told us they received regular training and records we saw confirmed this. Recently recruited staff told us that they shadowed staff that are more experienced so that they could confidently carry out care tasks. There was an induction programme in place, which included completion of the care certificate. The care certificate is a nationally recognised qualification for staff new to working in care. Staff's competency to perform their role had also been checked. Staff told us that they had regular supervision and an annual appraisal. They said that these sessions were supportive and helpful in developing their skills. We saw that training sessions had been arranged for staff to update their skills. Examples of training included; manual handling, infection control, safeguarding adults, fire safety and health and safety. Identification of their training needs and the provision of effective training meant that they remained knowledgeable and skilled in the areas they required for their work.

At our last inspection, the operations director told us that they planned to train two members of staff as dementia coaches. This would enable them to become specialists within this area and train other staff within the subject. The registered manager told us that this training was now complete, and they themselves were one of the people to undertake this. They told us that they had started to deliver training to staff to improve their skills in supporting people living with dementia. This included learning about the condition, as well as practical guidance and skills development for staff providing direct care and support.

Staff employed as registered nurses received regular training in the clinical tasks that they were required to perform. They also received continual professional development from the providers clinical governance manager. This ensured that registered nurses were kept up to date with any changes in current nursing practice.

People told us that they enjoyed the food and that they had a choice of meal. One person told us, "The food here is wonderful and the chef is really great. I am able to choose from the menu, or I can choose something else if I prefer. They made me mandarins in jelly for my tea because I hadn't had it since I was a child!" Another person said, "The food is very acceptable here and there is a good choice of menus, they will cook you something if you ask."

We saw that people had access to regular snacks and drinks. People were assisted with eating their meal by staff where required and suitable equipment was available to aid this, such as plate guards and adapted cutlery. We saw that staff gave people quiet words of encouragement to those that needed it. People's dietary needs had been assessed and we saw that where people required pureed meals to minimise their risk of choking, this was provided. Relatives were welcomed to assist their family member with their meal or to dine with them.

People's dietary needs were monitored, nutritional assessments were completed, reviewed and people's monthly weight records recorded. The registered manager told us that, if any concerns were identified, advice from the person's GP and a dietician were sought where necessary. This demonstrated to us that the staff monitored and understood what helped to maintain people's dietary needs.

The people and relatives we spoke with told us that their health care needs were met. One person told us, "I can see a doctor or dentist whenever I ask." The registered manager told us that people were able to see a

GP when they needed to. People's records showed that advice had been sought from other healthcare professionals where this was needed, for example to manage diabetes or skin that was vulnerable to breaking down. This meant that people were supported to maintain good health and well-being.

Good

Is the service caring?

Our findings

At our previous comprehensive inspection in January 2016, we found that not all people living at Amberley Hall were treated with dignity and respect. This meant there had been a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, we found that improvements had been made and that the provider was no longer in breach of the Regulation.

People we spoke with all told us they felt well cared for. One person told us, "I would say that the care I get here is excellent. Nothing is too much trouble for them. The staff are very respectful and everybody smiles. They are certainly sensitive to my needs, and with my [relative] also living here, they help me to go and see them every afternoon." Another person told us, "The care that I get is good, the staff always speak nicely to me and use my first name. They always knock and call before they come in my room."

Throughout our inspection, we saw positive interactions between the staff and the people using the service. Staff responded to people in a calm and reassuring manner. A relative said, "The care my [relative] gets is excellent. All of the staff are there to help her. They are so helpful and always tell us how they are getting on." Relatives we spoke with were very appreciative of the care and attention to detail and kindness that the staff had shown to their relative.

We saw that people's requests for support were quickly responded to. Staff asked people how they could help in a polite respectful manner and reassured them that nothing was too much trouble. People told us that they felt comfortable asking for support because staff always responded to them so positively. We observed that staff approached people in a warm and friendly manner, greeting people and asking them how they were. In communal areas such as the dining area, we saw staff sitting, talking and holding hands with a person who had become withdrawn. Staff did this for prolonged periods of time, which had a very positive impact on the person's mood.

We saw that some people had been involved in the planning of their care. For example, people's preferences about their likes or dislikes were included in care plans. One person told us, "I am very involved in making decisions about my care, which I like." People's choices about what time they got up or went to bed had been discussed with them. Where people were not able to participate in those conversations, we could see that their relatives had been asked on their behalf.

Relatives of people we spoke with told us that they had been encouraged to be involved in reviews of their family members care and support. Two relatives told us that they were involved in discussions and reviews about their family member's care. They confirmed that staff were very good at keeping them updated on their relative's health and care and support needs.

We saw for one person that they had expressed a wish for their independence to be promoted, and this information was clearly detailed for staff to follow. One person told us, "I can do everything for myself at the moment, which I prefer, and I know that when I need help it will be there." Staff we spoke with were able to tell us how they supported people to maintain their independence and knew about peoples individual

preferences. We observed during the lunchtime meal that staff encouraged people to be independent with gentle prompts and reminders.

We observed staff interactions with people and found they spoke to people and supported them in a warm, kind and dignified manner, which promoted people's independence as much as possible. Staff engaged meaningfully with people. For example, they participated and helped with an activity in a communal lounge.

