

3A Care (London) Limited

Amberside

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

About the service

Amberside is a care home providing care and support for up to 21 older people. At the time of the inspection, the service was supporting nine people. Eight people were present on the day of the inspection and one person was in hospital. The service was newly registered in October 2017 and began admitting people in February 2018, following refurbishment works.

People's experience of using this service

We received positive feedback about the service and the care people received. People and professionals commented positively about the effectiveness and responsiveness of the support people received. There was evidence that people achieved good care outcomes and their comments about the service supported this.

Systems to ensure people were safeguarded from harm had improved. People were supported by staff who had been trained to identify and report concerns. People were safe because potential risks to their health and wellbeing had been mitigated and were being managed effectively. Staffing levels had been increased and there was enough staff to support people safely. People were supported to take their medicines. Lessons were learnt from incidents to prevent recurrence. Staff followed effective processes to prevent the spread of infections.

The registered manager and staff worked hard to ensure people received effective care to meet their needs. People were supported by staff who had completed the provider's mandatory training and additional training in relevant areas. Staff practice was supported by recognised good practice guidelines. People achieved good care outcomes as a result of the support provided by the service.

Staff had respectful, caring and friendly relationships with people they supported. Staff upheld people's dignity and privacy, and they promoted their independence.

People received personalised care and support which met their needs and reflected their preferences.

There was a positive and open culture. Staff roles and responsibilities were clear, and staff were supported through regular supervision from the registered manager.

The provider's quality monitoring processes had improved and now evidenced how they continually improve the service.

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 Inadequate (published 5 March 2019). 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 enough improvement had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 11 December 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring 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 ●

Amberside

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector and one assistant inspector.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with four people who used the service about their experience of the care and support provided by staff. We spoke with five staff including the registered manager, a representative from the senior

management team and five care staff.

We reviewed a range of records. This included nine people's care records and eight medicine records. We looked at a variety of records relating to the management of the service, including policies and procedures, audits and surveys.

After the inspection

We continued to seek clarification from the provider to validate evidence we found. We looked at further training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure effective systems and processes were established and had not operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper 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 13.

- People told us they felt safe living at the service. One person, who was new to the service told us, "I always feel safe here." Another person said, "I do feel safe, the carers do all they have to do." A third person we spoke to told us "Yes, I think they have good security here. Fire protection too."
- The registered manager had worked hard to implement a more effective and robust system for reporting safeguarding's since the last inspection. This meant that people were safeguarded from harm and their health and wellbeing was protected.
- A new recording log of safeguarding incidents had been set up to enable a more effective and responsive way of monitoring safeguarding trends and incidents.
- Staff had received training and demonstrated a good understanding of how to support people to stay safe. One staff member said, "We have received recent training in safeguarding and I feel much more confident about it now and what to do if I am concerned and how to report my these." Another staff member told us "When you came last time things were not so good and I didn't feel that people were always safe but since the new manager has been here I feel confident in what I am doing and how to report a safeguarding issue. People are definitely safe here now."
- Staff had access to a safeguarding policy which detailed actions to take if there were any concerns. All five staff we spoke with knew where to find the safeguarding procedure and who to contact if they had a concern.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. 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.

- Each person had a detailed risk assessment in place which identified risks they could be exposed to and

what they and staff needed to do to minimise risks, which included risks associated with developing pressure ulcers and the risk associated with falls. These assessments had been identified at part of the person's admissions assessment and had been updated since the last inspection took place.

- The registered manager has introduced a wound care champion who shares their knowledge and learning at regular team meetings. We found that all staff had received face to face training from the Hertfordshire Clinical Commissioning Group (CCG) in relation to pressure care, since the last inspection took place and the registered manager and senior staff now hold 'skin integrity care' meetings each month.
- Staff spoke with people about their risk assessments to help them understand them. One staff member told us, "We are all responsible for making sure that we follow the guidelines in people's care plans about risk and to make sure they are staff at all times. The manager does the paperwork, but we discuss any updates about each person in staff meetings and supervision."
- The registered manager carried out regular health and safety checks to ensure the premises were always safe and there were no hazards to people's health and wellbeing.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient numbers of staff deployed to meet people's needs safely. This was a breach of regulation 18 (Staffing) 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 18.

