Graham Abel

Amberdene Lodge

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

Overall summary

Amberdene Lodge is registered to provide care and accommodation for a maximum of 25 older people some of whom may be living with dementia. It is close to the city centre and local amenities are within walking distance. It is also close to public transport routes. At the time of our inspection 11 people were living at the service.

The last inspection was completed on 17 February 2014 and was found to be compliant with the regulations inspected at that time. This unannounced inspection took place on 27 November 2015.

The registered manager had been in post for over 13 years. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had completed safeguarding training and understood their responsibilities to report any abuse or episodes of poor care to enable them to be investigated. This helped to ensure the people who used the service

Summary of findings

were safeguarded from the risk of harm and abuse. Staff were recruited safely and we noted that the service had a very low turnover of staff. Relevant checks were undertaken to ensure prospective staff were suitable to work with vulnerable people. Medicines were ordered, stored and administered safely. Medicine audits were carried out by the service and a pharmacist from the supplying pharmacy to ensure people received their medicines as prescribed from staff who had completed relevant safe medication training. We found that some sink units in people's bedrooms had chipped areas which had become permeable and meant they could not be cleaned effectively; we discussed with the registered manager who confirmed action would be taken to ensure all surfaces could be cleaned effectively.

Staff had completed relevant training which enabled them to meet the assessed needs of the people who used the service. Staff told us they received regular supervision and support. Records we saw confirmed this. People provided their consent before care and treatment was provided and best interest meetings were held when people lacked the capacity to make important decisions themselves. People were supported to maintain a healthy and balanced diet. Choices were offered for each meal and fresh fruit, biscuits and other snacks were offer throughout the day. Relevant professionals had been contacted for advice as required.

People who used the service were supported by kind and attentive staff who understood the importance of supporting people to maintain their dignity and how to respect people's privacy. It was clear staff were aware of people's preferences for how care and support should be provided. People's private and sensitive information was kept confidential by the registered manager and staff.

People or those acting on their behalf were involved with the planning and on-going assessments of their care when possible. We saw records confirming that reviews took place periodically. People participated in a range of different activities; photo collages of different events and outings were displayed within the service. There was a complaints policy in place at the time of our inspection which was displayed at the entrance of the service. This helped to ensure people could raise concerns about the service or the individual care and support.

The registered manager understood the requirements to report accidents, incidents and other notifiable incidents to the CQC. Audits were completed regularly and we saw when shortfalls were highlighted action was taken to improve the service. Questionnaires were completed by people who used the service, their relatives and professionals were which enabled the service to understand people's views and make improvements as required.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff had been trained to recognise signs of potential abuse and knew what action to take to ensure people were safe.

Staff had been recruited safely and were deployed in sufficient numbers to meet people's assessed needs.

People's medicines were managed safely and administered by competent staff who had completed training to administer medicines as prescribed.

Is the service effective?

Good

The service was effective. Staff had completed a range of training which enabled them to effectively meet people's needs.

People who used the service received a wholesome and nutritious diet which was of their choosing. Fresh fruit, snacks and drinks were offered to people throughout the day.

Staff understood the need to gain consent from people before care and treatment was provided and the registered manager ensured current guidance and legislation was followed.

People were supported by a range of healthcare professionals as required.

Is the service caring?

Good

The service was caring. People were cared for by staff who were kind, caring and attentive.

Staff understood people's needs and their preferences for how they should be met. People were treated with dignity and respect.

People were involved in the planning and delivery of their care when possible.

Is the service responsive?

Good

The service was responsive. People's care was reviewed on an on-going basis to ensure they received the most appropriate care to meet their needs.

Staff encouraged people to participate in activities in the service and the community and to maintain relationships with their families, friends and other important people in their lives.

There was a complaints policy in place which provided guidance to people who wanted to complain or raise a concern.

Is the service well-led?

Good

The service was well led. Staff we spoke with told us the registered manager was approachable and extremely supportive.

Quality assurance systems were used to ensure shortfalls were highlighted and that corrective action was taken to improve the service.

The registered manager who had been in post for over 13 years, understood their responsibilities to report notifiable incidents as required.

Amberdene Lodge

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 registered provider was 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 27 November 2015 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We received this information within the required timescale. The local authority commissioning and safeguarding services were contacted as part of the inspection, to ask them for their views on the service and to check whether they had any ongoing concerns. We also looked at the information we hold about the registered provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We watched how staff interacted with people who used the service and monitored how they supported people throughout the day, including meal times. We spoke with three people who used the service and three visiting relatives during the inspection.

