Amberley Lodge Care Home Limited

Amberley Lodge 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

The inspection took place on 10 and 12 January 2017 and was unannounced.

Amberley Lodge Care Home is registered to provide accommodation and nursing care for up to 17 people with a variety of health care needs, including dementia. At the time of our inspection, there were 17 people living at the home. Amberley Lodge Care Home is a detached property close to the centre of Worthing with easy access to shops and the seafront. Communal areas included a lounge leading to a conservatory with access to a rear garden. The garden has a sheltered courtyard complete with a seating area. There is an additional small dining/sitting room near the kitchen. All rooms were single occupancy. The ambience was warm and inviting.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 3 and 4 November 2015 we identified four breaches of Regulations associated with the premises, staff supervision and training, food preferences and personalised care. Recommendations were also made in relation to improving how staff were deployed and staff training in medicine administration, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We also recommended the provider improved how they assessed the competencies of staff who administered medicines to people and to review how they monitored the quality of the service provided to people. Following the last inspection, the provider wrote to us to confirm that they had addressed these issues. At this visit, we found that the actions had been completed and the provider has now met all the legal requirements.

At the last inspection, we observed the premises were not always clean or properly maintained. This was in breach of Regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found noticeable improvements had been made to the home environment which had been service user led. This included the widening of corridors and personalised pictures hung in the lounge and throughout the communal areas. The home was clean and tidy throughout, routinely maintained and monitored by the registered manager, therefore this regulation was now met.

At the last inspection, we noted gaps in staff supervision, appraisals and training. This was in breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found staff received regular supervisions, appraisals and training in all relevant subjects to enable them to carry out their role and responsibilities. Therefore, this regulation was now met.

At the last inspection, we found people's preferences about food choices had not always been considered. We also found some people had not been assessed as needing a specific diet therefore their needs not being

met in this area. This was in breach of Regulation 14 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements and actions had been taken by the provider to ensure people were appropriately assessed regarding specific diets and their food preferences considered. Therefore, this regulation was now met.

At the last inspection, we found people did not always receive personalised care that was responsive to their needs. We found some people were at risk of social isolation due to a lack of social activities and stimulation offered to them. We also found care plans failed to reflect how people and their relatives were involved in decisions made about their care and treatment. This was in breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements and actions had been taken by the provider to ensure people were offered personalised care and this was reflected within their care records. Therefore this regulation was now met.

At the previous inspection we found people's needs were not always responded to by staff in a timely manner due to how staff were deployed. At this inspection, we observed there were sufficient knowledgeable staff on duty to meet people's needs.

Medicines were managed safely and only nurses on duty administered medicines to people. The last inspection highlighted nurses' competencies in administrating medicines were not routinely checked. The provider had since taken action and now the necessary checks were in place.

People's capacity to consent to care was considered and the home worked in accordance with current legislation relating to the Mental Capacity Act 2005 and the Deprivation to Liberties Safeguards. This included training for all staff on both subjects which was a recommendation at our previous inspection.

Relatives told us their family members were safe at the home. Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk from harm. Staff knew people well and kind, caring relationships had been developed. People were treated with dignity and respect. Staff knocked on people's doors before entering to promote privacy.

Care plans reflected information relevant to each individual and their abilities, including people's communication and health needs. Staff were vigilant to changes in people's health needs and their support was reviewed when required. If people required input from other health and social care professionals, this was arranged.

People were offered activities to attend within the home. All complaints were treated seriously and were overseen by the registered manager. People and their relatives were provided opportunities to give their views about the care they received from the service. Some people chose to use these opportunities to become more involved with their care and treatment. Relatives were also encouraged to give their feedback on how they viewed the service. Staff understood their role and responsibilities.

The registered manager demonstrated a 'hands-on' approach and knew people well. They had implemented a range of audit processes to measure the overall quality of the service provided to people and to make improvements.

The registered manager was keen to work alongside external agencies such as the dementia 'In-Reach Team' to enhance the lives of people and their families living with dementia. Their achievements had been recently recognised at the West Sussex Care Accolade awards ceremony where they had won the runners up position.

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.

People received safe care and treatment. Staff were trained to recognise the signs of potential abuse and knew what action to take.

Risks to people were identified and assessments drawn up so that staff knew how to care for people safely and mitigate any risks.

There were sufficient numbers of staff and the service followed safe recruitment practices.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People's care needs were managed effectively by a knowledgeable staff team that were able to meet people's individual needs.

