

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 responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Amberley Lodge Care Home is a residential care home providing personal and nursing care to up to 17 people. The service provides support to older people living with dementia and age-related frailties. At the time of our inspection there were 16 people using the service.

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

People received their medicines by nurses who were trained and competent to administer them safely. Staff mostly practiced good infection control to help protect people from the COVID-19 pandemic, however, a nurse was seen not to wash their hands between administering medicines to people. The registered manager addressed this concern during the inspection.

Quality assurance processes were not always robust to ensure effective managerial oversight of monitoring systems. Audits of care records carried out by the management team had not always identified some inconsistencies in people's care records. The registered manager rectified the discrepancies during the inspection and told us their plans to further monitor records. Other quality assurance processes were effective in identifying areas for improvement. The management team worked in partnership with professionals to continually learn and develop the service.

People's health risks were assessed and managed safely. Where people required support with equipment to move and position, staff followed care plans to ensure they were assisted safely. Some people were at risk of choking, risk assessments and care plans detailed how staff should support them with their meals. Professional advice had been followed for people who were assessed to receive a modified diet, for example, pureed food. We observed people being served meals at the correct consistency and staff assisted them in line with their care plan.

People told us they felt safe, their relatives said they felt comfortable to speak with staff or management if they had any worries or concerns. One relative told us, "I feel [person] is safe. I have not had a concern." Staff received safeguarding training and understood their duty on how to prevent and report potential abuse.

People and their relatives gave positive feedback about the staff. One relative said, "The girls make you feel comfortable, nothing is too much trouble." One person told us, "They are nice people here, the staff are nice people."

People's relatives said they were involved in planning their loved one's care including life histories for staff to learn about people. One relative told us, "They asked me to bring in photos and were interested in who's who in the family so they can chat to [person] about them. They were interested in finding out about their history. They have really tried to get to know my relative."

People, their relatives and staff told us they felt comfortable to make suggestions or complain if needed,

they were confident the management team would deal with any problems. Relatives told us staff and management kept them up to date with changes to their loved ones. One relative said, "I would thoroughly recommend it to any of my friends. I find it excellent. It's a very good place to care for people with dementia."

Staff and the management team worked closely with health and social care professionals to improve people's care, safety and well-being. Professionals spoke highly of the service. Comments included, "They have lovely care workers there, in [registered manager's] absence they will contact me too. They are cooperative." And, "Staff are very caring, I have met everybody now, I have no concerns, nothing to raise a red flag for me."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 October 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 29 August 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Safe care and treatment and Good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, responsive and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Amberley Lodge Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Amberley Lodge Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Amberley Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Amberley Lodge Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 26 September 2022 and ended on 3 October 2022. We visited the location's service on 26 September 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection including the action plan submitted. We sought feedback from Healthwatch, Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we observed the care and support people received throughout the day. We spoke with three people who used the service about their experience of the care provided and five relatives of people who use the service. We spoke with two healthcare professionals who regularly visited the service. We spoke with eight members of staff including the registered manager, managing director, deputy manager, registered nurses, care staff and kitchen staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection, risk assessments and risk management plans were incomplete, and equipment was not always safely used. Insufficient measures were in place to identify, prevent and control the spread of infection. Medicines were not always safely managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Using medicines safely

- At the last inspection, medicines were not always managed safely. At this inspection medicine administration had been documented correctly and medicines were stored safely.
- Medicines were mostly administered safely. We observed a staff member administering medicines to different people without sanitising their hands between administration. We raised our concerns with the registered manager at the time of our observation who spoke with staff members about hand hygiene. The registered manager told us they intend to include hand hygiene in their medicine audits and medicine competency assessments to ensure staff understood the importance of hand hygiene.
- People received their medicines at the right time each day. One person told us, "Yes they give me my medication at the right time I can't complain at all I feel safer that they do this for me." Staff were guided by protocols to enable them to identify when people required their 'when required' (PRN) medicines such as pain relief or medicines to help alleviate symptoms of anxiety or distress.
- The provider had made changes to the system of recording medicines. The service operated an electronic medication administration record (eMAR) system, staff had been trained to use the system. The eMAR system highlighted when time specific medicines were required and detailed a medicine profile for each person, so staff knew people's preferred way of receiving their medicines.