Staff knocked on people's bedroom and bathroom doors and waited for a reply before entering. One person said, "The staff always knock on my bedroom door and wait for me to respond before entering." Relatives that we spoke with were very positive about the care their family member received. One relative said, "The staff here are really very caring, so thoughtful."

We observed staff treating people with respect and being discreet in relation to their personal care needs. People were appropriately dressed, assisted, and prompted with any personal care they needed in private. Staff positively engaged with people throughout the day and enquired whether they had everything they needed. People and their relatives said they were able to visit the service without any restrictions. One visitor who was seeing friends that day said they were always made to feel welcome and often invited for lunch.

The registered manager told us that the home's clinical care manager and residential manager had completed training to become dignity in care champions. This meant that they focused on promoting dignity for people living at the home through displaying best practice and delivering training to staff. They had put together a training workshop that was being delivered to all staff, including those who did not provide direct support. They also collected resources that were used at team meetings so that staff could discuss and share ideas.

Amberley Hall provided support to people who are at the end of their lives on a dedicated unit. The clinical care manager oversaw the delivery of this service, which was accredited with the 'six steps end of life pathway programme.' This is the nationally recognised standard for best practice in caring for people at the end of their lives. Nursing staff working on this unit had undertaken specialist training to deliver this care.

We saw that people were supported to make plans and advanced decisions about how they wished to be cared for at the end of their lives. People's families were able to be included and supported through this process. Regular reviews of these plans were made as people's health deteriorated. The clinical care manager told us that they worked closely with the local hospital and GPs to ensure that any transition of care was well planned and as dignified as possible. They worked closely with the local pharmacist to ensure that medicines to keep people comfortable were in place in good time. This was to avoid any delay should they be required.

The registered manager and staff told us that throughout this time, it was essential to provide flexible and dignified care to people. We saw cards and letters had been sent to the home, which thanked staff for the care they had given to people at the end of their lives and support for their families. The registered manager told us that, "Whatever people wanted, they got." We saw that 'farewell parties' had been arranged at the request of people, so that they could have a last party with family and friends. These parties had people's favourite foods and drinks, and special themes decided by the person.

Good

Is the service responsive?

Our findings

At our previous comprehensive inspection in January 2016, we found that not all people living at Amberley Hall received care that met their needs or reflected their preferences. This meant there had been a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, we found that improvements had been made and that the provider was no longer in breach of the Regulation.

People told us that an initial assessment of their care and support needs was carried out prior to them coming to live at the service. This ensured as much as possible, that the service could meet each person's needs. People said that they felt they were treated as individuals. One person said, "They certainly know what I like, and try hard to make sure that I get what I like." Another person told us, "They know what I like and how I like things done, which makes life very pleasant." Staff understood the importance of this, one staff member said, "We find out what interests people have so we can talk to them about it. We talk and discuss things with people, find something in common. If people are unhappy with any changes, we can revert to what they used to do and like."

The registered manager told us that people's care plans were being rewritten and transferred to an electronic format. They told us that this was being completed to improve how people's records were stored, accessed by staff and updated when any changes were required. Most records we reviewed had transferred to this new system, with the remaining records due to be completed over the next two months.

There was sufficient information for staff to be able to provide people with the care they needed. Examples included assistance with mobility, personal care, day and night time routines, nutrition and pressure area care. Care plans included information about people's preferences, including how they wanted to be addressed and what was important to them. A small number of care plans were overdue for review and contained out of date information about people's needs. We spoke to the registered manager about this, who told us that this had been identified during a recent audit, and they had prioritised these plans for completion.

Guidelines were in place for staff regarding assisting and prompting people with their personal care needs along with details of people's daily routines. Daily records showed that people made choices about their care to ensure that their care and support needs were met.

People said the planned activities in the service were good, varied and that they were supported to take part in interests that were important to them throughout the day. Examples included board games, gardening, art and crafts, shopping trips and quizzes. One relative said, "The staff encourage [relative] to get involved in activities, even though she cannot manage much these days." We observed that people were free to use the communal areas and were able to spend time in their bedroom if they wished. People told us that they were free to choose whether they wanted to be involved in activities or not.

We spoke with the member of staff responsible for organising the activities in the service. They produced a calendar of events so that people would know about forthcoming events. We saw these displayed around

the home. They told us how important it was to review how successful previous events had been and respond to suggestions for future ones. For example, they told us that a Burns night supper had been arranged at the request of a person living at the home, including Scottish pipe music and a traditional Scottish meal. The home had a pub area, where people could visit to enjoy a drink and talk with their friends. The activity coordinator told us that they had noticed that the number of attendees had declined. After speaking with people about this, they created a pub drinks trolley, which they took around the home's communal lounges. People had fed back that they preferred this arrangement, and very much enjoyed being able to enjoy a beverage and pub snacks in the lounge area or their own bedroom.

The activities coordinator told us that a request to increase the amount of professional entertainers had been met. This meant that they were able to book theatre groups, entertainers and singers to perform. This included an act where singers sang songs from many different decades, whilst passing round reminiscence items for people to handle. This was especially suitable for people who were living with dementia.

