Graham Abel

Amberdene Lodge

Inspection report

40-42 Boulevard
Anlaby Road
Hull
Humberside
HU3 2TA

Tel: 01482587774

Date of inspection visit:
17 April 2018
27 April 2018

Date of publication:
12 June 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection of Amberdene Lodge took place on 17 and 27 April 2018 and was unannounced. At the last inspection in November 2015 the service was rated 'Good' in all five key questions. At this inspection we found the service had deteriorated in respect of maintenance of the environment and so the question 'Is the service effective?' was rated as 'Requires Improvement'. However, this has not changed the overall rating of 'Good'.

Amberdene Lodge 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.

Amberdene Lodge is registered to provide care and accommodation for a maximum of 25 older people who may have dementia. It is close to the city centre and local amenities and facilities are within walking distance. It is also close to public transport routes. At the time of this inspection there were 15 people using the service.

The provider was required to have a registered manager in post. At the time of this inspection there was a manager that had been registered and in post for the last 16 years. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that the premises were not sufficiently suitable for providing care to older people and measures had not been taken when developing the service to include features which ensured the environment was 'friendly towards' those living with dementia. We made a recommendation about following the NICE guidance on dementia friendly environments and general upkeep of the décor and furnishings.

People were protected from the risk of harm. The premises were safely maintained. Accidents and incidents were appropriately managed and risk assessed. Equipment was safely used. Recruitment policies, procedures and practices were robust. Staffing numbers were sufficient to meet people's needs. The management of medicines was safe and practices were audited to protect people from harm. The risks of infection were reduced by good infection control management and practices. Systems showed that when things went wrong, lessons were learnt.

People's mental capacity was appropriately assessed and their rights were protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were qualified, competent, regularly supervised and received annual appraisals of their personal performance. Staff respected the diversity that people presented. People's nutrition and hydration needs were met to support their health and wellbeing. The provider worked well with other health and social care professionals. They

supported people well with health care.

People received compassionate care from kind staff that knew about their needs and preferences. People were involved in their care and exercised a right to express their views. Wellbeing, privacy, dignity and independence were monitored and respected.

Person-centred care plans reflected people's needs and were regularly reviewed. People engaged in pastimes and activities and maintained family connections and support networks. Communication needs were assessed and met. An effective complaint procedure was in place and used successfully. People's needs with regard to end of life preferences, wishes and care were sensitively managed.

Quality assurance systems were effective. Audits, satisfaction surveys, meetings and handovers ensured there was effective monitoring of service delivery. Culture was person-centred, friendly and caring. The registered manager understood their responsibilities with regard to good governance and practiced a management style that was open, inclusive and approachable. Engagement and involvement of people, public and staff was effective. The registered manager looked for continuous learning and updated their practice wherever possible. Good partnerships with other agencies and organisations was fostered.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service has deteriorated to Requires Improvement. Premises were not always suitable to meet the needs of people living with dementia and upgrading of the décor and furnishings had not taken place for some time.	**Requires Improvement**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection of Amberdene Lodge took place on 17 and 27 April 2018 and was unannounced. One Adult Social Care inspector carried out the inspection. Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also received feedback from local authorities that contracted services with Amberdene Lodge and reviewed information from people who had contacted CQC to make their views known about the service. We had also received a 'provider information return' (PIR) from the registered provider. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with five people that used the service, two relatives and the registered manager. We spoke with four staff that worked at Amberdene Lodge. We looked at care files belonging to three people that used the service and at recruitment files and training records for three staff. We viewed records and documentation relating to the running of the service, including those in relation to the quality assurance and monitoring, medication management and premises safety systems. We also looked at equipment maintenance records and records held in respect of complaints and compliments.

We observed staff providing support to people in communal areas of the premises and we observed the interactions between people that used the service and staff. We looked around the premises and saw communal areas and people's bedrooms.

Good

Is the service safe?

