

## Amber Care (East Anglia) Ltd

# The Grove

### Inspection report

235 Stradbroke Road  
Lowestoft  
Suffolk  
NR33 7HS  
Tel: 01502 569119

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#### Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

#### Overall summary

We inspected on 11 March 2015. The Grove provides accommodation and personal care for up to 5 people with a learning disability. There were 5 people using the service when we visited.

A registered manager was in post at the time of our inspection. 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.

People were kept safe and their needs were met as there were enough suitably qualified, trained and supported staff available.

There were arrangements in place to protect people from avoidable harm and abuse, and staff were aware of these arrangements. People's medications were stored and administered safely.

People were protected from the risks of receiving inappropriate or unsafe care because staff received sufficient training and support to carry out their role.

# Summary of findings

Staff had a knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and told us how they applied this in their caring role. This protected people from the risk of having their liberty unlawfully restricted. The service was adhering to the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to make choices about what they ate, participate in the preparation of their meals and were supported by staff to eat and drink sufficient amounts.

Staff knew the people they cared for well, and interactions between staff and people were caring, kind and empowering. Staff treated people with dignity and respect.

People's representatives advocates were given the opportunity to participate in care planning and provide feed back on the service. They were supported to make complaints about the service when they were unhappy about the care being provided.

Care plans for people contained individualised information about their needs. Staff responded to people's needs in a timely manner and people were supported to enjoy activities throughout the inspection.

A complaints procedure was in place and people's advocates knew how to make complaints. The service had not received any complaints at the time of our inspection.

The management had in place a robust quality assurance process that identified issues in service provision. The management of the service promoted a positive and open culture with care staff and was visible at all levels. They showed a commitment towards the continual improvement of the care people received and had plans for further developing the skills of the staff team in future.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

There were enough staff to meet people's needs.

Medications were administered and stored safely.

Appropriate arrangements were in place to minimise the risk of people coming to harm.

Good



### Is the service effective?

The service was effective.

The service adhered to the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff had the knowledge, skills and support to carry out their role.

People were supported to eat and drink sufficient amounts.

Good



### Is the service caring?

The service was caring.

The relationships between staff and people were caring and appropriate. People and their representatives were involved in making decisions about their care.

Good



### Is the service responsive?

The service was responsive.

Staff had access to sufficient information about people in order to deliver personalised care which met people's needs.

People were given the opportunity to feed back on the service and their views were acted on.

Good



### Is the service well-led?

The service was well-led.

The management of the service had a clear vision for the future of the service, and promoted an open, transparent and fair culture.

Quality assurance processes were robust enough to identify shortfalls in service provision, and these shortfalls were acted on.

Good



# The Grove

## 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.

This inspection took place on 11 March 2015 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). 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.

We spoke with three relatives and four health professionals. People using the service were unable to verbally communicate with us, so we spent time observing people using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the relatives of three people and the social worker for two people. After our inspection visit, we spoke with two health professionals who shared their views of working with the service.

We looked at the care records for five people. We spoke with two members of care staff, and the manager of the service. We looked at the management of the service, staff recruitment and training records, and the systems in place for monitoring the quality of the service.

# Is the service safe?

## Our findings

Relatives told us that there were enough staff available to support people when they visited. One said “[Relative] gets the full attention of one staff member all the time, can’t complain about that.” Another said “They get nothing less than one on one care.” This supported our observations that there were enough staff to support each person individually and to meet their needs. Care staff told us that the staffing level was appropriate, and that where people’s needs changed the staffing level was reassessed. They told us that there were always extra staff available to cover shifts and to support people in the community. Health professionals told us there were enough staff to support people. One said “From what I see, [person] gets support from two carers at all times and this really helps [person] get the best out of their days. They’ve made a lot of progress.”

Robust recruitment procedures were in place to ensure that people were cared for by staff who had the appropriate background, skills and knowledge for the role. The manager told us how new staff had to meet certain experience requirements before they were considered for the position, and that this ensured they were competent to work with people with behaviour that might challenge. This protected people from the risk of harm.

People were protected from avoidable harm because staff understood the risks to them as individuals and how they could minimise these risks. Staff told us about how they kept people safe without restricting their independence. For example, a staff member told us about taking people out in the community and the risks associated with this and how they tried to minimise these. These risks were assessed and staff told us how they supported people to ensure they knew how to keep safe while out in the community.

A relative told us they felt their relative was safe, they said “[Person] is one hundred percent safe. It’s the safest place

for [person] and I trust them to keep [person] safe.” Staff were clear on their responsibilities with regard to protecting people from abuse and knew who to report safeguarding concerns to. Thorough investigations were carried out where concerns were raised, and plans were put into place to minimise the risk to people. A relative told us “I can go to sleep every night knowing [person] is safe and warm.” Health professionals told us that they felt people living in the service were safe from abuse and avoidable harm.

There were contingency plans in place for unexpected events such as fire or power cuts. Staff were aware of these plans and told us about how they would ensure everyone was kept safe in case of emergency.