- Staffing levels had improved and were now based on people's assessed needs. Any agency staff are given a 12-hour induction and shadowing shift before they start work. The registered manager also reviewed and verify references and training records prior to them commencing work at the service. All regular agency staff are provided with individual supervision from senior staff members.
- The registered manager had a detailed staff rota in place to ensure enough staff were working each day to meet people's needs.
- People felt there was always enough staff to support them and they benefitted from being supported by a consistent group of staff. One person told us, "Yes I think so. We get well looked after."

Using medicines safely

- The registered manager had a detailed and comprehensive system in place for monitoring and promoting the safe management of medicines and there was a new daily auditing system in which ensured each person received their medicines as prescribed and alerted the registered manager of any omissions or errors at the earliest possible stage.
- We checked eight medicines and records, and found all records were accurate and in order.
- Currently nobody at the service administered their own medicines but there was a system in place if this was required in the future. One person we spoke with told us "I have high blood pressure, I always ask what they are giving to me. The carers seem to understand what they are giving to me." One staff member told us that they had completed a competency assessment before they could administer people's medicines. They said, "The manager is very proficient and made sure that I was competent and confident before they cleared me to give medication to people, without supervision."

Preventing and controlling infection

- The registered manager had systems to ensure the service was clean and well maintained. People told us they were happy with their living environment and they found it pleasant and comfortable. One relative we spoke with told us, "I visit often and have never found a reason to complain about the standard of cleanliness or smell, not like in some homes I have visited."
- There were systems to prevent the spread of infection including guidance on how to keep different areas of

the home clean. Staff had been trained in infection control and where required, they used personal protective equipment such as disposable aprons and gloves to minimise the risk of cross contamination.

Learning lessons when things go wrong

- The registered manager had a system for recording incidents and accidents, and these were reviewed to improve practice.
- Learning from incidents was shared with staff through regular team meetings and during individual staff supervision.
- The provider acted promptly to make the required improvements. For example, following the last inspection in December 2018 we found the provider acted promptly and effectively in addressing the failings found and implemented an immediate action plan which addressed and actioned all aspects of the service that required improvement. We found the registered manager had improved the safeguarding process from lessons learnt and there are now champion pathways for all staff to follow and an improved staff training programme in place.
- A new 10 at 10 meeting had been introduced to help improve communication and alert staff to any new issues or concerns. This included discussions between the manager and the senior care staff with regard to priority care issues and any new concerns that had been identified.
- The registered manager had worked hard to improve how risks are managed and incidents of falls within the service had been significantly reduced.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
At our last inspection an assessment of people's needs was not carried out collaboratively with them. People's care was not designed to ensure people were able to make, or participate in making, decisions relating to their care to the maximum extent possible. This was a breach of regulation 9 (Person centred care) 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 9.

- People's needs had been fully assessed before they began living at the service. Assessments focused on people's emotional needs, preferences and their physical care needs. One relative said, "I was involved in helping to write (name) care plan because I knew what they needed and the help they required. The manager listened to me and then showed me the care plan once it was completed to check that everything had been covered. It all looked fine to me."
- The registered manager and staff team had a good understanding of current guidance such as person-centred care. This was evident throughout our inspection.

Staff support: induction, training, skills and experience

- The training programme for staff had been improved since the last inspection. Staff had received recent training in areas such as safeguarding, dementia, moving and handling and health and safety. One person told us, "I think they are all trained well as they always seem to know what to do when they help me move around, as I need help you see." Another person told us "I see the staff check things out with each other if they are not sure about what to do to make sure they are doing it correctly, the staff are always having training or one sort or another, I see people come in from outside to teach them things."
- The registered manager showed us that refresher training had been booked for some staff whose training had expired.
- Staff received an induction when they started at the service. One staff member said, "I am just shadowing at the moment. I had some policies to read last week, about medication, the fire alarm, and I have been reading the daily care logs. I've also had chance to look at peoples care plans. So today I was learning about medication. I think it's all going well and I am getting to know the routine of residents during the day."
- Staff now received regular supervisions and competency checks and told us that they could request more of these if they felt they needed more support. One staff member told us "Supervisions have improved and we all now get a one to one supervision at least every two months and we can always speak to the manager informally if we have a question or problem that we need help with."