Staff received regular supervision, appraisals and training.

Staff understood how consent to care should be considered.

People received support with food and drink and people with specific diets had been assessed by health professionals. People were offered choices about what they ate throughout the day.

Staff supported people with their healthcare and contacted healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

People were supported by kind, friendly and respectful staff.

People and their relatives were able to express their views and be

actively involved in making decisions about their care.

Staff knew the people they supported and had developed meaningful relationships with them.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

Care records reflected people's assessed needs.

Care plans were personalised.

The home responded to people's experiences. People and their relatives knew who and how to complain to if needed.

Is the service well-led?

Good

The service was well led.

The home had an open culture that was continuously developing to improve the services for people they supported.

Staff told us that the management were supportive and approachable.

A range of robust audit processes were in place to measure the overall quality of the service provided.

Community links were maintained with external agencies.

Amberley Lodge 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 inspection took place on the 10 and 12 January 2017 and was unannounced. The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience at this inspection had experience of elderly care.

Prior to 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 reviewed the PIR and other information we held about the service including previous inspection reports. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we observed care provided by staff to people including how medicines were administered to people and the lunchtime experience. We met with six people living at the service and five relatives. During our inspection we received contact via email from a further three relatives who were unable to meet with us face to face. Due to the nature of people's complex needs, we were not always able to ask direct questions. However, we did chat with people and observed them as they engaged with their day-to-day tasks and activities. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us

We observed a 'morning review' meeting where information was handed over from the morning staff to the afternoon staff. We spoke separately with the deputy manager, a senior care worker, a care worker and the cook. We also spoke with the registered manager and provider throughout our inspection. The deputy manager and registered manager were both registered nurses. We were also able to gain the views of a lead

professional from the West Sussex Business Care and Support Team who gave us permission to use their comments within this report.

We spent time looking at records including three care records, three staff files and staff training records. We also looked at staff rotas, medication administration records (MAR), health and safety maintenance checks, compliments and complaints, accidents and incidents and other records relating to the management of the service.

Good

Is the service safe?

Our findings

At the inspection in November 2015 we found the provider was in breach of a Regulation associated with ensuring the premises was safe and well maintained. We had identified numerous examples of where the home environment was potentially posing a safety risk to people living there. The provider took action during our inspection and also sent us an action plan to inform us how areas of risk were being managed to reduce the impact on people. At this inspection, we found no concerns relating to the home environment. Noticeable improvements had been made by the provider to improve the cleanliness, safety and maintenance of the home. Numeric keypads had been fitted to the laundry and sluice room in January 2016, which meant the risk of the doors being left unlocked and potentially unsafe had been reduced. Daily recorded environmental checks were also carried out by the registered manager which we observed taking place during our inspection. This involved the registered manager walking around the building and checking all areas of the home including people's bedrooms to ensure there were no offensive odours or any trip hazards. Therefore this regulation was now met.

At the last inspection, we found people's needs were not always responded to by staff in a timely manner due to how staff were deployed. At this inspection, we found no concerns observed, because there were sufficient knowledgeable staff on duty to meet people's needs. When call bells were used staff responded to them promptly. When people needed support with personal care, their meal or help with refreshments in between meal times, staff were able to meet people's requests.

At the time of our inspection, the home was full and there were four care workers, a registered nurse and the registered manager on duty meeting people's care needs. The registered manager and rotas confirmed this was standard practice for the mornings and it decreased to two or three care staff and a registered nurse in the afternoon. Some care staff worked flexibly and stayed longer on duty if more support was needed. For example, to support a person who had a social engagement or a health appointment. Both the deputy manager and registered manager were registered nurses so were able to step in and take the clinical lead when required. An experienced senior care worker worked Monday to Friday during the day, which added to the consistency of care provided to people. They took the lead regarding how staff were deployed to meet people's personal care needs and to ensure activities were provided. They told us, "You can't replace a home but you can try. So that they (people) feel settled and safe is really important". Domestic staff and a cook worked daily to allow care staff and registered nurses to attend to people and their needs. At night time one care worker and a registered nurse were on duty awake to meet people's needs.