Preventing and controlling infection

- At the last inspection, infection control processes were not robust enough for the provider to have oversight of cleaning and hygiene practices. The laundry room and sluice room were not clean, and systems did not minimise the risk of cross contamination. At this inspection, improvements had been made.
- We were somewhat assured that the provider was supporting people living at the service to minimise the spread of infection. Staff understood signs of COVID-19 and how to prevent the spread of infection. Where one staff member was seen to not sanitise their hands between medicine administration, the registered manager took immediate action. We observed the staff member sanitising their hands following the registered manager speaking with them.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises. The provider had altered the layout of the laundry room to separate clean and soiled laundry. Staff told us there was a schedule to ensure regular sanitisation of the laundry room and sluice room.

- We were assured that the provider was preventing visitors from catching and spreading infections. Staff took visitors temperatures and requested they wore face masks before they were permitted to enter the building.
- We were assured that the provider was admitting people safely to the service. People were requested to test before moving into the service.
- We were assured that the provider was using PPE effectively and safely. Staff were observed to be wearing masks and wore aprons and gloves when in close proximity to people.
- We were assured that the provider was responding effectively to risks and signs of infection. Staff observed people for symptoms of COVID-19 and supported them to test where there were concerns.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visitors were welcomed into the service, people were able to see their loved ones when and where they wished, without restrictions.

Assessing risk, safety monitoring and management

- At our last inspection, risks were not always assessed and mitigated. At this inspection, improvements had been made. People who required bedrails had been assessed for their safety and checks were carried out to ensure pressure relieving equipment was in good working order and inflated appropriately.
- Risk assessments were completed for people when they required equipment, such as, hoists and bedrails. We observed people being safely assisted to move and position. When people's needs changed, risk assessments and care plans were reviewed.
- People who were at risk of choking had care plans and risk assessments in place. Professional involvement was sought to ensure people were assessed to receive the correct diet. Staff and kitchen staff were aware of who required a modified diet and at what consistency, for example, a pureed diet. We observed one person being assisted with their meal, staff supported them to eat with a teaspoon to reduce the risk of them choking on larger mouthfuls. This was in line with the person's care plan and risk assessment.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. The registered manager assessed people's mental capacity and made applications in their best interests. People were being supported in the least restricted way, for example, people spent time in the garden, went out with friends, family and on organised trips.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. Staff received safeguarding training and told us what actions they would take if they suspected someone was at risk of harm or abuse. One staff member told us, "If I was concerned, I would go to [registered manager], they have an open-door policy and are so approachable. They make it easy if you have concerns. If I needed to report outside the company, I would go to CQC and the local authority safeguarding hub. There is a policy if I needed to do this."
- People appeared comfortable around staff; their relatives told us they felt their loved ones were safe. One person said, "I do feel safe because the staff always popping in to check that I'm okay, if I didn't, I would definitely speak with the manager." A relative told us, "I ask [person] out right, they say they are safe, [person] has dementia and Alzheimer's I repeat myself, and they say they feel great, they feel quite safe there."
- The registered manager demonstrated their knowledge of safeguarding and made referrals to the local authority where appropriate. We saw examples of this, and actions that had been taken to promote people's safety and prevent reoccurrence.

