

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

About the service:

Amber Lodge provides accommodation and personal care for up to 13 people with a learning disability. At the time of our visit 12 people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 13 people. 12 people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size.

What life is like for people using this service:

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People who live at Amber Lodge have their needs met by sufficient numbers of suitably trained staff. People told us staff were nice to them and this confirmed our observations.

Medicines were managed and administered safely. Checks were carried out to ensure shortfalls could be identified promptly.

Care records were very personalised and reflected people's needs and individuality in sufficient detail, including the specific routines staff needed to follow. Risks to people were identified, monitored and managed.

People were supported to live full and active lives, taking part in clubs and meaningful activities aligned with their individual hobbies, interests and wishes.

People were offered a choice of meals which met their nutritional requirements and received appropriate support from staff with eating and drinking.

The quality assurance system in place to monitor the service provided to people was robust and capable of identifying areas for improvement. People made positive comments about the registered manager.

The service worked well with other organisations to ensure people had joined up care. People were supported to have input from external healthcare professionals in a timely way.

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):

At the last inspection the service was rated Good (Report published 9 June 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

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 ●

Amber Lodge - Lowestoft

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Amber Lodge is a care home for people with a learning disability. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service has a manager in place who is registered with the Care Quality Commission. They and the provider are legally responsible for how the service is run and for the quality and safety of the care provided in line with the Health and Social Care Act 2008 and associated Regulations.

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. This included details about incidents the provider must notify us about. 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. We used all this information to plan our inspection.

During the inspection

We spoke with two people using the service. We observed the interaction between care staff and people

using the service.

We spoke with the deputy manager and two care staff. We looked at two records in relation to people who used the service. We also looked at staff files and records relating to the management of the service, recruitment, policies, training and systems for monitoring quality.

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 the service was rated 'good' in this key question. At this inspection we found the service remains rated 'good' in this key question.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the service.
- Staff had received training in safeguarding and were aware of where they could report concerns to.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed effectively. Clear risk assessments and management plans were available for staff to refer to. The service enabled people to take 'positive risks' to promote their independence.
- Risk assessments relating to the environment were in place. This included evacuation plans. These had been kept under review to ensure they remained accurate.
- Equipment such as fire detection systems, hoists and water quality were regularly tested for safety.

Staffing and recruitment

- We observed that the staffing level was appropriate, and people received support and interaction from staff in a timely way. There were enough staff to spend meaningful time with people and this included taking them out to places of their choice.
- The registered manager kept the staffing level under review and this was flexible in line with people's needs.
- The service had robust procedures to ensure staff were suitable to work with vulnerable people. This included carrying out checks to ensure people did not have criminal convictions which may make them unsuitable for the role.

Using medicines safely

- Medicines were managed, monitored and administered safely.
- The service had recently changed the system for medicines administration due to changes in how it was provided by the pharmacy. The deputy manager told us extra checks had been implemented to identify any shortfalls in medicines administration. They also showed us records to confirm staff had their competency checked when the medicines system changed.

Preventing and controlling infection

- Some improvements were required to the cleaning of communal areas. For example, dining chairs were soiled and required cleaning. Some toilets were not sufficiently clean.

- Shortfalls in cleaning had been identified in audits and had been discussed in a recent staff meeting. Plans were in place to address these shortfalls.
- Staff had access to appropriate protective clothing (PPE) such as gloves and aprons to use when providing personal care to people or supporting with meals.

Learning lessons when things go wrong

- Whilst accidents were rare in the service, these were appropriately recorded when they did occur. Records confirmed that these accidents were reviewed by the management team and investigations into the causes of accidents were recorded. Consideration was given to whether actions were required to reduce the risk of reoccurrence.

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 the service was rated 'good' in this key question. At this inspection we found the service remained 'good' in this key question.

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.

- The service carried out comprehensive assessments of people's needs before they came to live at the service. Whilst new admissions were rare, care was taken with an upcoming new admission to ensure the compatibility of them and people currently using the service.
- Care plans were written in a way that reflected best practice guidance, such as that produced by the National Institute for Health and Care Excellence (NICE).

Staff support: induction, training, skills and experience

- Staff received appropriate training for the role. They were supported to carry out qualifications to enhance their knowledge and experience if they wished.
- Staff had supervisions and appraisals where they could raise concerns and discuss training or development. The competency of staff was monitored to ensure that training was effective.

Eating, drinking and a balanced diet

- People received appropriate support to eat and drink, including support to prepare their meals in line with their assessed needs.
- People were supported with making healthy and balanced choices to reduce the risk of poor health.
- People's preferences were considered when planning meals for the coming week. People were asked at regular meetings what meals they would like on the menu.
- The service assessed and monitored the risk of malnutrition and dehydration. The registered manager monitored people's weight monthly. Plans were in place to guide staff on how to reduce the risk of malnutrition, obesity and dehydration.

Supporting people to live healthier lives, access healthcare services and support

- The support people required to visit external healthcare professionals such as GP's and psychiatrists was set out in their care plans.
- There were grab sheets in place designed to accompany people to appointments or in the event of a hospital admission. These set out people's needs in detail so staff working for external organisations could offer them continuity of care.
- Records were kept of the contact people had with other healthcare professionals and the advice which was provided. This was transferred into care planning where required.

