

Mrs Jennifer Grego

Amethyst Lodge

Inspection report

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Date of inspection visit:
12 February 2020
14 February 2020

Date of publication:
17 March 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Amethyst Lodge is a residential care home providing accommodation and personal care for adults with learning disabilities, autistic spectrum disorder, and mental health needs. The service is registered to accommodate up to four people and there were four people living at the service at the time of the inspection.

Amethyst lodge comprises one bungalow with four separate bedrooms, each with an en-suite. There is a large communal lounge / dining room, and kitchen facilities. There is also an outside space which people can access.

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.

People's experience of using this service and what we found

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.

Risks had been assessed and those identified were safely managed; however, for some people these were not always accurate, updated, or in place. Staff showed a good understanding of their roles and responsibilities of keeping people safe from harm. Medicines were managed safely, but some documentation needed improvement, as well as the need to review medicines procedures for people when they are out. The provider had recruitment checks in place to ensure staff were suitable to work in the service. Staffing levels had improved and people were going out more; the provider understood that they would have to continually review staffing levels due to the often unpredictable and complex needs of people living in the service.

People were supported by staff who had completed the relevant training to give them the skills and knowledge they needed to meet their needs. People were supported to have sufficient amounts to eat and drink and were protected against the risk of poor nutrition. However, improvements are needed to ensure fluid intake is recorded accurately where this needs to be monitored. Staff supported people to maintain their health and well-being. 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. However, assessment documentation needed to be revised to ensure the principles of the Mental Capacity Act 2005 were being followed, and we have made a recommendation about this.

People's care records were not always accurate or updated. It was not always evident that people had been consulted about their support plans and involved in creating them, often people had not signed to show their involvement. People were supported to express their wishes and preferences regarding their care and staff provided personalised care. People and relatives were confident to raise concerns and complaints.

Staff treated people in a kind and caring way. People and relatives valued the service and the support the staff provided. Staff treated people with respect and helped them to maintain their independence and dignity.

There were governance systems in place, however, they had not identified all of the issues we found and therefore need to be strengthened in some areas. The manager and operations manager were committed to making improvements in the service. The provider will need to ensure the manager has sufficient support to enable the service to meet regulations and improve their rating to Good.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Requires Improvement (published 27 February 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Amethyst Lodge on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to care records and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

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.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our effective findings below

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our caring findings below

Good ●

Is the service responsive?

The service was not always responsive

Details are in our responsive findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our well-led findings below

Requires Improvement ●

Amethyst Lodge

Detailed findings

Background to this inspection

The inspection

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

Inspection team

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

Service and service type

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

The service had a new manager in post since September 2019. They had made an application to be registered with the Care Quality Commission and were awaiting confirmation of the outcome.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

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

We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with members of staff including the operations manager, manager, deputy manager, and support workers.

We reviewed a range of records. This included two people's care records and three medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with one relative. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe.

Staffing and recruitment

At our last inspection the provider had failed to ensure staffing levels were adequate to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18. However, the provider understood the need to continually review staffing levels due to the often unpredictable and complex needs of people living in the service.

- People told us there were enough staff to enable them to do what they wanted on a daily basis. Records showed that people accessed the community on a regular basis with staff.
- If staff required additional support due to behaviours that challenged staff, the manager told us they assisted. They also made use of the two 'floating' staff members who were available at another of the providers locations which was in close proximity.
- Staff told us that staffing levels had improved but gave differing views of if they received a break during a 12 hour shift. One staff member said, "We aren't allocated breaks as such, but it isn't all work, and we are fully supported here with staff. If we need extra staff we always get help from [next door location]." Another said, "Yes, I always get a break, [manager] finds cover if I need a break."
- There was a stable staff team in place, and people received support from a consistent team of staff they knew.
- Safe recruitment procedures were in place and implemented to help ensure only suitable staff were employed to care for people using the service. After being recruited, staff undertook an induction and training, so they had the required knowledge to care for people

Assessing risk, safety monitoring and management

- Risk assessments were in place for people, such as behaviours that challenged, refusal of medicines, accessing the community and diet and nutrition. However, for some people these were not always accurate.
- One person had no risk assessment in their support plan for the use of alcohol which was a potential risk. The risk assessment held in their health plan did not reflect the current level of risk following a review in 2019.
- Information relating to risk which was recorded in people's support plans and health plans differed, which meant that important information could be missed by staff if they did not refer to both plans.
- Environmental risks affecting people were assessed within health and safety audits. However, we found that risks associated with hot surfaces (such as radiators) had not been assessed to determine if these posed

a risk to people.