Our findings

People told us they felt safe living at Amberdene Lodge and that the service was secure. They said, "I am much safer here than at home", "The staff make sure we are protected and I am very much at ease being here" and "I am quite happy that the staff do a good job of keeping us safe. I am pleased with my bed grab rail as it means I am safer getting myself in and out of bed." Visitors said, "My [relative] is much better off here. I have peace of mind that they are safe" and "The home is locked at night and [Name] is quite content here. They never tell me about anything worrying or that would make me feel they are harmed in any way."

The service managed safeguarding incidents appropriately. Staff were trained in safeguarding people from abuse and demonstrated knowledge of their responsibilities and how to refer suspected or actual incidents to the local authority safeguarding team. Safeguarding records were held in respect of handling incidents and the referrals that had been made to the local authority.

Staff used equipment to assist people to move or transfer and we saw that this was used effectively, according to the risk assessments in place. Bed safety rails were in place and these had also been risk assessed for safe use. Where it was considered appropriate people were asked if they would like the use of adaptive cutlery and crockery aids so that they could maintain their independence.

People had other risk assessment documentation in place to mitigate any risks to their health and welfare. These covered, for example, pressure and skin integrity, nutrition, falls, medicines, safe environment and quick evacuation from the building in the event of a fire or other premises emergency. While risk assessments were suitable, the personal emergency evacuation plans were lacking specific detail to individuals. They were generic and required some minor improvement to ensure they related to people's specific individual moving and handling needs. These had been amended by the second day of our inspection.

Accidents and incidents were appropriately addressed, recorded and monitored to prevent them re-occurring. Accidents involving equipment or resulting in injuries where changes occurred to people's bodily structure and required hospitalisation were reported using the appropriate legislation. Those people having multiple falls were referred to the local authority falls team for assessment and support.

Maintenance safety certificates for utilities and equipment used in the service were all up-to-date. Audits were carried out to ensure fire safety and equipment safety measures were followed. All of this ensured people, staff and visitors' safety.

There was a robust recruitment procedure in use which ensured staff were suitable for the job. Staff files we looked at contained consistent documentation for the vetting and screening of candidates. We were told by the registered manager, and it was confirmed by the service user, that one of them usually popped into candidates' interviews to have a chat as part of the recruitment process.

Staffing rosters corresponded with the numbers of staff on duty during our inspection. People and their

relatives told us they thought there were enough staff to support people with their needs. Staff told us they covered shifts when necessary and found they had sufficient time to carry out their responsibilities to meet people's needs. At times the staffing complement was two care workers, a cook, cleaner and the registered manager. Sometimes only two care staff worked; usually in the late evening and throughout the night.

Medicines were safely managed. The storage room temperature was monitored so that medicines did not get too warm and spoil. Medicines were safely and securely stored, stock controlled, recorded in and out of the building and signed for on medication administration records (MARs) when administered to people.

Systems in place ensured that prevention and control of infection was appropriately managed. The premises were clean, staff had completed infection control training, followed guidelines for good practice and had personal protective equipment that they required to carry out their roles.

Requires Improvement

Is the service effective?

Our findings

People told us they thought staff were trained and skilled, that meals were generally good and their health needs were met. They said, "Staff are good lasses and know what to do. Though I don't' always like the cook's food. I see my doctor when I need to though I haven't seen him for over two years. I guess I don't need to", "The food is fine. I usually eat everything I'm given. Staff are good" and "I talk to the girls all the time. They are my friends. The food is very nice." Visitors said, "[Name] likes foreign foods and so finds the food here a bit bland, but there is nothing wrong with it" and "My [relative] says they enjoy the food and always has plenty."

People's needs for a clean and comfortable environment were met by the premises that was kept in a clean condition and contained furniture and soft furnishings for their use. However, the premises were not adapted to meet the needs of people living with dementia, nor had they been appropriately maintained to ensure the décor and some furnishing were of a sufficient standard. The communal lounges and dining room were suitable, but communal toilets and bathrooms and the kitchen had worn and damaged floor coverings and needed some retiling. Bedrooms were very tired, worn and in need of redecoration, some commodes and cupboard/drawer doors and handles were damaged, some bed linen was worn and discoloured and some carpets were worn, faded or smelled unpleasant.