The service ensured the safety of household appliances and the communal minibuses because these were serviced regularly. Staff told us they were aware of what signs to look out for that may indicate these were defective or not safe for use.

People were protected from potential harm because the environment of the service was kept safe through regular maintenance checks. These checks identified issues such as items in people’s bedrooms which they could harm themselves with. Issues identified were resolved quickly to protect people from harm.

People were kept safe because their medicines were stored safely and were administered by staff competent in medicines administration. Staff kept records of when they had administered people’s medications, and we checked these records and found they were free from gaps or discrepancies. Staff told us that they had regular training in administering medicines and that they felt confident that they could administer people’s medicines safely. Medicines administration records were audited regularly by the manager of the service and the area manager so issues could be identified.

# Is the service effective?

## Our findings

Relatives said they felt staff were skilled enough to care for people, one said “I see how the staff are with [person] and I couldn’t fault their knowledge of [person]. They do a much better job than I.” Staff told us they felt that the training they received was good, and that they always had opportunities to attend extra training. They said they felt they could suggest extra training they would benefit from and the manager would support them with this. This demonstrated that the management of the service was promoting best practice, development and on-going learning. A health professional told us “The staff are some of the best trained staff I’ve had the pleasure of working with. The company is very good at employing good quality staff and it shows in the quality of the care provided.” The manager said that staff competency was regularly assessed and monitored to ensure the quality of care provided. Staff practice we observed supported that they were suitably trained to carry out their role. A relative told us “They really only employ the best trained staff. Their knowledge of what they do is second to none and I have no concerns about their skills.”

Staff told us that they felt supported by the manager of the service. They said that they would feel very comfortable raising concerns at any time and voicing their views. This demonstrated that the manager listened to what staff told them and involved staff in making plans for people. The manager told us she felt well supported by the area manager and the provider, and said that they were always available when needed.

Staff told us they had one to one supervision with their manager regularly and that these were used to identify training and development needs, and to talk through any issues or concerns they had. Records confirmed that these supervision sessions took place and that they were focused on training, learning and development. Staff said they also attended regular group meetings with their manager, where they discussed individuals and changes to people’s needs. They said these were also used as an opportunity to voice their views and make suggestions. Staff confirmed that they found these useful.

Staff had training in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), and were able to tell us in detail how this effected the people they cared for.

Observations confirmed that the staff were acting in accordance with the principles of MCA. For example, we saw staff encouraging people to make decisions and complete tasks independently.

The management of the service were aware of recent changes to legislation with regard to DoLS and had made the appropriate referrals for people where risks were identified. People’s capacity was assessed and best interests decisions were made in line with legislation.

We were shown menus which people could choose their meals from. We saw that there were varying choices each day, and people were supported to take part in the preparation of their meals. We observed people preparing their lunch with staff support, and later preparing hot drinks.

People were provided with the support they needed from staff to eat their meals. However, people were supported in a way which promoted their independence, and ensured that they did as much as possible on their own. This reduced the risk of staff over supporting people.

We observed that the meal time atmosphere was pleasant, and people had positive contact with staff during this time. One persons meal looked well presented and our observations supported that they enjoyed their meal and were supported to eat and drink sufficient amounts.

People’s nutritional needs were assessed by the service, and this fed into care plans for people. Care plans clearly identified any specific support needs or dietary requirements, and documented people’s likes and dislikes. People were protected from the risks of poor nutrition as their weight was monitored for changes and referrals were made to nutritional specialists where appropriate.

People had access to food and drinks in the kitchen at all times to boost their nutritional intake, and could help themselves to these independently. People were supported to make drinks and snacks when they wished.

Staff told us how they supported people to access other healthcare services in the community, such as doctors and dentists. The manager said that people would go to healthcare services in the community in order to promote their independence. Care records contained information about when people should be taken to the dentist, what signs they may display when unwell and when they might

## Is the service effective?

need to see the doctor. In addition, there was information grab sheets available to accompany people to hospital to inform hospital staff of their needs. This ensured people received consistent care.

# Is the service caring?

## Our findings

We observed kind, caring and positive interactions between staff and people. A relative told us “The staff are so kind and so caring. They genuinely see [person] as part of their family.” People benefitted from having a regular dedicated staff member who they formed a positive relationship with. We saw that people enjoyed the company of these staff, and received one on one interaction with them.. People were comfortable with the care staff, and staff encouraged and empowered people during their day. A relative said “The staff have such a strong bond with [person] and [person] feels very comfortable with them.”

Staff respected people’s privacy and dignity. We observed that people were supported with personal care in private and were offered support with these tasks discreetly. People were encouraged to maintain their own dignity, for example, by ensuring they were fully clothed when not in their private bedrooms.

People were supported to be as independent as possible, and throughout the day we saw staff supporting people to carry out daily tasks independently. A relative said “They focus on [person] developing their independence. [Person]

has definitely learnt new skills since moving to [service].” Staff told us about how they tried to promote people’s abilities and build upon their life skills so they could gradually complete more tasks individually. Staff and the manager demonstrated a commitment to people’s on-going independence. Health professionals told us that people were supported to be as independent as possible and that the service actively promoted learning and developing new life skills. For example, one person had recently been supported to learn how to use the phone to talk to family members.