People told us they had enjoyed the activities on offer. They told us they could always choose which ones they wanted to join in. All staff were encouraged to be part of the activities programme and spend time with people during the day.

There was a complaints policy available so that people could make a complaint. The policy included timescales and the response they should expect. For example, it described how their complaint would be acknowledged and what would happen next. People and relatives we spoke with told us that the registered manager and staff at the service dealt with any concerns they had raised to their satisfaction. One person told us, "I have no need to complain, but I know how to." Relatives we spoke with confirmed that if they had ever needed to raise an issue or a concern the staff and the registered manager always promptly dealt with it.

Good

Is the service well-led?

Our findings

The registered manager had complied with the requirement notices made at the previous comprehensive inspection in January 2016. Action had been taken to ensure that staffing levels were safe, appropriate training, supervision, appraisal had been carried out, and improved care planning had been implemented. Medicines were now managed safely. There were clear auditing processes in place to check the quality of service, with action taken when shortfalls were identified.

People and their relatives told us that they felt that the home was well managed. People found the registered manager to be approachable and supportive. A relative told us, "My [relative] needs are complicated, my family and the carers have had to work hard to make sure they are getting the care they need, but the senior carers and management have listened and responded to what we want for them." Some people told us that they would like the registered manager to be more visible. One person said, "I know who the manager is, but I don't see her very often, I do think it's well run." Another person told us, "The management are not always visible, but they are approachable."

Staff told us that the registered manager was supportive and approachable, and always provided advice and guidance when needed. A staff member told us, "Its well-run here." Staff we spoke with said that morale was good and teamwork was strong. Staff said that they enjoyed working at Amberley Hall.

Staff were encouraged to question practice and to voice their opinions to improve the quality of the service. Regular staff meetings were held to give staff an opportunity to raise any issues with the service. Staff told us that the management team listened and acted on what they said. Records showed that all aspects of the service were discussed at the meetings, such as the deployment of staff, night staff duties, staff breaks, laundry etc. There were also shift handovers to ensure that staff were kept up to date with people's current needs. Staff told us that communication was good and they worked well as a team to ensure that people received the care they needed.

Our observations and discussions with people, staff, and relatives, showed that there was an open and positive culture between people, staff and management. The registered manager told us about the arrangements in place to enable people and their family members to provide feedback on the quality of the care provided. She told us that surveys were regularly sent out and they were analysed to ensure areas identified as requiring attention were addressed.

Staff told us they had been provided with whistleblowing training and that it was a regular agenda item at staff meetings. All the staff we spoke with were confident if they raised a concern it would be investigated appropriately by the manager in line with the provider's procedure.

The registered manager told us that staff were encouraged to discuss any areas of concern or their developmental needs during supervision. Where required, feedback was given to staff in a constructive and motivating manner. This ensured staff were aware of the action they needed to take.

The registered manager told us that continued service development was a priority for them. They had recently undertaken a nationally recognised qualification in dementia awareness and support. They told us that they had undertaken this as part of a commitment to increase the skill level of staff supporting people living with dementia. As a result of this work, the registered manager had been able to identify staff who were particularly skilled at supporting people living with dementia. Staff were then re-deployed to specific units to support them. The provider had also introduced a rewards and recognition scheme for staff to maintain good staff morale. This included social events and a 'Grand Ball' for staff who had been recognised as going the extra mile.

The provider's operations director told us that recently, around 100 staff from a mix of roles attended a development day. This included managers, care staff, housekeeping and maintenance workers. The focus of the day was to see how people living at the home could have their experiences improved and titled, "How you can make someone's day." They told us that it was the provider's view that all staff, regardless of role, had an impact on people's experiences.

The registered manager had systems in place to assess the quality and safety of the service provided in the home. We found that these were effective at improving the quality of care that people received. There was an established auditing programme to monitor service provision. Audits were carried out both weekly and monthly in areas such as medicines, care plans, health and safety, infection control, fire safety, and equipment. We saw that the auditing process was effective in identifying any gaps or shortfalls that had occurred. For example, a recent audit of staff training records highlighted some gaps and the registered manager took action to address this.

A representative of the registered provider visited the service regularly to assess the quality of care. They had also recently employed a clinical governance manager. Their role was to visit the home to review the nursing and clinical aspects of the care provision, and identify any areas for improvement.

Staff recorded accidents and incidents within the service to ensure the wellbeing of each person. Each event had been analysed and measures were in place to reduce the risk of re-occurrence, The registered manager reviewed this information to look for any trends or patterns, for example what time of day the event happened, or if it took place in a particular location. We saw that incidents and accidents had been recorded and followed up with appropriate agencies or individuals. If required, the registered manager had notified the Care Quality Commission.

Maintenance checks were completed regularly by staff and records kept. There were cleaning schedules to help make sure the premises and equipment were clean and safe to use. The registered provider carried out their own annual internal quality audits including health and safety audits in line with their own policies and procedures. The registered manager monitored these checks, and took actions to address any shortfalls.