Most relatives told us they felt there were enough staff on duty and were pleased with the care their family members received. One relative wrote to us and said, 'My [named person] is at the end stage of the condition so is vulnerable to others and totally reliant for others to provide every need but the staff support my mother in a respectful empathic way ensuring that all her needs are met'. Another relative told us, 'Knowing [named person] is getting this level of care and attention and herself is at peace and feels safe'. A third relative told us, 'The staff support my [named person] in a respectful empathic way ensuring that all her needs are met'. However, one relative shared they felt the home needed more staff. They said it was difficult for staff when some people became, "Restless" and required more support. Another relative

described the weekends as needing more staff to support people who became anxious. We fed back these comments to the registered manager who explained how they completed rotas based on people's assessed needs and felt this had improved since the recent addition of a further three staff members to join the team. We met all three new staff during our inspection who were at various stages of their induction process.

Staff recruitment practices were robust and thorough. Staff were only able to commence employment upon the office receiving two satisfactory references, including checks with previous employers. In addition staff held a current Disclosure and Barring Service (DBS) check. Staff records checked showed validated NMC pin number's for all qualified nursing staff. The pin number is a requirement, which verifies a nurse's registration with the Nursing and Midwifery Council (NMC). Recruitment checks helped to ensure that suitable staff were supporting people safely within the home.

Risks to people were managed so that they were protected from harm. Risk assessments provided information, advice and guidance to staff on how to manage and mitigate people's risks. Risk assessments covered areas such as how to support people to move safely, skin integrity, how to administer medicines safely and how to support people with the food and fluids they required. When potential risks had been highlighted for people, the necessary guidance was provided in the person's care record. We found risk assessments were updated and reviewed monthly and captured any changes. One staff member told us, "We have residents who are able to walk around. We don't control them we just make sure they are safe".

We mostly observed staff support people to move safely throughout our inspection. Staff told us and records confirmed, the training they had received in moving and handling safe techniques including the use of hoists and standing aids. Staff used equipment cautiously and offered reassurance to people who may have felt vulnerable whilst transferring from an armchair to a wheelchair using a hoist. However, one person needed a cushion placed underneath them on the seat they were sitting in. We observed two members of staff use an underarm lift and place the cushion under them, which was not in accordance with best practice approaches and current legislative guidance. We fed back our observations to the registered manager who was a qualified moving and handling instructor. He took immediate action and spoke with both staff members and booked them to attend further training to ensure agreed best safe practices were used at all times when supporting people to move.

Registered nurses administered medicines to people. We observed the registered nurse administering medicines during the lunchtime period with confidence and using a personalised approach. They showed us medicines were stored and administered from a locked facility which was secured to the wall for safety. The recording system included a photograph of the person and information that was pertinent to them, this included any known allergies. Tablets were dispensed from blister packs and medicines administered from bottles or boxes were stored and labelled correctly. We observed that the Medication Administration Record (MAR) was completed on behalf of each person by the registered nurse on duty each time someone was supported to take their medicine. This evidenced that people received their medicines as prescribed. Guidance was provided for staff when administering "When required" (PRN) medicines. The home carried out a monthly medicine audit of their systems and the pharmacy the home used carried out an annual inspection of the system. The last one was completed in October 2016 and there were no outstanding actions from these checks. At our last inspection, we recommended the provider introduced competency checks for registered nurses who administered medicines to people. Since the last inspection, all registered nurses had received further administration of medicines training and skills and competencies were routinely checked by the registered manager during supervision.

Medicines were managed safely by the home using an effective medicine administration system. However, when we checked the locked medicine cabinet we found the bottom shelves where liquid medicine was

stored required cleaning. We also found two loose tablets on one of the same shelves. We brought this to the attention of the registered manager who took immediate action. The medicine cabinet was cleaned immediately and a check added to the home's monthly medicine cabinet audit procedure. The registered manager and provider carried out an investigation into the loose tablets we had found. They carried out an audit on all medicines throughout the month and found all people had received their medicines as prescribed. However, a registered nurse had failed to follow the correct procedure when they had dropped the tablets. The registered manager provided all registered nurses a reminder memo regarding the correct procedure to follow when medicines are dropped or disposed of this included making an entry on the relevant MAR, daily notes and verbal discussion in handover meetings between registered nurses. This meant any further risks to people regarding their prescribed medicines would be minimised.

Staff had been trained to recognise the signs of potential abuse and in safeguarding adults at risk. Staff explained how they would keep people safe. They could name different types of abuse and what action they would take if they saw anything that concerned them. All staff told us that they would go to the registered manager or one of the registered nurses in the first instance and failing that would refer to the whistleblowing policy for advice and guidance. One member of staff who was the safeguarding champion told us about the additional training they had attended and how they brought the knowledge back into the home to share with the staff team to ensure they promoted people's safety. A senior care worker told us, "Knowing the person is so important, if you don't know the person you won't know the signs and symptoms".