All of these were pointed out to the registered manager and provider who agreed that they needed attention. A weekly monitoring sheet had been used to record checks on bedrooms and these showed that the registered manager had been identifying problems with furniture and carpets, for example, for the past year. Some minor repairs had been completed by the provider and their associate: both took up the role of handyperson when required, but several issues were still outstanding. The provider explained to us that low occupancy levels had been a concern for the past three years and this had impacted on the financial means to ensure the premises were being invested in. Some people has spent respite stays there but no one had moved in to use the service on a permanent basis for some time.

For those people that used the service who were living with dementia, the signage and environment was not as conducive to meeting their needs as it could have been. Bedrooms doors had signs (pictures) of items that related to people's personalities or interests. However, carpets, furniture fabrics and curtains were patterned and did not ensure people could navigate their environment easily.

We recommend the provider looks to reputable sources, for example NICE (National Institute for Health and Care Excellence) guidance Statement 7, on how to improve the general environment for people living with dementia so that it meets their needs and makes improvements as identified for everyone that uses the service.

People's needs and choices were assessed before a care plan was produced for them. This was achieved by speaking to people, their family members and care coordinators and observing them in the early days in the service. A person-centred approach was used for gathering this information and considered people holistically.

Staff explained about the training they completed and this was evidenced in their files, which showed that training was up to date and relevant. Many of the staff had worked at the service for several years and were extremely familiar with the building, its facilities and the resources available to them. They also had long-standing relationships with some of the people that lived at Amberdene Lodge and understood their needs well.

Staff completed induction to their roles, received regular one-to-one supervision and took part in a staff appraisal scheme. These were all evidenced from documentation in staff files and via discussion with staff.

Discussion with staff revealed the service provided people with meals that respected their religion, culture and dietary preferences. Although there was no one with any particular dietary needs beyond those of simple English cuisine, one person liked to have spicy food from time to time and this was provided on an individual basis. People were asked about their menus choices each day and these were recorded and the food provided.

Two people had diet controlled diabetes and so the cook ensured they had low sugar dishes and fruit alternatives. People made their choices known regarding nutritional needs in 'residents' meetings and reviews and could also speak informally to the cook. Staff sought the advice of a Speech and Language Therapist (SALT) when needed and provided support to anyone that required it. All of this was carried out according to information in the nutritional risk assessments.

People and their relatives were consulted about medical conditions and staff confirmed they liaised closely with healthcare professionals. Health information was collated and reviewed with changes in people's conditions and passed over in handovers or staff meetings. People saw their doctor on request and the services of the district nurse, chiropodist, dentist and optician were accessed whenever necessary. Health care records held in people's files confirmed when they had seen a professional and the reason why. Staff followed healthcare professionals' advice and instructions to ensure people's health was monitored and improved.

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 interest 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 interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called 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. We found that those people assessed by the local authority as having no capacity also had best interest decision documentation about their health and safety and DoLS in place where their freedom might be restricted. These ensured people's legal rights were being upheld with regard to their placement in the service, the care and treatment they received and any restrictions placed on their liberty and freedom of movement.

People's files showed their rights were upheld, for example, to exercise their faith, regarding dietary needs and activities or relationships with each other, staff and family members. People consented to care and

support from staff either by verbally agreeing to it when offered or cooperating through their body language and accepting support when staff offered their assistance.

Good

Is the service caring?

Our findings

People we spoke with told us they got on very well with staff and each other. They said, "I get on much better with the staff than the other residents", "We have some fun together and the staff are very smiley", "I find everyone is alright and people are definitely very kind", and "No one bothers me much. I prefer my own company sometimes." Visitors said, "Not everyone has capacity and that makes it difficult for [Name]. They sometimes struggle to talk to anyone other than staff" and "My [relative] tells me the staff are friendly and I have always found everyone to be polite whenever I visit."

We saw there was a copy of a poem entitled 'Look Closer' by Phyllis McCormack (1966) to the front of each person's care file and the registered manager told us that all staff received a copy as well. This was used to help staff understand that while people may now be dependent and living with dementia they were still individuals with unique personalities and maybe reliving their memories over and over again. Therefore, they were also to be respected and recognised for who they had been in the past, with responsibilities, loved ones to cherish and many years of experience living independently in the community.