Relatives told us that they felt their views and the views of the people using the service mattered. One relative said “We are involved in everything even though we live so far away. They always want to know what we think.” The manager told us how they assess people’s happiness living in the service, saying that they used non verbal communication methods such as signing to ask people if they were happy. The manager and a staff member told us that they would be able to identify via people’s behaviour and non verbal cues if they were not happy, and that in these times the reason for their unhappiness was fully investigated. A relative told us “What we say is taken on board.”



# Is the service responsive?

## Our findings

People and their relatives were given as much control over their care as possible. Although people were unable to voice their views on how they wanted their care delivered, the service had spent time with relatives and other health professionals to ensure that care was planned in a way which met their needs and best reflected their wishes if they could communicate them. A relative told us “They get us involved and [person] is involved even though they don’t fully understand.” The manager told us about how they supported people to make choices about their care via non-verbal methods of communication such as signing.

People’s care planning was centred around them as an individual and included detailed information about the person, such as their medical history, information about their past life and their hobbies and interests. There was detailed information for staff about how people liked to start their day and their routines. Staff were able to tell us about people’s lives and their interests, and demonstrated a good knowledge of the people they supported.

We observed that people were engaged in meaningful and purposeful activity throughout the day. Staff supported people to enjoy their hobbies and interests on an individual basis. We saw that people were engaged in tasks all day, always supported by a staff member. Most people were supported by staff to attend day centres on week days and we saw what activities people liked to enjoy during the evenings and weekends. For example staff showed us records of people’s activity plans, which included weekly visits to places people enjoyed, such as swimming pools.

One person was clearly enjoying spending time with a staff member during our inspection and was engaged in a variety of different tasks during the day, such as being supported to learn new non verbal communication methods. We were told about the holidays people had taken in the previous year and the holiday that was planned for 2015. The manager said people looked forward to their holidays.

Staff supported people to maintain relationships with the people important to them, which reduced the risk of them becoming socially isolated. A relative said “We live seven hours away, but the manager actually drives [person] here to see us a few times a year. At other times they keep us informed via telephone.” We were told by the manager that one person had recently begun speaking to their relative on the phone, and that it had taken a lot of staff support for the person to learn this skill. Their relative told us “[Person] has made so much progress and can now phone me a few times a week which is wonderful.”

People’s relatives and other health professionals involved in their care were supported to feed back their views on the service. A relative said “We are asked to complete surveys often, and of course we are always involved in everything anyway.” We were shown the results of the last survey, and the responses received were all positive. A health professional involved in one person’s care said that they were always asked for their views annually, and that the manager was open to feedback at other times.

Relatives and health professionals told us they knew how to make complaints. There was a complaints procedure in place, but the service had not received any complaints.

# Is the service well-led?

## Our findings

Relatives told us they thought the manager of the service was good, one said “The manager is like a member of our extended family, we couldn’t fault her and the home is really well run.” We observed that the manager was visible during our inspection, and spent time speaking to people, supporting them with tasks and speaking to staff. The manager was supporting another staff member to care for someone during our inspection, and told us they often carried out care shifts themselves. Another relative commented “Everything is great. Can’t complain about how the place is run.” Health professionals told us that the manager of the service was effective and that they had no concerns about the way the service was run.

Relatives told us that they felt people using the service mattered to the manager and the owners of the service. One said “They’re all about the best for people.”

The manager told us about how they involved people and relatives in making decisions about their home, such as changes to the décor. We were shown the bedrooms of people, which we saw were all decorated individually and reflected their likes and interests. Relatives said that the management involved them in making decisions about the service, one person said “If they’re thinking about changing something in the home we are always asked what we think.”

Staff told us that the manager was supportive of them, and that they could go and talk to the manager any time if they had concerns. Staff meetings were held regularly, and gave

staff an opportunity to feed back and reflect on the previous month. Staff told us that changes to people’s needs were discussed at the meetings, as well as any issues that had arisen and what action had been taken. They said that meetings were used as opportunities for group learning and development discussions. This promoted shared learning and accountability within the staff team.

The manager of the service had a clear vision and ambition for the future of the service. They told us about planned updates to the interior of the home, as well as plans to increase the knowledge of the staff to improve the care people received. This demonstrated a clear commitment to the continual improvement of the service.

The management of the service told us about the system they had in place for monitoring the quality of the service. We were shown records of checks which were carried out to ensure the safety of the environment and the safety and quality of the care received by people. We saw that these checks were robust enough to identify issues. Action plans were put in place where issues were identified to ensure the continual improvement of the care delivered to people. In addition, we looked at the system in place for analysing safeguarding concerns and incidents. These systems identified trends which allowed the service to put in place plans to minimise the risks to people in the future. We were also shown records of the audit carried out by the regional manager, which identified areas for improvement and put in place actions. We saw that actions recommended by the previous audit had been completed by the manager, such as updates to care plan and risk assessment documents.