Personal emergency evacuation plans were in place. In the event of an emergency, staff knew how to support people to be evacuated safely. Equipment used to support people, for example with moving safely, was checked in line with regulatory guidance. Accidents and incidents were reported appropriately and documents showed the action that had been taken afterwards by the staff team and the registered manager. This also included an analysis of any persons that had experienced a fall. The records showed that appropriate professionals had been contacted and subsequent support provided such as the introduction of specialist equipment. This helped to minimise the risk of future incidents or injury.

Good

Is the service effective?

Our findings

At the last inspection, in November 2015 we found the provider was in breach of a Regulation associated with the support staff received. We had identified there was a lack of supervision, appraisals, training and staff meeting opportunities provided to the staff team. Shortly after the inspection, the provider sent us a plan, which told us the actions they were taking. At this inspection, our observations, records and relatives we spoke with confirmed people received effective care from staff who had the skills and knowledge they needed to carry out their roles and responsibilities. One relative wrote to us and said, 'The carers are all so lovely to [named person] and us when we visit. It is easy to talk to the [registered manager] or staff when we have any questions about [named person's] clothing or air cushion that she sits on during the day'.

Supervisions and appraisals were now routinely provided to the staff team. A system of supervision and appraisal is important in monitoring staff skills and knowledge. All staff had received an appraisal in February or March 2016 to discuss their role. Staff told us and records confirmed they received supervision every six months or sooner if needed and they were encouraged to discuss all matters relating to their role within these sessions. Items discussed were agreed and carried through to the next meeting. Staff also told us they did not have to wait for planned meetings as the registered manager was approachable and applied an 'open-door policy'. In addition, staff meetings provided opportunities for the staff to come together as a team. Minutes from three meetings in 2016 showed how staff were involved in discussions about people, future training and changes to the home environment therefore this regulation was now met.

People received support from staff that had been taken through a thorough induction process and attended training which enabled them to carry out their role. The induction consisted of a combination of shadowing shifts and the reading of relevant care records and home policies and procedures. Newer staff were supported by senior staff to assess their competency before performing their tasks independently within areas such as providing intimate personal care or supporting a person with their meal. The senior care worker told us their involvement with inducting new staff and said she told new staff, "You can't care for a person if you don't know a person". They told us this meant encouraging the staff member to understand the person's history and their current diagnosis.

The home had introduced the Care Certificate (Skills for Care) for staff to complete. The Care Certificate is a work based achievement aimed at staff who are new to working in the health and social care field. It provides an opportunity for providers to provide knowledge and assess the competencies of their staff. The Care Certificate covers 15 essential health and social care topics, with the aim that this would be completed within 12 weeks of employment. Staff were also encouraged to complete various levels of National Vocational Qualifications (NVQ) or more recently Health and Social Care Diplomas (HSCD). These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

The mandatory training schedule covered core topic areas including moving and handling, fire safety, nutrition and health, first aid, infection control and safeguarding. The registered manager accessed face to

face sessions, workbook based and on line training for all the staff team and retained evidence of training attended within their staff files. The registered manager was qualified to train staff in some subjects such as moving and handling, dementia and safeguarding. Refresher training was provided to ensure staff routinely updated their knowledge on particular subjects. Staff told us that training was on going and they were able to approach the registered manager if they felt they had an additional training need. Registered nurses attended training on additional topics to ensure they had the correct clinical knowledge such as pressure care management.

The registered manager worked alongside the West Sussex dementia In Reach team to further the staff team's understanding when supporting people living with dementia. Training sessions had been attended by staff including the specialist area of 'dementia awareness' and 'dementia and person centred care'. The registered manager and staff told us the session had influenced their work positively whilst supporting people living with dementia. A senior care worker told us, "They have showed me how to apply my knowledge". The same senior care worker had been presented with a West Sussex dementia care award in October 2016 after being nominated by the provider. She told us how pleased she was to receive it.

At the last inspection, in November 2015 we found the provider was in breach of a Regulation associated with meeting people's nutritional and hydration needs. We identified some people had not been assessed as needing a specific diet and people's preferences in relation to food choices were not always taken into account. Shortly after the inspection the provider sent us a plan which told us the actions they were taking. We found at this inspection the registered manager routinely sought advice from the appropriate health professionals to ensure people's nutritional needs were assessed. We also observed, and care records reflected, people's choices and preferences regarding what they ate at mealtimes were taken into consideration. Therefore improvements had been made and this regulation was now met.