We observed staff interactions with people that use the service and found these to be cheerful, respectful, sometimes a little hurried, but considerate and caring. Staff demonstrated a lot of empathy for people's situations and always tried to lighten their day or encourage a smile. The registered manager told us that staff often visited people or took them out on their days off and gave of their time and efforts beyond what was required of their roles. For example, one staff baked a lot at home and always brought cakes to work for everyone: people that used the service and staff. Another staff member often took one person to the cinema in their own time and several staff gave up their days off to take people on weekend breaks if they wished to.

At the time of our inspection we were told that people and staff with diverse needs were adequately provided for. We saw that everyone had equal opportunities to receive the support they required, had polite and friendly relationships with the staff and were treated as individuals with particular needs to be met according to their individual wishes and choices.

There were arrangements in place for a Methodist Minister and a Church of England Reverend to visit the service, for people to attend the local church and for watching religious services on the television. Those who used wheelchairs to mobilise were included in all of the activities that ambulant people undertook and every effort was made to ensure they had equal opportunity to join in, as on outings to the local shops, for example. We were told about four staff members with particular diverse needs that were also appropriately provided for.

People's communication needs were assessed and efforts made to enable them to make their views known. Anyone without sight was assisted by staff who ensured they firstly addressed the person by name, used touch to direct their hand to food and drinks and guided them with clear directions when mobilising. Audio aids were used so that people obtained the information they needed.

Those living with dementia were carefully monitored to detect changes in their needs and health. Any verbal communication they made and any physical signs that people gave as an indication of their needs were latched onto in order to learn their means of expression so that staff could follow these next time. Staff had become familiar with people's modes of expression, their habits and any changes in their demeanour and therefore understood people's communication needs. Communication charts were used in people's care files to show how these needs were expressed and one person had alphabet communication cards to make their views known. The registered manager was aware of the Accessible Information Standard and assessed and addressed people's communication needs appropriately.

People had access to a 'statement of purpose', a 'service user guide' and a 'residents bill of rights' to provide them with information about Amberdene Lodge and what they could expect from the provider and staff. We were told by the registered manager that advocacy services were available if required and one person was using these. Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them.

We discussed privacy and dignity with staff, observed how they approached people and asked people about how they were treated when supported with personal care. We found that staff were discreet, respectful and careful to maintain people's privacy and dignity so that no one was ever in a situation where their dignity was compromised. Staff were mindful of how they provided support to ensure people received a dignified service.

Good

Is the service responsive?

Our findings

People told us their needs were being met with regards to care, support and entertainment, but sometimes they wanted to go out a bit more. They said, "I have everything I need here and the staff are very helpful, but I just wish I could go out more often. I like to do crosswords but need staff to read out the clues now as my eyesight is not so good" and "It's okay here and I do go out with staff, but would go out every day if I could."

Visitors said their relatives went out with them on occasion and their needs for personal care were appropriately met, but that maybe a bit more in-house entertainment could take place. When we mentioned this to the registered manager they told us that people were taken to the local shops, cafés and stores as much as possible but not in poor weather as they found it unbearable. They told us staff led impromptu activities such as quizzes, sing-a-longs and karaoke and that festive events took place around Easter, Halloween and Christmas.

Activities were held in-house with staff who told us that people sometimes joined in with craft sessions, quizzes and themed events. We saw items in place for simple pastimes, including table top board games, floor games, magazines, newspapers and puzzle or reference books. One person often went out shopping and so a staff member accompanied them and usually took along someone else, who might have mobility difficulties, in their wheelchair. One staff member's children visited with pictures they had drawn for people and they sometimes stood on the raised area in the lounge to sing and dance to them. Staff also used this area to sing to people and deliver a pantomine to them at Christmas. Some photographs around the service evidenced where people had been and what they had joined in with over the past months.

Plans were in place to mark or celebrate the forthcoming Royal wedding, St George's and St Patrick's day, Burns night and the grand national horse race. There was usually an annual trip to Hull New Theatre and this year people and staff were going to see a musical, while impromptu visits to The Deep also took place.