Staffing and recruitment

- There were enough staff to meet people's needs. The registered manager adjusted the rota according to the needs of people and the occupancy of the service. People and staff feedback and the registered manager's observations were used to determine safe staffing levels.
- Staff told us there were enough staff to meet people's needs and our observations confirmed this. Comments included, "I think there are enough staff at the home, there is enough time to chat to residents as well as help them." And, "We do everything we can, sometimes we have extra staff to meet people's needs."
- Staff were recruited safely. Applications forms were completed and employment histories and gaps in employment were explored. References and Disclosure and Barring Service (DBS) checks were obtained prior to employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- The service learned lessons when things went wrong and applied what had been learnt to prevent reoccurrence. Staff knew when and how to report accidents or incidents which resulted in appropriate action being taken.
- Audits of incidents and accidents were analysed, where safety measures had been put in place, such as, the use of sensor mats to minimise falls, these had been introduced for other people who were at risk of falls.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care and support. People's care plans contained detailed life histories to guide staff on how to support them in a personalised way and celebrate past achievements. Relatives told us they were involved in planning their loved one's care, comments included, "They wanted to know [person's] ins and outs so it's all covered." And, "I was asked to contribute to [person's] care plan, they are always doing things to make things better for them. Recently they asked me to write up a history on [person's] life to help the staff know a little history about them. It was good for me to do."
- Care plans included what and who was important to people, for example, one person had a very strong connection to a family member. Staff were aware of this and when required, contacted the family member if the person showed anxieties or distress which staff could not reduce.
- The registered manager and staff worked together to collate information they had learned about people. The information contributed towards person centred care planning and included what staff had established about how the person preferred to be supported. For example, a person would call out they needed to use the toilet, this was found to be habitual, staff developed a check list to go through to see if they had any other unmet need, such as, if they were hungry or thirsty.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs, and the Accessible Information Standards were met by staff practices. Where people had difficulties with their sight, care plans guided staff on how to support them. For example, one person was registered blind, staff supported them by continual verbal communication, describing items and providing reassuring touch to the arm when being assisted to move and position.
- People's communication needs were met in a personalised way through various methods such as verbal discussions, the written word, and the use of pictures. One person's spoke English as a second language and was not always able to communicate verbally with staff. Staff used effective methods to gather their views and wishes. This included an online translation app, body language, and a stock of frequently used phrases translated from the person's native language into English. Where needed, the person's family were contacted to translate where other methods had not been effective.
- Documentation was available in larger print and staff were available to read documents aloud for people.

The service was gifted a machine which magnified text onto a large screen, this was available to assist people to read newspapers, letters and books.

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

- People were supported to maintain relationships with their loved ones. Visitors were welcomed to the service and people could go out with their visitors. Where required, people used video technology to keep in touch with friends and family. People were encouraged to join organised trips to the shopping centre and the seafront with staff. A relative told us, "I love the fact they cater for individuals, for instance, if they are doing an activity it is suitable for their abilities."
- People's histories and heritage were valued. For example, one person liked making food from their country of origin, staff bought the ingredients and supported them to make pizzas, the person used to run a café and enjoyed cooking. Another person celebrated their Scottish roots and dressed up for Hogmanay. Photographs of various themed days were displayed around the service, which included, cowboy days, Hawaiian days and a beach day. The themed days involved people and staff dressing up, games, quizzes, food and drink, and decorations in the service; all appropriate to the theme.
- People's past interests were considered when planning activities. Some activities were on a one to one basis, the registered manager had extensive training on how to deliver meaningful activities and had cascaded their learning to staff. For example, one person performed amateur dramatics and enjoyed musicals. Staff would support them to listen to musicals to prevent them feeling anxious or distressed. Another person had created a lot of paintings over the years, their artwork was displayed in their bedroom and around the service.

Improving care quality in response to complaints or concerns

- Complaints had been logged and dealt with in line with the provider's complaints procedure. One relative told us, "If I needed to complain, I could go to [registered manager], they would be understanding and try to help out whatever the issue is." One person said, "I haven't had cause to complain but if I did, I would definitely speak to the manager."
- A complaints book was available in the service's entrance hall should people or their relatives wish to provide feedback. The registered manager described how concerns would be dealt with and what action they would take.
- Complaints were logged, there were no emerging patterns. The registered manager said they would look out for trends and themes to address concerns.

End of life care and support

- People were supported when at the end of life stage. People and their relatives contributed towards end of life advanced care planning. Care plans were holistic and included people's faith, preferred music and whether they wanted family with them. We observed staff caring for people in a dignified and caring way.
- Relatives told us they felt supported by staff and were kept well informed of their loved ones changing needs. Comments included, "The communication has been really good." And, "They always check I am ok too. They understand what it's all about. They do a wonderful job and I don't think they are appreciated by enough people. I can go in whenever I like."
- Where required, people were kept comfortable with appropriate equipment, such as, air flow mattresses. Staff engaged with professionals to ensure the right medicines were in place for people to remain relaxed and pain free.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection, the provider had failed to ensure systems were in place or robust enough to assess, monitor and improve the safety and quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. The provider was aware of further embedding required to systems to improve documentation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At our last inspection, quality assurance processes did not highlight concerns found throughout the inspection, this included oversight of medicines, infection prevention and control and risk management. At this inspection improvements had been made.
- Quality assurance processes were in place; however, audits of care plans had not always identified some inconsistencies in people's care records. Where people were at risk of pressure damage to their skin, care plans guided staff to support people to change position. Daily notes of people's care were not always completed in line with care plans. The registered manager told us the people identified were able to reposition themselves, therefore, staff did not always need to document position changes. The registered manager reviewed people's care plans during the inspection and updated their auditing systems to identify potential future inconsistencies. No person who was cared for in bed had sustained any pressure damage.
- The management team including the provider, area manager and registered manager completed monthly service audits; action plans were developed with lines of responsibilities and target dates to achieve improvements. Audit findings fed into a monthly report which prompted staff and management to ensure relevant referrals were made to professionals, care records were updated, and any lessons learned were carried forward.
- Relatives gave positive feedback about the registered manager and provider. Comments included, "The owner is very family orientated. They moved into the home at the beginning of Covid. They phoned everybody's relatives and asked if there was anything specific they could do. They took over the activities and asked us all what they could do to support the residents." And, "[Registered manager] was the first person I met, they kept me up to date. We had a long conversation, right from the off I was very impressed."
- The registered manager demonstrated an understanding of the duty of candour. They described the duty of candour as being transparent and apologising when things went wrong.