All staff, including the cook, were aware of any specialist diets including any allergies people had and adjusted the menu accordingly. Staff including the registered nurses and registered manager completed food and fluid charts on behalf of people to monitor what people were eating and drinking. Weights were recorded and monitored on a monthly basis. Registered nurses were able to explain what action they would take if they were concerned about a person's weight which included informing the GP and increasing their observations of the person and what they were eating. This ensured people's nutritional needs were regularly monitored for any changes.

The home had introduced a way of assisting people to make a choice between two options at meal times by showing people a sample of each meal option. Those who were unable to speak were encouraged to point at the dish they preferred. Staff explained to people what the dishes were and which vegetables would be provided. This process was conducted by staff in a relaxed and leisurely manner. Staff did not attempt to influence people's choices but were aware of people's past preferences. Eight people were on pureed diets however the cook managed to ensure they looked and smelt appetising and each food group was placed in separate components on the plate so they remained recognisable.

Relatives and visitors spoke positively about the support the staff team provided surrounding food and hydration. One relative explained how their family member's health had improved and told us, '[Named person] was going downhill fast and was not complying with toileting or feeding/ hydration requests from her hard pressed carer visitors. [Named person] is now drinking and eating each time we call and shows no signs of distress'. The home, influenced by the registered manager, held food tasting events. Relatives and health and social care professionals were invited. A representative from the local authority told us, 'In November we attended their 'food tasting' event where everyone mixed and socialised with family friends and professionals alike which was a very relaxed, inclusive, charming and enjoyable event'. A relative told

us, 'I have attended food tastings there and am very impressed with [named cook] offerings'. The registered manager told us this was an opportunity to bring families together.

During our last inspection we recommended the provider organised further training for the staff team on the subject of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) as some staff we had spoken with had a limited understanding of what it meant for people they were supporting. This is an area which had improved. Training records at this inspection confirmed staff had attended training in both MCA and DoLS throughout 2016. Staff were able to share knowledge on the topic and provided assurances they were aware of its importance. The deputy manager told us, "We cannot restrict a person as long as they are safe". A care worker told us, "If somebody doesn't speak it doesn't mean they don't have capacity".

Consent to care and treatment was sought in line with legislation and guidance. 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked that the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager demonstrated they understood current legislation regarding the MCA and explained they were able to assess a person's capacity at the initial assessment stage. Care records showed how consent from people had been captured and capacity assessed and where deemed necessary a DoLS application completed. At the time of our inspection, 17 applications had been made to the local authority on behalf of people and three people were subject to DoLS for varying reasons relating to their care and treatment.

The provider had made improvements to the environment since the last inspection. This included rearranging the main lounge layout, the widening of corridor space, the purchase of a specialist bath on the first floor and the decorating of communal areas. The registered manager had also sought specialist dementia advice and each person's door had been decorated with photographs and personal items which represented them. Thought and consideration had been given to the choices in colours of items such as toilet seats, styles of wallpaper and helpful signage to support people living with dementia to navigate themselves around the home. Staff and relatives were able to share how the improvements to the environment had enhanced people's lives. One relative told us, 'I am pleased that there is now investment in the environment as that would have been my one area of concern as the place was beginning to look at little unkempt but the recent improvements have made a real difference to the surroundings for both staff and residents within the restrictions of space'.

Due to the home's layout, it was unable to offer a group dining table experience to people living at the home. People had the option of individual tables brought to a lounge chair or eating in their rooms. The small dining room presented an option for a maximum of two people to eat in. People were able to choose where they ate. We observed lunch served on both days of our inspection where twelve people ate in the main lounge and five in their rooms. On the first day of our inspection due to the positioning of the food trolley in the middle of the main lounge and the lack of space to place items being offered to people the lunchtime experience was not relaxed. We appreciated the layout of the main lounge could not be altered to create more space however we discussed this with the registered manager and the provider to see if any

further improvements could be made. The lunchtime experience during day two improved as the food trolley was positioned at one end of the room, which meant people and staff had better access in and out the main lounge therefore promoting a more relaxed experience for people.