People were encouraged to maintain their life skills and helped in the dining room, for example, to set places and clear crockery and in the kitchen to dry teacups after being washed. This helped with people's sense of purpose on a daily basis.

Care files contained all of the documentation required of the legislation to enable staff to know about and assess people's needs, identify and mitigate the risks they faced, document the support needs they had and monitor and review the care and treatment they received. Care plans were formatted to include people's 'strenghths and needs, the plan of care, who was responsible to carry it out and the frequency it should be completed.' A new format was also being introduced on similar lines. Care plans covered needs based on the five senses, skin integrity, personal care, mobility, nutrition, night time routine, medicines, culture and belief, continence, likes, dislikes and social preferences.

The registered provider had a complaint policy and procedure in place. Records held on complaints showed that they were handled within timescales. We were told by staff that most complaints were

addressed quickly at the point of people making them known. Only one had been made in the last 12 months and this had been appropriately addressed. People tended to make their 'niggles' known straight away and staff resolved them as they did so. This meant that formal complaints were rarely made. Compliments were also recorded in the form of letters and cards and there had been eleven sent to the service in the last year.

People were supported to have a pain free and dignified death and could remain in the service or choose to die in hospital. People completed a document entitled 'Reach Out to Me' to state their preferences and wishes for end of life care.

Good

Is the service well-led?

Our findings

People told us they thought the service had a pleasant, family orientated atmosphere. They said, "It's a friendly place, where I get on well with people" and "I like living here as the manager is lovely and I am close to the local shops when I want to go out." Relatives told us they felt welcome when they visited, had good relationships with the registered manager and staff and found the service to be well run.

Staff were aware of the values they were expected to follow in their roles, those of having respect for people, being caring and enabling independence. They said the culture of the service was friendly and caring.

The provider was required to have a registered manager in post and on the day of the inspection the manager had been registered for the last 16 years. Staff told us the registered manager was approachable, supportive, flexible and enabling. One staff said, "You couldn't get a better manager." The registered manager understood their governance responsibilities and ensured quality performance, risk and regulatory requirements were monitored and mitigated.

The provider had an annual plan for the areas of service delivery to be audited and quality audits were completed on a regular basis. Checks were made and the information collected, but this was not analysed to inform an action plan system that identified improvements needed. Work was completed in certain areas after being documented in a 'jobs to do' booklet to show that some shortfalls were resolved and action was taken to address other issues and recorded. However, feedback was not provided to people about the improvements made.

The holding meetings for people that used the service and relatives also took place, where such as food, activities, complaints and outings were discussed. Relatives confirmed they had attended relatives' meetings and found these to be useful. Staff meetings were held to obtain their views of how improvements could be made to the service and to raise any concerns about individual people.

The registered manager was aware of the need to maintain a 'duty of candour'; the responsibility to be honest and to apologise for any mistake made in the delivery of the service. Notifications were sent to the Care Quality Commission and so the service fulfilled its responsibility to ensure this requirement of their registration was followed.

We saw there was an annual survey issued to people and their relatives, the latest one having been in January 2018. Where any concerns had been raised we saw these had been addressed by the registered manager. d no one to play dominoes with. These had been addressed promptly by the registered manager.

Staff encouraged people to have strong links with the local community, where possible, through religious affiliation, schools and by visiting local services and businesses: shops, stores and cafes. Relatives played an important role in helping people to keep in touch with the community by supporting them to go out and bringing the outside world into the service.

The registered manager looked to continuous learning around best practice, updated their learning and practice at any opportunity and worked towards improving the service by searching for new ways of service delivery and the means of sustaining them.

The registered manager and staff worked well with officers and professionals of other organisations, such as doctors, district nurses, community psychiatric nurses and local authority personnel. Information was shared appropriately and joint working practices were effective to ensure people's needs were met. The service fostered partnerships with other agencies and organisations by maintaining good working relationships with them, sharing information and listening to and acting on advice when it was offered.

The provider was registered with the Information Commissioner's Office and aware of the new European data protection requirements coming into force in May 2018. Records were securely held and people were confident their personal data was safely handled.