- Relatives told us they were frequently informed about their loved ones. Comments included, "They keep me updated with what is happening, they are very good with keeping me updated." And, "They always give me a ring to say if [person] isn't their usual self."
- The registered manager had ensured CQC were appropriately notified of events within the service, records confirmed this had been done appropriately.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and registered manager had created an open culture where people, their relatives and staff could approach them with concerns, suggestions and ideas. We saw examples where staff had suggested various activities for people had been arranged. One staff member told us, "We now have a five to nine shift in the evenings which benefitted the residents. People might want a bath or shower before bed. This was a busier period, we said we needed an extra person, they bought this in, and it definitely helped."
- Staff and management knew people well. Where people were unable to verbalise their wishes, relatives were asked for opinions and views. Staff told us they watched carefully to see if people's needs were met, if people did not appear happy with their support other methods would be tried until the person was content. The registered manager had extensive knowledge of dementia and worked closely with staff on the floor to understand how people wished to be supported. Their knowledge was cascaded to staff and used to develop person-centred support for people.
- People's relatives told us the service was led well, they were involved, and any suggestions would be acted upon. Comments included, "I am picky with [person's] care, if I was not happy, I would say something, they would jump on it and sort it out." One relative told us they had been involved in the improvements with the garden. A person living at the service enjoyed painting and decorating and had sanded and painted the garden benches.
- The service has undergone refurbishment work which included redecoration and the purchase of new furniture. The registered manager told us of people's involvement, said they had helped to choose colours and furnishings.
- People's relatives told us of suggestions they had made which had been acted upon. For example, an air conditioning unit had been purchased for the conservatory as one person was feeling too hot. This had been reviewed and had not been deemed effective enough by the registered manager. The provider was gathering quotes for reflective blinds to reduce the heat further. One relative told us, "They do listen when you come up with ideas, if they feel it's right for the home."
- The registered manager had engaged with advocates to support people who did not have a representative to voice their opinions.

Continuous learning and improving care; Working in partnership with others

- The provider and registered manager continually learned to improve people's experience. The registered manager had developed a WHAT (what's happening at the moment) tool to monitor people's well-being. The tool included interactions between staff and people, the environment and activities. The registered manager developed bite sized learning for staff based on the findings to improve care and enhance people's well-being.
- The provider sat on the board of West Sussex Partners in Care. The provider told us this enabled them to keep up to date with changes within the industry and gave them an opportunity learn from professionals and other services, the provider shared their own knowledge with other services. The registered manager received mutual support and shared learning with managers of the provider's other local care homes.
- Staff were keen to help the service continually develop, they proudly told us how they had arranged a mud run and raised funds for activities within the service. The registered manager had purchased some therapy

dolls which were designed for people living with dementia and other items, such as, dementia friendly jigsaw puzzles with the proceeds raised.

- The service worked well, in partnership with others. West Sussex Fire and Rescue service had completed a fire safety audit. The registered manager had developed an action plan to address shortfalls and added the findings to the service's internal audit.
- Staff and management worked well with professionals to provide good outcomes for people. Visiting healthcare professionals spoke highly of the leadership of the service. Comments included, "I am really impressed with the home, it has improved massively. Cosmetically it is much nicer. Now there is a fixed team who know the residents and each other well." And, "[Registered manager] is great, we speak weekly, I go in or visit alternate week, they are very knowledgeable and know their stuff. They are an excellent resource for us."