We also spoke with the registered manager and the assistant manager, four care staff, a member of ancillary staff, the cook and a visiting healthcare professional.

We looked at three care files which belonged to people who used the service including their medication administration records (MARs) and risk assessments. We assessed how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We reviewed a range of documentation relating to the management and running of the service. Including audits, policies and procedures, questionnaires, meeting minutes, maintenance records, meeting minutes, staff files, recruitment information, training records and staff rotas. We also took a tour of the building.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe and they were supported by suitable numbers of staff. One person said, "Yes, I'm safe and well looked after." Another person said, "There is always enough staff to help me when I need them" and "They come quickly when I use my bell [call alarm]."

People also confirmed that they received their medicines on time and were offer pain relief. One person said, "They look after my tablets and give them to me every morning and every night" and "Yes they ask me if I'm in pain and ask if I want anything for it. Sometimes I need it at my age." Another person told us, "They look after my tablets for me."

Relatives we spoke with told us they thought their family member was safe living at the service. One person explained, "It's very safe, no-one can come in, the staff have to let you in. They use all the equipment to help people get up some it's all done as it should be."

People who used the service were protected from abuse and avoidable harm. Staff we spoke with could describe what signs to look for which could indicate potential abuse and knew what action to take if they had any concerns. One member of staff said, "I'm not frightened to raise concerns, If I thought something was not right, I'd tell the manager and get it sorted" and "I have reported things before, not here but you can't just keep quiet, if you do you are just a bad in my book because you haven't stopped it." Another member of staff told us, "I would raise it with [name of the registered manager] she wouldn't stand for anything like that [abuse, avoidable harm or poor care] happening in here."

Risk assessments were in place to reduce or mitigate known risks to people who used the service including falls, pressure care, mobility, use of stairs, skin integrity and pressure care. Accidents and incidents that occurred within the service were recorded and investigated to ensure preventive action could be taken. This helped to ensure people who used the service were protected from avoidable harm. The registered manager told us, "We use the [local authorities] safeguarding matrix. I report things to them and they will either come and investigate or ask me to do it and send them a report." They went on to say, "I look at the cause of the accident, was it due to the environment or are the person's needs changing, if they are we involve professionals like the falls team, the physio [physiotherapists] or district nurses."

Staff were deployed in suitable numbers to meet the assessed needs of the people who used the service. We saw that dependency assessments had be completed for each person who used the service and were used to ensure staff ensure staffing levels were adequate. To support the 11 people who used the service two care staff and one senior worked throughout the day and two working care staff worked during the night. A cook and ancillary staff were also employed by the service. The registered manager told us they were on call 24 hours a day and staff knew to contact them in the event of an emergency.

Plans were in place to deal with foreseeable emergencies including the loss of facilities or in the event of a fire or flood. Each person had a personal emergency evacuation plan (PEEP) in place which detailed the support they would need if an evacuation was required. The registered manager told us, "We have torches in every room so if we have a power cut the staff will be able to find their way around." This was in addition to the emergency lighting installed at the service.

People were supported to remain safe whilst taking positive risks in the lives. The assistant manager told us, "We encourage people to do what they want to do and make sure we do what's needed to keep them safe." The registered manager explained, "We used to have people that would go out by themselves, not so much now though. We encouraged them to take identification, their medication details and the home's contact information but would not stop them doing what they wanted to do."

We looked at three staff files and saw that relevant checks were completed before potential staff were offered a role with the service. This included an application form, an interview where gaps in work history were explored, a disclosure and barring service (DBS) and the return of two suitable references. We saw staff retention was high and the majority of staff had worked in the service for a number of years.

During the inspection we observed a medicines round, we saw the member of staff did this competently and carefully. They checked people's medication administration records (MARs) before administering people their medicines as

Good

Is the service safe?

prescribed. They took the time to explain to people what the medication was for and asked people if they were suffering from any pain before offering pain relief. PRN (as required) protocols were in place to inform staff when certain medicines should be administered and to ensure people with limited communication did not experience unnecessary pain.

We saw that medicines were stored in a medicines room, which contained a medication fridge and controlled drugs cabinet which enabled medication to be stored in line with the manufacture's guidelines. An audit had recently been undertaken by the service's supplying pharmacy where no issues were highlighted or recommendations made.