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

At our last inspection people`s nutritional needs were not safely managed to avoid harm. We found at this inspection this had improved.

The registered manager had provided additional training in 'Diabetes and nutrition' and staff had also received refresher training on how to monitor and accurately record people's fluid and food intake. The registered manager and staff monitored individual food and fluid charts on a daily basis, when required. The chef had also completed the 'Advanced Nutritional champion pathway' course, since the last inspection which ensured the meals provided are both nutritionally balanced and healthy.

- Menus had improved and people were now more positive about the food provided at the service. One person said, "The food is lovely. There is a good choice and I can eat whenever I want." Another person told us "The food is excellent. The chef is always very friendly."
- People told us that menu choices were discussed in resident meetings and we observed that meal times were relaxed and a social occasion, and people could choose when and where to eat their meals.
- Staff had a good understanding of how to promote people's choice whilst also supporting people to follow a healthy and balanced diet. Staff monitored people's weight and referred them to dieticians if there were any concerns.

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

- People were supported to see health professionals such as GP's and dieticians depending on their needs. One person told us, "They will always call the doctor if I need it and this is always done straight away."
- One relative we spoke with told us "If I am worried about (name) they always keep me informed and if they have had to call the doctor out they tell me straight away as they know I worry."

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

- The environment had improved. People were now consulted and involved in choosing the colour schemes for both the communal areas of the service as well as the colour schemes of their bedrooms. We also saw that new colour contrasting dementia friendly plates and crockery had been purchased and hazard signage much clearer which helped ensure people's safety.
- People told us the service met their needs. One person said, "There are plenty of areas where we can socialise and meet up with each other as well as having some peace and quiet in our rooms."
- People were happy to show us their rooms. We found rooms were adequately maintained although the registered manager informed us that an audit of the entire service was going to be completed to ensure all areas of the home are maintained to a good standard. We found that some bedrooms could benefit from being re-decorated however the registered manager was aware of this and was in the process of arranging for these rooms to be re-decorated.
- All the areas of the service were accessible and spacious.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the registered person had not acted within the requirements of the Mental Capacity Act 2005 when obtaining consent for people unable to provide this. This was a breach of regulation 11 (Consent) 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 11.

- Mental capacity assessments had been carried to determine what decisions people could and could not make for themselves. We reviewed four capacity assessments and all documents were completed accurately and with detailed information. These assessments also recorded people's views about the decision being made.
- People told us that staff always asked for consent before supporting them. One person told us, "[staff] always ask and make sure that we are happy with what they are doing. The manager makes sure they do this as well."
- DoLS applications had been submitted where required. For example, the use of a sensor mat in a persons' room. The appropriate capacity assessments had been completed, the least restrictive measures used, and an application for DoLS was considered necessary and had been made.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question had improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At our last inspection people's independence and dignity was not promoted or met. People were not involved in decision relating to their care. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Ensuring people are well treated and supported; respecting equality and diversity. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Each person we spoke with told us staff were kind and caring. They also said they were treated well and with respect. One person said, "They are always kind and make sure they always keep my modesty." Another person said, "Yes, yes they are all super kind and caring."
- People told us staff were friendly and would chat with them all the time. One relative who we spoke to said, "It's the best care home [Name] has been in, no worries here."
- The atmosphere in the service was calm, compassionate and inclusive. We saw warm and meaningful interactions throughout the day between staff and people which were gentle, respectful and kind. People's body language and facial expressions showed that they were fond of the staff members as they interacted, smiled and communicated with them.
- Staff respected people's diverse needs and preferences, and they provided care in a way that supported people in a non-discriminatory way.

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

- People told us they made decisions and choices about their care. Individual care plans detailed how people liked to be supported with getting up, how they liked to spend their day, their likes and dislikes in relation to their food preferences and what time they liked to go to bed.
- There was information available about an independent advocacy service should people choose to contact them.
- People told us staff always had time to listen to them. One person told us "There are more staff now, so we have time to sit, chat and have a laugh together."
- The registered manager had introduced a new initiative where people chose the staff member they would like to be their key worker, assisted by showing photographs of each staff member. Staff have an allocated keyworker session once a month in which time was spent with that person reviewing their care plan, arranging a special activity or outing or simply spending one to one time chatting and enjoying each other's company.
- People told us that they liked the keyworker arrangements and that it made them feel valued and

involved. One person told us, "I like having that one person who has a special interest in just me and we can share stories and sometimes we go out for coffee or lunch, yes it's a good idea." Another person told us, "My special person is [Name] and we chat about the old days and how Watford used to look and how much its changed. I like the time we spend together. We also go out for lunch or to visit a garden centre when the weather is better."