Relatives told us and records confirmed people living at the home had routine access to health care professionals. This included chiropodists, dentists, opticians, district nurses and GP's. Staff told us they would tell one of the registered nurses and/or the registered manager if a person had any health issues immediately and they would then contact a GP. The deputy manager told us a nurse practitioner from the local GP surgery visited the home once a week to review each person and their medicines, any concerns were discussed at this time and if needed the GP was contacted. One relative told us they were pleased with the access to healthcare for their relative and said, "You know they (people) are getting good care". The registered manager also attended a monthly meeting at the GP practice where general health issues and approaches were discussed.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. We observed that people looked at ease in the company of staff and were comfortable when anyone in the staff team approached them. Relatives confirmed their positive experiences of the staff team including the registered manager. A relative told us, "I cannot praise the care and patience of the staff enough, they are so kind and [named person] seems to have affection for them. The move to Amberley Lodge was the best thing that could have happened to her. She eats well and is able to access the garden with the staff in the summer. [Named person] is always dressed with care, and looks clean and tidy'. Another relative described a positive change in their family member since moving to the home and said, 'Since this time I have watched my mother flourish and become more restful and content'.

We observed numerous occasions of positive support provided by staff to people. Staff bent down to address people at their own eye level and maintained good eye contact. Staff spoke with people calmly and warmly and ensured they had everything they needed. Conversations we overheard illustrated how staff supporting people with compassion such as, "How are you feeling now", or "Did you want to stay here or go back to your room" or "Would you like another cup of tea". We observed how staff interacted with people when they became anxious. They were able to defuse the situation by talking about a topic they knew comforted the person and offer assurances that everything was ok. For example, one person became particularly agitated and anxious frequently we observed how staff were able to talk calmly to them and engage them with an activity or task which in turn distracted the person and altered their mood to a more positive one. Staff told us how much they enjoyed their role supporting and caring for people at the home. One staff member told us, "Feels like a family, the environment, the atmosphere it works".

The home encouraged people to express their views as much as they were able. People were provided with opportunities to talk to staff including their key workers and the registered manager about how they felt on a daily basis. A keyworker is a staff member who helps a person achieve their goals, helps create opportunities such as activities and may advocate on behalf of the person with their care plan. The registered manager told us he rotated allocated keyworker with people so all staff got to know each person equally. Relatives were encouraged to advocate on behalf of their family members and told us they found both staff and the registered manager easy to talk with and open to suggestions surrounding care provided. One relative told us, 'The staff really care about the well-being of each person who lives there and endeavour to include family members in getting to know the individual'.

People were encouraged to be as independent as possible by the staff. Staff described how they encouraged people to take part in their own personal care, enabled them to make choices and decisions about what they wore each day, how they wanted to spend their day, what time they wanted to get up and what time they wanted to go to bed. One staff member said, "We encourage people to eat themselves even if they make a mess. We offer them food protectors and assist them make sure they are safe". They added, "If people want to walk freely and wander we support them we just make sure they are safe".

People were treated with dignity and respect. Staff were observed knocking on people's bedroom doors

and waiting for a response before they entered. Staff talked to people whilst they were supporting them so they gained their consent and people knew what was happening. All staff members we spoke to told us how they would draw people's curtains before supporting them with personal care. A staff member told us, "We make sure they (people) are covered and care is dignified".

Good

Is the service responsive?

Our findings

At the inspection in November 2015 we found the provider was in breach of a Regulation associated with personalised care. We had identified there was a lack of evidence which informed us how relatives were involved with decisions made regarding their families care. We also found there was a lack of activities organised which had considered individual preferences or needs. We identified some people who received their care in bed may be at risk of social isolation. Shortly after the inspection the provider sent us a plan which told us the actions they were taking. At this inspection, our observations, records and relatives we spoke with confirmed people received personalised care from staff. Care provided and activities offered considered the preferences and needs of the individual person.

A representative from the West Sussex Care and Business Support Team told us, '[registered manager] has always spoken about the people living at the home with great passion and can describe all their interests and events organised to support these interests and the impact of this was clearly evident in the wonderful pictures around the home'. A relative wrote to us and said, 'The activities lady who calls is also a big help to residents'. Another relative told us, "The girls are very patient; they keep people occupied and entertained".