We took a tour of the service to check the cleanliness and infection control practices. We saw that six of the sink unit's in people's rooms had chipped veneer which meant they had become permeable and could not be cleaned effectively. The metal strip in between two carpets had lifted and a metal radiator cover was bent outwards We mentioned this to the manager who confirmed they would take action as soon as possible. After the inspection we spoke with the service's assistant manager and were informed that all of the permeable surfaces had been removed or replaced and the metal strip and radiator cover had been fixed.

Good

Is the service effective?

Our findings

People who used the service and their relatives told us they thought they staff had the skills and abilities to care meet their needs. Comments included, "They [the staff] are ever so good", "All the staff know what they are doing" and "I have my favourites but I can't pick faults with the staff."

People told us they could choose what they wanted to eat. One person said, "The food is nice, somethings I don't like, I'm a bit fussy but I tell them [the cook] and they make me something else, anything I want." A visiting relative said, "The food always looks and smells lovely; it's Friday today which is fish day."

Before working autonomously newly recruited staff completed a three month induction programme which consisted of on-going assessments regarding their understanding of their role. Individual aspects such as communication, person centred care, safeguarding, moving and transferring, privacy and dignity, equal opportunities, risk assessments were all assessed along with their knowledge of the registered provider's policies and procedures.

Staff had completed a range of training to ensure they had the knowledge and skills to carry out their roles effectively. This included safeguarding, moving and transferring, infection control, health and safety, food hygiene, falls prevention, lasting power of attorney, advocacy assistance, epilepsy, catheter care, eating and drinking and fire awareness. Staff were supported during one to one meetings with their line manager and yearly appraisals took place. Staff told us there one to one meetings were productive and provided them with an opportunity to talk about individual people's care needs, training requirements and their professional development.

The registered manager told us, "All the staff have achieved at least level NVQ [a national recognised qualification] two, the seniors have level three." One member of staff told us, "I've just done my NVQ level three and have applied to do a nursing degree. [Name of the registered manager] has been brilliant; she has really helped me and been so supportive. I am really grateful." Another member of staff said, "We get great support from [name of the registered manager] and we all work as a team.

People's health care needs were met by a number of relevant healthcare professionals including GPs, emergency care practitioners, falls prevention professionals, chiropodists, speech and language therapists, dieticians and specialist nurses. When concerns were highlighted on-going monitoring of; amongst other things people's general health, sleeping patterns and food and fluid intake were undertaken, to ensure professionals had a clear understanding of people's needs. This helped to ensure people continually received the most effective care even when their needs changed or developed.

Staff described how they would gain people's consent. Comments included, "I always ask people if they want me to help them", "We can only give people care they have agreed to, so I always tell them what I want to do and make sure they are happy with it before I do anything" and "We get consent if different ways, some people can just tell us what they want, some can't and we would involve their families or advocates and have a best interest meeting." Throughout the inspection we heard staff gaining people's consent before care and support was provided.

Capacity assessments were completed appropriately before people had any decisions made on their behalf to ensure they did not have the capacity to make an informed decision about aspects of their care. When it was clear people lacked capacity best interest meetings were held. A best interest meeting is attended by relevant healthcare professionals and other people who have an interest in the person's care, like their relatives or advocates and ensured any decision made on a person's behalf is in the best interests.

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. The application procedures for this in care homes and hospitals are 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 were being met. The

Good

Is the service effective?

registered manager understood their responsibilities in relation to DoLS and had made applications to ensure people were only deprived of the liberties lawfully, in line with current legislation.

People were supported to eat a balanced and nutritious diet. The cook told us, "I ask everyone what they want for lunch in the morning and what they want for tea after lunch" and "We have a menu but I will cook whatever people fancy really, sometimes you just want something different so I will cook whatever they want." Portion sizes and dietary requirements including allergies were taken into account so people could enjoy a varied diet in line with their personal preferences.

We observed people eating lunch in a relaxed atmosphere with big band music playing in the background. Tables were set to look homely and inviting. People were talking amongst themselves, laughing and sharing jokes with staff. People were supported to eat their meals at their own pace by attentive staff. Drinks and snacks including fresh fruit were offered to people throughout the day.

Good

Is the service caring?

Our findings

People who used the service told us they were supported by kind and attentive staff. One person said, "They [the staff] are like angels, they are always there to help me no matter what I need" and went on to say, "They do everything will a smile on their faces, that's how I know they are happy doing their job and they really care." A second person said, "The staff are lovely." Another person told us, "I have just lost someone and the staff have been very supportive, when I'm sad they cheer me up."