- Checks were in place to ensure fire equipment was serviced and water systems were safe.

Using medicines safely

- People received their medicines as prescribed. Staff were trained in administration of medicines, and had their competency regularly assessed.
- If people took social leave, staff dispensed medicines from the original containers into a separate box (secondary dispensing) which had been agreed with a pharmacist. Any decisions about using medicines while a person is away from their usual care setting should be in a care plan which we did not see was currently the case.
- Secondary dispensing is not good practice. An alternative should be sought wherever possible due to the associated risks; the manager was already in the process of reviewing a safer method for one person.
- Protocols for medicines that were prescribed 'as required', were in place, but required more detail as to what distraction methods should be considered before medicines were given.
- Any medicines which were used to reduce behaviours of concern, had to be authorised by a manager first. This ensured that these medicines were given only when needed.
- Some hand-written medicine administration records (MAR) were not always double signed by staff, which reduces the risk of errors when transcribing.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of how to protect people from potential abuse. They had received training, and they explained how they would take action to ensure concerns were investigated and people remained safe.
- The manager had systems in place to safeguard people and knew how to report any concerns appropriately. This was also discussed during staff meetings, so staff knew how to raise concerns.
- We did see that two previous incidents had not been reported appropriately, and the investigations into the incidents were poorly recorded. However, the manager and operations manager acknowledged the failings, and this was at a time when previous management were not undertaking their role effectively.

Learning lessons when things go wrong

- There were effective systems in place to monitor and review accidents and incidents. We saw a reduction in incidents requiring physical interventions by staff. The manager told us this was due to the fact that people were going out more and that there was a stable staff team in place.
- There was an open culture at the service which encouraged staff to report any concerns.

Preventing and controlling infection

- Staff had completed training in infection control. Personal protective equipment was available such as disposable aprons and gloves.
- There were systems which staff followed to ensure food in refrigerators and cupboards were labelled and stored correctly.
- The service was clean, and there was guidance in place for staff on cleaning regimes.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people's capacity had been assessed, we saw that there were several decisions listed under one capacity assessment. Individual tests of capacity should be carried out for each decision being considered. This ensures any decisions made are properly assessed and that people's ability to make decisions about their day to day care is maximised.
- Where DoLS applications had been made, there were no capacity assessments and associated best interests decisions in relation to this.

We recommend that the provider reviews care records to ensure they reflect the principles of the Mental Capacity Act 2005.

- In practice, staff understood the importance of gaining consent. Throughout the inspection people were encouraged to make choices about what they did in the day, what they had to eat and where they spent time.

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

- The service monitored people's weights, but support plans did not always specify how often people should be weighed.
- For one person, it was important to record fluids that had been taken, however, we found that the amounts were not always completed by staff. Further, their support plan had not been updated following meetings with professionals about their fluid intake, to ensure staff were aware.

- People's support plans contained information on their food likes and dislikes, and any dietary needs, including guidance on healthy food choices. People were involved in choosing what went on the menu each week but could have different options if they chose to on the day.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Some improvements were needed to ensure the principles of the Mental Capacity Act 2005 were adhered to.
- Since the last inspection in 2018, the service had taken steps to ensure that they applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who used the service can live as full a life as possible and achieve the best possible outcomes, including maximising control, choice and independence in their lives.
- People's needs were assessed before they moved to the service. Assessments included people's care and support needs, personal preferences and life style choices.

