

Amber Care (East Anglia) Ltd

# Amber Lodge - Lowestoft

## 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

Amber Lodge is a residential care home registered to provide support to 13 people with a learning disability.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

People told us they felt safe living in the service. Risks to people were appropriately planned for and managed. Medicines were stored, managed and administered safely.

People told us there were enough suitably knowledgeable staff to provide them with support and guidance when they needed it.

Staff had received appropriate training, support and development to carry out their role effectively. Plans were in place to develop upon the skills and knowledge of the staff team.

People received appropriate support to maintain healthy nutrition and hydration.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). 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.

People told us staff were kind to them and respected their right to privacy. People said they were enabled and supported to live as independently as possible. Our observations supported this.

People told us they were encouraged to feed back on the service and participate in meetings to make decisions about activities and household matters.

People received personalised care that met their individual needs and preferences. People were actively involved in the planning of their care. People were enabled to access meaningful activities and follow their individual interests.

People told us they knew how to complain and felt they would be listened to.

The manager instilled a culture of openness and transparency within the service. Staff and people using the service were invited to take part in discussions around shaping the future of the service.

There was a robust quality assurance system in place and shortfalls identified were promptly acted on to improve the service.

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.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# Amber Lodge - Lowestoft

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

This comprehensive inspection was carried out by one inspector on 05 and 11 April 2017 and was unannounced.

Prior to the inspection we reviewed the contents of notifications received by the service. An up to date PIR had not been requested prior to our visit. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we spoke with six people using the service, three care staff and the registered managers.

We reviewed five care records, three staff personnel files and records relating to the management of the service.

## Is the service safe?

### Our findings

People were protected from avoidable harm and abuse. People told us they felt safe living in the service and that staff made them feel safe. One person said, "I have never felt unsafe, no I have not." Another person told us, "[Staff] always [here] to check things and if I am scared." One other person commented, "You do feel safe here." People received support from staff who demonstrated that they understood how to enable people to remain safe. This included how to recognise and report abuse.

Risks to the service and individuals were well managed. Records demonstrated that there were comprehensive risk assessments in place for people. These set out control measures to reduce the risk. The service was proactive in ensuring that these control measures did not restrict people's independence.

Staff continued to be proactive in reducing the risks to people. For example, one person told us that staff had recently begun providing support to people to cross the road outside the service safely. They said this was because traffic on the road had worsened and they felt scared to cross alone.

People told us and we observed that there continued to be enough staff to meet their needs. One person said, "[Staff] got time to sit and play games. We do all sorts, I get a chat when I want one." Another person told us, "[Staff] have time for me." One other person commented "There is lots of us and we have fun together. If you need help then you can always get it."

Staff told us that the staffing level continued to be appropriate to the needs of the people using the service. The manager told us this was constantly under review and had been increased recently due to a change in one person's support needs.

Medicines continued to be stored, managed and administered safely. People told us they continued to receive their medicines when they needed them. One person said, "I know what [medicines] for and why I get them. If I have a pain in my head I can ask for [tablet] to help me." People received their medicines as intended.

## Is the service effective?

### Our findings

People told us and we observed that they continued to be supported by appropriately skilled and competent staff. One person said, "I think they know things they need to." Another person commented, "They are so smart they know everything."

Staff told us that they had the training and support they needed to carry out their role effectively. Records demonstrated that staff received appropriate supervision and appraisal. These sessions were focused around developing the skills and knowledge of the staff team. In these sessions staff were offered the opportunity to request training and discuss career progression.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and authorised where appropriate.

Staff continued to demonstrate they understood MCA and DoLS and how this applied to the people they supported. Staff continued to encourage people to make decisions independently based on their ability. We observed that staff knew people well, and this allowed them to support people to make decisions regardless of their method of communication.

People told us they were happy with the food they were served and were actively involved in the preparation of food and drink. One said, "Mmm very good food. Always nice. I don't use the cooker because its hot but I peel the potatoes and do mixing. I can make a nice hot drink." Another person told us, "Food nice. Fish and chips on Friday. Did baking yesterday, really nice." We were shown menu's which people could choose their meals from. We were told these had been recently reviewed to reduce their sugar content due to one person becoming borderline diabetic. The support people required to maintain healthy nutrition and hydration was set out in detail within their care records. Observations supported that people were given the practical support they needed to prepare and eat their meals. Care was taken to ensure people's independence was encouraged.