A visiting healthcare professional told us, "The staff seem to be very caring my patient has just moved in and has settled really well because the staff have got to know them and made them comfortable. They quickly understood their needs, how to support them and built a very good rapport."

The registered manager told us, "I instil in all the staff that this is their [the people who used the service] home and they need to be treated respectfully." One member of staff said, "I treat everyone in here how I would want my mum to be treated." Another member of staff commented, "My nana lived here. She isn't with us now but my family still come in and see the other residents, that is the sort of place this is. A real family place." We were told by a third member of staff, "If you don't care, you shouldn't care; that's what I always say."

We spent time observing how care and treatment was provided to people who used the service. Staff took the time to sit and talk with people about different aspects of their lives; they shared jokes and laughed together. We saw one person being transferred from a reclining chair to a wheel chair by a hoist. This was done so the person could eat their meal in the dining room with the other people who used the service. Staff completed the transfer quickly and competently whilst engaging the person in conversation and providing encouragement throughout the episode of care.

The registered manager told us that staff would give up their own spare time to support people who used the service to take trips or going on outings. They said, "The staff really do go the extra mile, we have had residents being taken to the Edinburgh festival and someone else went to the set of coronation street."

Staff told us they treated people with dignity and respect; which we observed. There comments included, "I always close doors and curtains; and I always make sure people are covered when providing personal care", "When I use the hoist I always make sure people are not exposed, when we get people out the bath I make sure they are covered", "I always knock on people's door [bedroom door] I don't just barge in, but we do have signs to remind us" and "We are one big family, we all treat each other like we are family, everything is done respectfully."

The registered manager confirmed there were no restrictions on visiting times. They said, "We don't have restrictions; none at all, visitors are welcome at any time." A visiting relative confirmed, "We come whenever we want and are always given a friendly welcome and a warm smile." A member of staff said, "We know all the relatives really well so if they want to stay here until late in the night or have a meal here, we don't have any problems with that."

We saw that effective systems were in place to ensure people's private and confidential information were held securely. Records were held electronically and in paper form which allowed staff to gain access and record relevant information as required. The registered manager said, "We have different log-ins so I can access different information to the assistant manager and the other staff." We saw that people's care plans were locked away when not in use. The registered provider had a confidentiality and disclosure policy for staff to refer to as required. A member of staff commented, "I would never discuss what happens here, it's private."

Good

Is the service responsive?

Our findings

People who used the service confirmed they were involved with the initial planning and on-going delivery of their care. One person said, "Yes I know about my care plan, we have meetings and talk about what help I need and if I'm happy. I am." Another person said, "They listen to what I say and give me the help I need. I am still very independent."

A visiting relative told us, "We came to reviews and talked about [name of person's] care; we always said the same, if she is happy we are happy; and she was."

People who used the service and the relatives we spoke with confirmed they were of the registered provider's complaint policy and knew how to raise concerns. One person said, "I would tell [name of the registered manager] if I had any problems." Another person said, "If I had to complain they would know about it, but they are a good bunch really and I don't need to [raise any concerns]."

We saw evidence that people and their relatives or appointed persons were involved and contributed during their reviews. Initial assessments were carried out before people were offered a place within the service and the assessments or reviews where then used to develop a number of individual and personalised care plans. The care plans we saw where person centred and incorporated the person's abilities and levels of independence.

We saw a range of care plans including, washing and dressing, incontinence, cultural/ethical needs, mobility, bathing, dietary requirements, and skin integrity. Each care plan stated the amount of support people required, the number of staff and people's preferences for how the episode of care was to be delivered. The assistant manager told us, "We update the care plans every six months or whenever we need to" and "If someone comes out of hospital we will review everything and update the care plans." This helped to ensure people received the care and treatment required to meet their needs and in line with their preferences.

We also saw personal profiles had been developed so staff could see what people's preferences were in relation to their morning, afternoon, evening and night routines. 'How best to support me', 'What people admire about me', 'What a good day looks like for me' and 'What's important to me' sections included detailed information about people which enabled staff to gain an understanding of the people they cared for.

People were supported to remain as independent as possible. Staff described how they would encourage people to maintain their independence. One member of staff said, "You get to know what people can do for themselves and what they need support to do, it's really important we help people keep the skills they have and to develop new one's if possible." A second member of staff told us, "I make sure people choose what they want to wear and dress themselves if they can" and "I will provide personal care but always encourage people to wash their hands and face and do what they can for themselves." We saw that adaptations had been made within the service to support people's independence such as grab rails, a passenger lift, raised toilets seats and pictorial signage.