Staff support: induction, training, skills and experience

- Staff were skilled and knowledgeable about how to support people. Staff undertook an induction to the service when they joined. Staff completed the Care Certificate which is a nationally recognised course for care workers.
- Staff also undertook training to ensure they had the skills and competencies to support people safely. For example, staff completed medication administration and epilepsy training.
- The service is registered to provide care and support to people who live with a learning disability or autistic spectrum disorder. However, we found that staff training in relation to supporting people living with these conditions was limited.
- Staff were supported by the manager who provided supervision both formally and informally, as well as annual appraisals. Staff said they felt very well supported by the manager who was visible and aware of any difficulties in the service. One member of staff said, "[Manager] is very approachable, and always listens." Another said, "[Manager] helps out where needed. Things are so much better now."

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

- Where people required access to healthcare services, this was organised, and staff followed any guidance provided.
- The service worked well with other agencies, such as GPs, behaviour specialists, and the Speech and Language Therapy team.
- Oral health assessments were in place to ensure any support required with this was known.

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

- People's bedrooms had been personalised with their own pictures, decorations and furnishings. Bedrooms were reflective of people's personality and interests.
- People told us that they could decorate their bedroom how they wished and were able to bring items of importance with them when they moved in. One person said, "I helped decorate my bedroom with [staff member] I chose the wallpaper."
- People had space to socialise with others, receive visitors, eat in comfort, participate in activities or spend time alone if they wished to. People had access to garden facilities.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff knew people well and supported them to be as independent as possible, while keeping them safe. The service supported people to make choices in their daily lives about how they spent their day; this included regular activities in the community. One person told us, "I can do what I like really. Staff are about if I need them, or I can go out alone."
- Staff and managers knew people well. They were aware of people's individual needs and preferences and the importance of respecting their human rights, equality and diversity. Care records included details of people's likes and dislikes, background history, relationships, interests and hobbies.
- People were treated with respect and kindness. We observed respectful and sensitive interactions between people using the service and staff. Staff were understanding and considerate when responding to people's needs and providing support.
- Staff were able to tell us about people's personalities likes and dislikes and demonstrated that they knew what was important to them.
- Systems were in place to ensure that confidentiality was maintained, and care records were securely stored.

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

- We did not always see that people had been involved in developing their care plans. The manager told us that some people were not able to take part in this, whilst others had declined to when asked. We advised that conversations such as these needed to be recorded to demonstrate people are involved and consulted with.
- 'Resident' meetings were held weekly to allow people to have their say about things that were important to them. This included activities they wanted to do, meals for the week and how they were supported.
- The management team had established systems to ensure people were regularly asked for their views about the quality of care provided. We saw there were questionnaires, meetings and the manager was regularly checking people were happy with the care provided.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This was because people's records did not always contain updated or accurate information.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had support plans and health plans in place. However, we found some discrepancies in the information held in each plan. Some support plan information had not been reviewed, and where they had been, the newer information was only held in the health plan.
- There was different risk management information in support plans to that in health plans. This could cause confusion for staff who could miss important information.
- Updated information was sometimes not added to support plans following reviews with professionals. Risk management plans were not always updated with relevant information.
- 'Monthly progress summaries' were in place, and the aim was to complete these monthly with people to review progress and achievements. However, these were not always completed, or signed by the person to show their involvement.
- MCA documentation needed to be revised to ensure they reflected the principles of the Mental Capacity Act 2005.

This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were 'Grab sheets' which gave a good overview of each person's key needs, triggers and likes and dislikes.

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

- At our last inspection in November 2018, we reported that trips out were sometimes restricted because there were not enough staff on duty to support people while out of the service which meant that spontaneity was not catered for.
- At this inspection we found improvement; people's activity logs showed regular access to the community, and we also observed staff asking people where they would like to go on the day. A staff member said, "People go out more now, people are much happier when they are out, there are less incidents now."
- People were supported to maintain relationships with family members and friends. Support plans outlined how this should be achieved.

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.

- People had individualised communication plans and emergency grab sheets which provided information about people's communication needs.
- There was information in pictorial form, such as activities and tasks to support people to communicate their wishes. Easy read documents were also available where needed.