People were supported to maintain good health. The manager and care staff continued to have a good working relationship with external health professionals such as psychiatrists, GP's and dentists. Records demonstrated that they were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing.

## Is the service caring?

### Our findings

People told us and we observed that staff were kind and caring towards them. One person said "They're the best people, my friends and I love them." Another commented, "I like all the staff. I like [manager] and especially [keyworker]." One other person told us, "They [are] so funny and we do things together I like."

We observed that staff continued to engage with people in a friendly and thoughtful manner. People's requests for support or individual one to one time were answered by staff without delay. For example, we observed one person ask to speak with a staff member privately and saw that this request was met immediately by the staff member.

People told us that they continued to be involved in making decisions about their care. When we asked if people knew where their care records were kept in the home, people were able to direct us to the area where these were securely stored. People were able to tell us about the kinds of information contained in their care records which gave us assurances that they had been involved in the planning of their care. One person had hand written some of their care record to reflect their likes, dislikes, hobbies and interests. Other people had signed their care records where they were able. Where people were unable to participate in the planning of their care, relatives and other professionals were involved in making best interest decisions appropriately on their behalf.

People told us that their privacy was respected by staff. One person said, "When I go in my room they knock always and they know when I want to be left alone." People's care records included information about when they wished for privacy whilst carrying out tasks such as personal care. These wishes were respected by staff and plans were put in place to control risks whilst upholding the persons right to privacy.

People were encouraged by staff to remain as independent as possible and develop life skills such as cooking, cleaning and road sense. Care records made clear what tasks people needed support with and what they could do for themselves. We observed staff encouraging people to be independent, such as encouraging them to practice making their own drinks when they asked staff to do this for them.

## Is the service responsive?

### Our findings

People told us that staff knew them well. One person said, "Good friend, know what I like. Do things with me, baking and games." Another person told us, "They spent a lot of time with me and know how I like things." This was supported by our observations and speaking with staff about people's needs.

The service continued to ensure that people's care records were personalised to include information about them, such as their hobbies, interests, preferences and life history. This information enabled staff to support people to engage in meaningful activity they enjoyed. Each record also contained a summary of the persons needs and preferences designed to accompany them to hospital or visits with other professionals. This ensured that people received continuity of care.

The service continued to support people to engage in meaningful activity and maintain a healthy social life. The support people required to access activity both within the service and the community was assessed so that there were always enough staff available to support people with activities. People told us about the activities they did in the service. One person said, "We are having Easter party this weekend with an egg hunt, board games and we are all going to be here." Another person said, "Watch TV, go to [day service], went to Legoland. Theatre. Elvis night." Staff told us about the holidays people took each year, and we were shown photographs of people's holidays in the previous year. We were told people were given the opportunity to take different holidays based on their preferences. This was supported by the minutes of house meetings where people had discussed destinations for holidays.

The service routinely listened to people to improve the service on offer. The service continued to encourage people to feedback on the service. One person told us, "You can tell [manager] anything." Another person commented, "If you not happy everyone will listen but I am always happy." This was demonstrated by the minutes of several house meetings where people's views and opinions were documented. We saw that people had been asked to have input in the development of new menus, and people's suggestions had been used to create these.



## Is the service well-led?

### Our findings

There was a registered manager working at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Statutory notifications received showed us that the manager understood their registration requirements.

The registered manager continued to promote a positive, transparent and inclusive culture within the service. They actively sought the feedback of people using the service and staff. Staff and people using the service told us they felt able to talk to the manager about anything they wished. We saw evidence to support that people's views were used to influence what happened in the service. For example, we saw that things people suggested in meetings such as activities or new meals for the menu's were actioned.

The service continued to maintain good links with the community and other care services in the local area. The service is part of a group of similar services owned by the same provider. The managers of these services regularly meet to discuss best practice and share experience. The manager also attended other externally organised meetings, such as on infection control, to ensure they kept up to date with best practice.

The registered manager continued to assess the quality of the service through a regular programme of audits. We saw that these were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly.

The manager told us about activities and events planned for the coming months. They also told us about changes to staffing, new training courses and decorative work to be carried out in parts of the service. This demonstrated to us that the manager was committed to continual change and improvement. The manager of the service demonstrated to us that they were learning from incidents and events that happened within the service. For example, we were told the staffing level had recently been increased following an incident at the service.