Respecting and promoting people's privacy, dignity and independence

- People told us staff were always respectful in the way they supported them.
- Staff said they promoted people's privacy and dignity at all times by talking to them and providing support in private. Protecting people's confidentiality was an important part of the service and there were policies to guide staff on this.
- All staff had received 'Dignity in Care' training since the last inspection took place and weekly dignity audits were completed. This helped to ensure people personal care standards were regularly monitored and maintained. These audits include people's appearance, if they have had a shave, if their hair is brushed and if their clothes are clean, well laundered and ironed.
- The service encouraged people to maintain close links and relationships with their family members and friends. One person said, "The new manager always comes to chat with us when my family visit and there are family meeting sometimes so everyone is kept up to date with the changes."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to 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.

- The registered manager had worked hard to improve the assessment process within the service and had ensured people were fully involved in evolving their plan of care. We found that people's needs were fully assessed before they began living at the service. Assessments focused on people's emotional needs, preferences and their physical care needs. We reviewed all nine care plans and found these had been endorsed by the person themselves, a relative or a representative had signed on their behalf which confirmed they were happy with its content.
- A new initiative introduced by the registered manager to assist people who lived with dementia was for all waking night care staff to wear night clothes in order to help assist people determine night from day and help to reduce people's anxiety and orientation.
- Staff were prompted within people's care records to respect people's individual choices and how people wished to be supported by them. For example, one person's care plan detailed how they liked to have a bath rather than a shower and the products they liked to use. Another person's care plan detailed how they wished to maintain their independence and access the local community using their electric scooter. We saw an up to date risk assessment in place and detailed information and guidance within this person's care plan with regards to supporting this person's safety and wellbeing independently.

Meeting people's communication needs

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

- The registered manager told us that information was available to people in different formats such as large print if needed. We saw pictorial information displayed throughout the service of how to complain, safeguarding information and there was also an information board that displayed photographs of the staff team.

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 who lived at the service benefitted from a new and much improved activity programme. The registered manager had also increased the activity hours provided to 25 hours per week. We spoke with four people about the range of activities provided and all four considered they had a range of choices and social activities to choose from.
- Recent activities included a fundraising coffee morning, a visit from a local nursery school, a cheese and

wine event and people also enjoyed celebrating 'National Marshmallow Day' and a visit from the 'zoolab' who provided a range of small animals for people to hold and stroke.

- Regular activities include flower arranging, armchair exercises, bingo and sing a long session. The registered manager had also introduced a 'Skype' facility for people to keep in touch with their friends and relatives. One person told us, "I used to be so bored here as there was nothing to do all day but now every day is different, and we thoroughly enjoy everything that is on offer."

Improving care quality in response to complaints or concerns

- Compliments had been received and recorded by the service.
- The registered manager had introduced a new system that reviewed complaints on a monthly basis to ensure any trends or patterns are identified at the earliest possible stage and an action plan implemented.
- We saw from the complaints log that four complaints had been received. These had been fully investigated and resolved to the satisfaction of both parties.
- A person told us, "I have no complaints about the staff, they are all very caring and professional."