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

- The décor was pleasant and well maintained. People had input into how their home looked. People's bedrooms were all decorated differently according to their individual likes and interests. One person told us, "I just got new bedding, new cushions. I am getting new curtains."

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 with appropriate legal authority. In care homes 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's capacity to make specific decisions was assessed and plans were in place to guide staff on how people should be supported with decision making. DoLS applications had been made where appropriate and any conditions were met.
- Staff understood how people with limited verbal communication could indicate consent or make decisions. This included the use of picture boards.
- People using the service were supported to make day to day decisions individually. We observed people attended different clubs or day services according to their preferences. People were also supported to go on different holidays or undertake different activities. This meant we were reassured people's individuality was upheld.

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 the service was rated 'good' in this key question. At this inspection we found that the service remained 'good' in this key question.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us the staff were nice to them and that they got along well. This confirmed our observations of staff interaction with people.
- We observed pleasant interaction between staff and people, such as a staff member dancing with one person to a song they enjoyed.
- It was clear from our observations and discussions with staff that they knew people well. People's care records contained detailed information about them such as their routines, likes and dislikes. This meant staff were able to provide them with individualised care.

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

- Where people were able to participate in their care planning, this was recorded. One person had hand written a care plan which included all the information they felt it was important for staff to know about them. Other people had been supported to sign their care plans to say they understood the content.
- The service understood their role in supporting people to make decisions about their healthcare options. Records were kept of these discussions and the outcome.

Respecting and promoting people's privacy, dignity and independence.

- People's independence was promoted. Care planning made clear the parts of tasks people could carry out independently and when they may wish for privacy.
- Our observations demonstrated that staff treated people with dignity and respected their right to privacy. This included ensuring they asked permission before entering people's bedrooms and asking if they could support them with a task.

Is the service responsive?

Our findings

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

At the last inspection the service was rated 'good' in this key question. At this inspection we found that the service remains rated 'good' in this key question.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- It was clear from observations and reviewing records that people received personalised care. Staff demonstrated a good knowledge of people's needs, preferences, likes and dislikes. This meant they could offer them personalised care.
- Care records were individualised and contained a lot of information about people's routines, preferences, hobbies and interests.
- Where people sometimes displayed behaviours staff may find challenging, information about how to support the person was clearly set out in their care records. This included information about how staff could de-escalate the situation to avoid placing restrictions on people.

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.

- Information was communicated to people in a way they could understand, considering their individual communication needs. Care planning set out the way in which information needed to be communicated to people, such as in short sentences or using certain words.
- Where people were unable to verbally communicate, there was information about the other ways they may communicate. For example, through their behaviours or through specialist communication methods such as sign language.

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

- People were supported to take part in activities of their choice and to live full and active lives. We observed that people went to different day services or club's dependent on their individual interests.
- The support people required to maintain relationships with people important to them was set out in their care records. This included recording the birthdays of important people in their lives, so they could be supported to send a card.

End of life care and support

- People using the service were younger, and no one was approaching the end of their life. However, where

the service was aware of any specific preferences people or their relatives had, these were recorded.

Improving care quality in response to complaints or concerns

- There was a suitable complaints policy in place which was displayed in a communal area and relatives told us they knew how to complain.
- One person had made a complaint about the behaviour of another person using the service. Records confirmed the registered manager had carried out an investigation which included discussions with both people. Records confirmed the complaint had been resolved to the complainant's satisfaction.

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 the service was rated 'good' in this key question. At this inspection we found that the service remains rated 'good' in this key question.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility and continuous learning and improving care

- There was a robust quality assurance system in place which was capable of identifying areas for improvement.
- The provider carried out regular comprehensive audits of the service. Audits were carried out on areas such as infection control, care planning, medicines and the maintenance of the building. Checks were also carried out on equipment such as hoist slings to identify whether these required replacement.
- Recently, it had been identified that improvements could be made to cleaning. This had been discussed at a staff meeting and plans were in place to drive improvement in this area.

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

- The registered manager and other staff completed a program of audits. These included audits of medicines, water temperatures, cleanliness and the maintenance of the building/equipment. This ensured any shortfalls could be identified and promptly acted upon.
- People made positive comments about the registered manager, telling us they were nice to them.
- Notifications and referrals were made where appropriate. Services are required to make notifications to the Commission when certain incidents occur.

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

- Regular meetings were held with people using the service to enable them to express their views. People were asked about meal planning, changes to the home environment, new staff and holidays for the coming year.
- People had been involved in discussions about someone new moving into the service. The person had visited the service numerous times to eat with people, so their compatibility could be assessed. People had been asked about whether they would be happy for the person to move in. This meant we were reassured people were involved in big decisions affecting the household.
- Regular meetings were held with staff about the running of the service and the people they cared for, to ensure they kept up to date with any changes or areas for improvement.

Working in partnership with others

- The registered manager and provider had positive relationships with healthcare professionals who supported people using the service. They also had good links with the managers of other services owned by the provider to share experience, knowledge and best practice.