A range of activities were offered to people to ensure their social care needs were met. We saw photo collages displayed within the service which showed people enjoying different activities. A member of staff commented, "We do all sorts, play games, sing songs, reminisce, go on trips out, shopping trips, have parties, they [the people who used the service] have a better social life than me." Another member of staff said, "We are always asking people if they want to do activities, some people always get involved others never do, so we have to find ways of spending time with them on a one to one basis." The registered manager told us, "We have one person who is blind so we have been in touch with the blind institute and got him books on tape and that sort of thing but if I'm honest he isn't that interested, but he loves listening to sport so we always let him know when it's on." The assistant manager said, "Some people love to colour, they find it very therapeutic."

People were encouraged to maintain contact with important people in the lives and to follow their personal interest. The assistant manager told us, "We help people to speak to their families and encourage people to visit as often as they can" and went on to say, "We have a couple of people that like to help out wherever they can, one lady likes to collects the pots and take them to the kitchen and another lady likes to clean and dust her room."

The registered provider's complaints policy was displayed at the entrance to the service. The policy contained information regarding response and acknowledgement

Good

Is the service responsive?

times as well as how the complainant could escalate their concerns if they felt they had received an unsatisfactory response. We saw that when complaints had been received they were responded to in line with the registered provider's policy. The registered manager told us, "We try and learn for any complaints we get, obviously we don't like getting them but try and use them in a positive way." There was evidence that the registered manager used complaints and compliments to motivate the staff team and develop the service as required.

Good

Is the service well-led?

Our findings

People who used the service told us the registered manager was a constant presence within the service any they believed the service was well-led. One person said, "She [the registered manager] is sharp that one, she keeps them [the staff] in line and does a grand job." Another person commented, "The manager is lovely, she is always nice to me, she comes in and says hello; I always look forward to seeing her." Throughout the inspection we saw the registered manager conversing with people and relatives and it was apparent people were comfortable in their presence.

Staff we spoke with were very complimentary and the management style and levels of support they received from the registered manager. One member of staff told us, "It [the service] is really well run, our manager is really good." Another member of staff said, "[Name of the registered manager] is great she is really supportive and you can talk to her about anything." Another member of staff commented, "She [the registered manager] has been brilliant with me, she has supported me in my personal life and given up her spare time to help me, I really appreciate her." We were also told that the manager promoted a fair and open culture within the service and that staff were aware of the roles and responsibilities within the service.

A quality assurance system was in place at the service that consisted of checks, audits and questionnaires. Audits were completed on a bi-monthly basis by the registered manager on specific areas such as food, offering choice, respect and person centred care. Staff conducted audits on a monthly basis on care plans and also spent time gaining the opinions of the people who used the service about, the home in general, staffing, what's working and what's not, menu/food, activities and choices. The registered manger told us, "The staff sitting and asking for people's views has been really useful; far more effective than the service user meetings." We saw changes had been made to the menus, activities and other aspects of the service due to the feedback received. This helped to ensure that the people who used the service were listened to and had an effective and inclusive way to provide their views on how the service was run.

We saw records that provided evidence of regular checks were carried out on the general cleanliness of the service, the building maintenance and the house keeping. Fire alarms, fire doors, emergency lighting and fire exits were checked weekly to ensure they remained effective. Water temperature and legionella tests were undertaken as required.

The service was led by a registered manager who had been in post for over 13 years. The registered manager was aware of their responsibilities to report accidents, incidents and other notifiable events to the CQC without delay. Team and handover meetings were held regularly to ensure staff were fully aware of people's changing needs and developing conditions. A member of staff told us, "The handovers are invaluable, if anything has changed; if some has had an accident or a fall and need different support that's where we are told."

Comments we made to the registered manager about improvements including, maintenance work on sink units, a metal carpet strip and a radiator cover, were assessed and implemented to improve the level of care and safety within the service. The registered manager told us, "We are always happy to improve, anything we can do better we will do." This provided assurance that the service had a learning culture and where open to looking at new ways of working to improve the quality of service provided.

The registered manager told us they attended 'Better Care in Hull' meetings and various commissioning meetings. The service had links with the 'dementia alliance' which enabled them to, as far as reasonably practicable; ensure they provided care in line with best practice. The registered manager told us, "We receive NICE [National Institute for Health and Care Excellence] guidance, MHRA [Medicines Healthcare products Regulatory Agency] and CAS [Central Alerting System] alerts. If any action needs taking we implement it as soon as possible."

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.