End of life care and support

- No one at the time of this inspection was receiving end of life care however, people's end of life wishes had been recorded where people were happy to discuss this.
- Staff were trained to support people in conjunction with external health professionals when a person came to the end of their life. This was so the person had as dignified and pain free death as possible.
- People's care records contained information about people's end of life wishes. The registered manager had identified that these records were still being developed and confirmed that all the required information would be completed by the end of November 2019 to ensure people's wishes were known.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection systems were not implemented or operated effectively to ensure people received good care. Governance systems did not assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. People's care records were not accurately maintained. 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 registered manager had a much-improved governance system to assess and monitor all aspects of the service.
- Robust records were kept showing what action had been taken to address any shortfalls they identified during their checks. For example, there were now regular manager checks with regard to call audits, dignity in care assessments, monthly tissue viability audits, weekly kitchen hygiene audits and a range of health and safety audits.
 - The registered manager and senior staff carried out various audits which ensured the service was safe and effective, and risks to people's health, safety and wellbeing were effectively managed. They also regularly assessed staff's competence to provide safe and effective care.
 - Staff understood their roles and responsibilities, and what they needed to do to ensure they provided a consistently good service. One staff member explained to us the importance of consistent care in ensuring people made progress and maintained their independence, where possible.
Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
 - The registered manager and staff were committed to providing good quality and person-centred care to people who used the service. One staff member told us about how the service had greatly improved since the new manager had been in post. They told us, "We all know what the expectations of us are and we are working much more as a team and we also feel valued by the manager and the company." Another staff member told us, "Everything has improved, which in turn means people who live at Amberside have a better and more meaningful life. We are supervised regularly now, and the manager's door is always open to us."
 - People and their relatives told us they were pleased with the positive changes that the new manager had implemented. They felt that the staff were more committed in improving the lives of the people they cared

for. One relative told us, "I cannot fault them, it's a much more relaxed and welcoming home and I feel confident that [name] is safe and well cared for by staff that know what they are doing."

- The provider and registered manager had worked hard in completing their action plan ahead of time and had ensured all breaches found at the inspection carried out in December 2018 had been acknowledged, and compliance achieved within the six month timescale.

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; Continuous learning and improving care

- The provider and registered manager understood their responsibility to be open and honest when things go wrong. We saw evidence of learning from the findings of our previous inspection and improvements had been made. It should be acknowledged that although the provider was disappointed with the rating received at the last inspection they had worked extremely hard in conjunction with the registered manager and staff to improve the service for the people who lived at Amberside. The provider had implemented an effective and robust action plan immediately after our last inspection and all failings found had been resolved prior to this inspection being carried out.

- The provider reported relevant issues to CQC and commissioners of the services.

- The provider and registered manager was committed to continuous learning and improvement. They regularly engaged with professionals with expert knowledge in the support and care of people who lived with dementia.

- We received positive feedback from professionals who worked closely with the service. Without exception, they all said people received good care. One visiting professional said, "The manager and staff at Amberside now provide a caring and professional service and this has been improved greatly since the new manager has been in post."

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

- People could speak to staff about their care whenever they wanted, and the registered manager ensured they saw each person throughout their working day in order to discuss any issues or concerns they may have. They also ensured that they always conducted an open-door policy to people who lived at the service, visitors and staff.

- People were invited to provide feedback on the service during residents' meetings, keyworker sessions, care reviews and using the suggestion box within the main entrance hall.

- The provider also conducted a survey to assess whether the service provided met people's needs and expectations. The results of the most recent survey showed people were happy with the quality of their care provided.

- Staff told us they could speak with the registered manager whenever they needed to, and they were always supported by experienced senior staff. Staff said they also benefitted from regular team meetings, where information and learning was appropriately shared. We saw from the result of the most recent staff survey that 100% of staff felt they were happy in their job. All staff felt that they were listened to and valued by the registered manager and provider. One staff member commented on how they felt the care people received at the service was person-centred and that people were happy. Another staff member said, "This home is like a real home for people, with a good budget for activities and all of the staff are friendly, kind and hardworking."

- We reviewed the training programme and found that all staff had been provided with all the necessary training to carry out their role effectively and safely. This included additional training in dementia care and person-centred care. The registered manager implemented the role of champions within the home and now has champions in dementia, nutrition and pressure care and will be recruiting further champions in falls, safeguarding, engagement and meal-times by the end of the year.

Working in partnership with others

- The service worked well with health and social care professionals who were involved in people's care.
- Professionals who commissioned the service felt the provider and registered manager had worked hard to improve the service since the last inspection was carried out and considered they had been proactive in working hard to meet all the requirements. One professional told us, "The manager has kept us informed and updated with all the changes and improvements made at the service and our recent visit demonstrated that the provider and registered manager were committed to providing a good and sustainable service to people."