Improving care quality in response to complaints or concerns

- The management team had a complaint policy and procedures to review any complaints to ensure they acted on concerns raised appropriately. No complaints had been received.
- People were asked regularly about their care to identify any issues early. One person told us, "If I wasn't happy I could talk to [manager] or [deputy manager] they would listen."
- Staff were vigilant and understood people's behaviour which may indicate a person was not happy.

End of life care and support

- No one was currently receiving end of life care. However, the manager told us that when needed, people would be provided with appropriate support, equipment and medicines to ensure they were comfortable, dignified and pain free at the end of their lives.
- People's care plans contained information on their end of life preferences. This included where they want to be looked after, if they wanted a burial or cremation, and music they would like to be played.
- Staff had not yet received training in end of life care, but the operations manager had made progress in sourcing relevant training. They planned to send senior staff on the training who will become champions (staff members with increased knowledge in a subject) for the service.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. Governance systems in place had not been wholly effective as they had not identified issues we found during the inspection.

At our last inspection the provider had not ensured there were sufficient quality assurance systems in place to safeguard people and to assure people received a good quality of service. This was a breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

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

- There was a new manager who had been in post since September 2019. A deputy manager had been in place to support progress within the service. They were however leaving the service at the time of the inspection. Additional oversight of the service was carried out by the operations manager who visited monthly.
- The systems in place to monitor the delivery of care had improved. Checks were in place on aspects of people's care. These systems had identified areas where improvement was needed, and a home development plan was in place and overseen by the operations manager.
- However, the inspection process highlighted some issues which audit systems had failed to identify, such as discrepancies across people's care records. Further work was required to ensure details were accurate, and important information was updated and in the most prominent place.
- More regular monitoring and auditing of people's care records was required by management, so they can assure themselves that people's needs are being met.
- The manager had responsibility for three services on the same site, all in close proximity. Though their input was having a positive impact in making improvements, there is still much to be done to be fully compliant with regulations and achieve a rating of Good. The provider will need to ensure they are supported to achieve this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a positive, inclusive atmosphere, with good teamwork evident. There was a stable staff team in place who knew people well.
- The new manager had made a positive impact in many areas, and staff we spoke with felt more supported and valued in their roles.
- People were provided with more opportunities to enjoy their hobbies and interests. We saw there had

been less incidents within the service as a result as this had a positive effect on people's emotions and behaviours. One staff member said, "People get good care here. They are asked what they want to do on the day, we try not to plan as it changes day to day. People seem happier."

- People were supported to access the community and use local facilities, such as the pub, café and library. The manager told us how residents living in the local area are getting to know people better, and this has been a positive step in building relationships.

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

- Regular meetings took place which were used to consult with people about the service they received. People used these meetings to give their feedback and express any concerns or issues they were experiencing. One person said, "We have the meetings each week and I say what I think."
- People were encouraged to set goals and experience new things. The manager promoted inclusivity, and encouraged people to integrate with community facilities and groups.
- Staff told us they felt involved and listened to. Regular staff meetings took place to discuss the care people received and issues relating to the service. One staff member told us, "Its much better now, [manager] is really good. None of us had realised what a mess [previous management] had left behind the scenes."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was open and transparent throughout our inspection and was clearly dedicated to making improvements. They understood their responsibilities under Duty of Candour.
- Staff knew how to whistle-blow and how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Working in partnership with others; Continuous learning and improving care

- Where people's needs changed significantly or where the service was finding it difficult to meet people's needs the manager arranged reviews involving external professionals and commissioners to enable them to focus on the best possible outcomes for individuals.
- Staff told us they had regular handover and team meetings to share important information about people and to discuss any ideas they may have to make improvements to the service.
- Staff had undertaken relevant training to enable them to work effectively with people. We saw this had improved since the previous inspection of Amethyst Lodge.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Care records were not always updated to include relevant information. Information across the care records were not always consistent.</p> <p>9 (1) (2) (a)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems had not been fully effective in identifying issues.</p> <p>17 (1) (2) (a) (b) (c)</p>