Each person had a care record which included a care plan, risk assessments and other information relevant to the person they had been written about. Care plans were personalised and reviewed twice a year or sooner if required. They included information provided at the point of assessment to present day needs. The registered manager showed us the early stages of one person's care plan and notes that he had taken whilst sat with the person and their relative. The care plans provided staff with detailed guidance on people's histories, how to manage people's physical and/or emotional needs, their goals and their aspirations. This included guidance on areas such as communication needs, continence needs and mobility needs. For example, one person's night time routine care plan read, '[Named person] has her bedside lamp on and her door shut. The curtains need to be drawn neatly without any gaps'. Another person's care plan read, '[Named person] was a firewoman. In her spare time she enjoyed playing with her dog'. Staff told us they found care plans easy to read and follow and effective working tools. A staff member told us, "Care plans are good. I am keyworker for two people we make sure the care plan is updated". They added, "We inform the nurse and the manager if things have changed". In addition to detailed care plans the registered manager had completed a summary profile on each person living at the home complete with a photograph of the person. We were told this was acted as a useful guide for new staff as it contained significant information. For example, '[Named person] is a pleasant lady who can express her opinion clearly...has travelled well to America, Canada and Sri Lanka'. The care plans we read were detailed and fit for purpose however the registered manager told us he wished to improve them further as wanted to include more detail about each person's type of dementia.

Daily records were completed about people by staff during and at the end of their shift. This included information on how the person had presented throughout the day and any other health monitoring checks. Daily records showed people received support in line with their individual care plan. They were referred to when staff handed over information to other staff when changing shifts to ensure any changes were communicated. Registered nurses also logged relevant clinical information onto a secure computerised

system to enable them to monitor any changes in people's health needs.

People were provided with stimulation and were offered various groups and 1:1activities to be involved in at the home however people were able to decline to join if they so wished. The deputy manager told us it was important to be, "Flexible with activities. If they (people) want to be alone let them they don't have to do what is planned". Classic FM or reminiscence music was heard playing throughout the home during the inspection, which seemed to be enjoyed by people accessing the communal areas.

Staff were able to show us what they had implemented using guidance from the dementia in reach team in developing meaningful activities. For example, we observed staff facilitating reminiscence activities during both days of our inspection. This included the use of music a person may recognise or famous faces relevant to people living at the home. For example, pictorial cards included pictures of celebrities such as Laurel and Hardy and George Formby. One staff member told us the, "The dementia training gave us ideas on what to do with activities". We also observed one person tell staff they wanted to go out into the garden. Staff supported them into the garden on both days of our inspection, staff told us this happened daily. There were photographs in frames in the main foyer of the home of people participating in various activities. This included a person buying their family member a card, people taking part in the homes food tasting evening and one person enjoying chocolate cake at a local café. We observed, and records confirmed staff offered hand massages to people; this seemed to be appreciated by those who received them. Staff, relatives and records confirmed the home was also visited by external entertainers this included sessions involving music and exercise. We were told a church service took place monthly in the main lounge, which some people enjoyed. The next church service was advertised in the home and planned for the 22 January 2017.

A framed picture representing each person was displayed on the wall in the main lounge. The pictures identified the person through a job role or something they had enjoyed doing when they were younger. One person worked at Chanel the perfumery so the staff had framed a picture of the company's famous logo which was easily recognisable. Another person used to be a teacher therefore their picture included a classroom. This meant the staff had considered people and their pasts. It added to the homely environment and promoted further conversation between people, their visitors and staff. The registered manager was passionate regarding making continuous improvements to the range of activities offered to people he told us, "I want to bring the community to them (people) who cannot get out regularly". He told us additional allocated hours were going to be given to activities in the future and this would be able to commence soon when the last staff member they had recruited had received their induction.

There was an accessible complaints policy in place available for both people living at the home and their relatives. There were no formal complaints open at the time of our inspection. Mostly relatives told us they felt listened to and had no complaints about the care their family member's received. Staff described how the home addressed minor concerns before they became larger issues for people and their relatives. One relative wrote to us and said, 'Every request that we have asked for has always been met and any questions or queries answered'. Another relative told us, "They (staff) are very helpful you only have to ask and they will come back to you". However, one relative felt their complaint regarding staff shortages had not been adequately responded to. We fed this back to the registered manager who was open in sharing how they had engaged with the relative. They had not logged the concern as an official complaint and recognised this had been an oversight on their behalf.

We received comments from both a person and two relatives regarding a lack of sufficient toilets available to use. Our observations concluded on both the first and second floor there were enough toilets for people and their relatives to use yet we fed back this comment to the registered manager and provider for their

review. The registered manager told us they were unaware this had been raised as an issue and would monitor and look into this and the reasons behind the comments further. We were assured this would be taken seriously.

Good

Is the service well-led?

Our findings

At the last inspection, we recommended the provider reviewed their systems, which measured and monitored the quality of the service and care provided to people. We found audits carried out had not highlighted breaches in Regulation as identified in our inspection in November 2015. At this inspection we found the provider and registered manager had taken action to improve their routine auditing of the home and the systems in place were robust.

The registered manager shared a range of audit processes, which took place daily, weekly and monthly. They measured the quality of care delivered to people and checked the environment was fit for purpose. Audits had been completed in areas such as infection control, accidents, incidents, staff observations and the maintenance of the home. In addition, the provider had formalised their monthly visits to the home to support the registered manager in maintaining a quality service. They used this opportunity to speak with both people and staff on duty. The home was visited by an external provider who audited documents relating to the management of the home. During a May 2016 audit they highlighted the need for a pharmacy led medicine audit; this had taken place by the time of our inspection. Audits influenced measures put in place when a highlighted area of concern was identified. It enabled the registered manager to see if there were any consistent themes or areas of the home, which required improvements. For example, in November 2016 a routine check highlighted paintwork in the bathroom by the lounge needed re-decorating. The provider and registered manager told us, and records confirmed, the same bathroom would be updated and fitted as a 'wet-room' in 2017 to benefit people who preferred a shower to a bath. People had also been involved with improvements made on the physical appearance of the home including the style and colours of the wallpaper used. This showed how people were involved in how the home environment developed.

People and relatives expressed positive views of the home and the care that staff provided. The culture of the home was an open one and people were listened to by the staff and the registered manager. During the course of the inspection, laughter and pleasant exchanges were observed between staff and people. This showed trusting and relaxed relationships had been developed. A relative told us, "The [named registered manager] is knowledgeable of each resident and advocates for them and is a calm caring influence within the home and good role model for his team'. A representative from the West Sussex Care and Business Support Team told us, 'Throughout all visits made to Amberley Lodge we have found the staff to be welcoming, open, friendly and kind with a real emphasis on 'family' enjoying a great rapport for the people they support'.

The registered manager demonstrated good management and leadership throughout the inspection and made himself available to people. In October 2016, they were nominated and were the runner up in the West Sussex Care Accolades. The home celebrated this achievement and a framed photograph of them collecting their award was displayed in the office. We saw the registered manager working amongst the staff team guiding and leading other staff on duty. For example, he provided valuable input in how to improve the lunchtime experience for people showing that he knew people the home supported well. Staff felt supported by the registered manager and the provider and felt they could go to them as the office door was always open. Staff told us how they had enjoyed being part of how the home developed. They were

particularly passionate about how the support from the in reach dementia team had influenced improvements within the environment and the activities they now facilitated to people.

Views from people on the care they received were gathered through informal discussions with care staff, registered nurses and the registered managers and provider. Relatives were invited to share their views on the home. Annual questionnaires, which received positive responses, were completed on behalf of people by their relatives. Discussions over the telephone and face to face meetings with the registered manager also took place. Relatives told us that they remained involved with their family members care and were kept updated with any relevant information from the home. In addition, the registered manager had introduced themed relatives meeting such as the 'food tasting' events. The registered manager told us it was a way of bringing relatives together using a relaxed approach.

The registered manager had been creative since our last inspection to provide an inclusive environment for people living at the home. For example, since our last inspection the staff team had made the decision to stop wearing uniforms. The decision derived from a discussion between the registered manager and a dementia specialist. A senior support worker told us, "We trialled it with people, asked their opinions and people seemed to really like it. It seems to have broken down barriers". This had coincided with new name badges for all staff. Names were written in black on a yellow background to support people living with dementia to see it clearly. The registered manager also participated in various groups which meant they were kept up to date with current legislation and best practice approaches. For example, they were actively involved in the Safeguarding Adults Board's Sub Group whom regularly met. They told us this was a positive influence and attended a meeting during the week of our inspection. The registered manager was the dementia champion for the home. This meant they had attended additional training and were able to share their knowledge with the staff team at the home to influence the support provided to people.

The registered manager and provider had worked closely together on the improvements to the home and told us they had developed a, "Contented atmosphere". When we asked the registered manager what had been their greatest achievement they responded with, 'Leading the staff, people and their relatives to provide personalised outcomes in an improved environment'. The provider told us, "We have stepped forward in every aspect".