

Meridian Healthcare Limited

# Amber Lodge - Leeds

## 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

We carried out the inspection of Amber Lodge - Leeds on 14 February 2018. This was an unannounced inspection.

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

Amber Lodge provides accommodation and personal care for up to 40 people. The building is a two-storey purpose built home, situated in a residential area of Wortley, close to the city of Leeds. All of the bedrooms are single occupancy and have en-suite toilet facilities. Communal lounges, dining rooms and bathing facilities are provided on the two levels. It has a garden to the rear of the building and a car parking area located at the front of the building.

The home had a registered manager. 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.

At the last inspection in November 2016 we found the service required improvement. At this inspection we found the service had improved.

The provider and registered manager continually assessed, monitored and evaluated the quality of the service. We found audits had identified issues and actions were progressed in a timely manner.

Staff understood their responsibilities to safeguard people from harm and followed the provider's policies. People were supported to take their prescribed medicines safely. There were enough suitably skilled staff on duty to meet people's needs. Staff had been recruited using safe recruitment practices.

Staff sought people's consent before providing care and people's mental capacity was assessed in line with the Mental Capacity Act 2005. The registered manager understood their responsibilities and referred people appropriately for assessment under the Deprivation of Liberty Safeguards.

People received care from staff that had received training to meet people's specific needs, and had supervision to assist them to carry out their roles. People were supported to access healthcare professionals and staff were prompt in referring people to health services when required. Staff understood people's dietary needs and people received a balanced diet, which they enjoyed.

The environment and equipment was appropriately maintained and serviced when required. Adaptations to the building had been made to support people with their daily life. Staff knew about infection prevention

and wore personal protective equipment when supporting people.

Staff treated people with respect and helped to maintain their dignity. People received care from staff they knew, which helped them to develop positive relationships. Staff supported people emotionally and practically to promote their independence and well-being. People knew how to make a complaint, and raised them if they wished.

Care plans were updated regularly and people and their relatives were involved in their care planning where possible. Risks to people's health and well-being were assessed and staff had followed plans that were centred on the person as an individual. People were supported to pursue their hobbies and interests and continued to celebrate special days.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff had received training about safeguarding adults and were confident they could recognise abuse and knew how to report it.

Robust staff recruitment procedures were followed.

There were sufficient numbers of staff employed and deployed to ensure people's safety.

Medicines were stored and administered safely.

### Is the service effective?

Good ●

The service was effective.

Mental Capacity Act 2005 (MCA) assessments were completed routinely and in line with legal requirements. Deprivation of Liberty Safeguards (DoLS) had been submitted when required.

People were given choice about what they wanted to eat and drink. People were supported to stay healthy by staff who had received the necessary training and supervision.

### Is the service caring?

Good ●

The service was caring.

Staff communicated clearly with people in a caring and supportive manner.

Staff knew people well and had good relationships with them.

People were treated with respect and dignity.

### Is the service responsive?

Good ●

The service was responsive.

Each person's care plan was individualised and people were involved in making decisions about the care they received with

support from their relatives.

People had access to the complaints procedure. They were able to tell us who they would talk to if they had any worries or concerns.

### **Is the service well-led?**

The service was well-led.

Quality assurance audits had been undertaken and action plans developed to drive improvement.

The management team worked well together and had a good knowledge of the staff and people's needs.

There were clear lines of responsibility and accountability within the management structure.

There were systems in place to capture the views of people and staff and it was evident that care was based on people's individual needs and wishes.

**Good** ●

# Amber Lodge - Leeds

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 14 February 2018 and it was unannounced. .

The inspection team consisted of one inspector, one expert-by-experience (ExE) and one bank inspector. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case the ExE had experience of working with older people. At the time of inspection the service supported 36 people.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams and reviewing information received from the service, such as notifications. Notifications are alerts made to the Care Quality Commission to inform us of information about events and incidents that happen in a service. We asked the provider to complete a Provider Information Return (PIR). We used information the provider sent us in the Provider Information Return as part of our planning. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at how people were supported throughout the day with their daily routines and activities. We reviewed a range of records about people's care and how the service was managed. We looked at four care records for people that used the service and three staff files. We spoke with eight people and 12 relatives. We also spoke with one chef, six care workers as well as the registered manager and hospitality manager. We looked at quality monitoring arrangements, rotas and other staff support documents including supervision records, team meeting minutes and individual training records.

# Is the service safe?

## Our findings

People continued to receive safe care. One person told us, "I feel safe here." Another said, "Staff look after us, no problems there."

People were supported by staff who understood their responsibilities to safeguard people from the risk of harm. All staff had had training in safeguarding people which supported staff to know how to raise concerns if they suspected or witnessed ill treatment or poor practice. One member of staff told us, "We have training about keeping people safe. I would raise any concerns I had with the manager." The registered manager had taken appropriate action to report concerns to the local safeguarding authority.

People's risks were assessed and reviewed regularly, for example for the risk of acquiring pressure wounds. Staff were provided with clear instructions in care plans to mitigate the assessed risks. There were instructions on how to use equipment to help people move safely to relieve their pressure areas. Where accidents or incident had taken place, the details had been documented. The registered manager reviewed and investigated this information to look for trends and to identify any changes that could be made to prevent or reduce the risk of further incidents from happening again.

There were appropriate arrangements in place for the management of medicines. Staff had received training and were assessed regularly as to their competency in the safe administration, storage and disposal of medicines. They were knowledgeable about how to safely administer medicines to people. Records showed people received their medicines at the prescribed times. Protocols about 'as required' (PRN) medicines provided information about what it was for and when to give it.

There were enough experienced staff to keep people safe and meet their needs on the day of the inspection. The registered provider calculated how many staff were required and ensured enough staff were allocated on the rotas. One person told us, "There are enough [staff], they are always there." Another said, "I might wait one, two, maybe five minutes at most, no longer." The staff felt staffing levels were sufficient to keep people safe. Our observations showed people received support soon after they asked for it.

Appropriate recruitment practices ensured new staff were checked for key areas such as criminal convictions and satisfactory employment references were obtained before they started work. We saw four staff recruitment files and found they had applied for the roles, been interviewed, had their ID checked and a Disclosure and Barring Service (DBS) check was completed. The DBS checks for criminal records or conviction and barring list checks to make sure people are suitable to work with vulnerable adults.

People lived in an environment that was clean and safe. There were systems to ensure that assessment of the safety of the premises, including fire safety checks were regularly carried out. The registered manager and staff kept fire exits clear and tested the fire alarms; records showed checks of the fire alarm system had been carried out on a regular basis. Staff had received annual fire safety awareness training and understood their role in the event of a fire. Staff had ready access to people's specific Personal Emergency Evacuation Plans (PEEPs) to ensure each person could be safely evacuated. Equipment used in the service was regularly

serviced and staff told us they completed visual checks prior to each use.

All areas of the home were clean. We saw regular audits on the environment had been completed and people told us, "It's very clean, they come around every day" and, "It's nice and clean." The service had domestic staff dedicated to the cleanliness and infection control around the environment. Staff had been trained in infection prevention. We toured the building and found areas to be clean and tidy. When accidents or spillages had happened, we saw staff were quick to react and remove any risk. Temperatures inside the fridge freezers were monitored and kitchen staff were aware of how to store certain foods to minimise the risk of cross contamination. Care staff wore personal protective equipment when supporting people. This showed us the staff knew how to minimise the risk of infection.



## Is the service effective?

### Our findings

People continued to receive care from staff who had the skills and knowledge to meet their needs. One person told us they were very pleased with staff attitudes and approaches and had no issues in respect of staff knowledge or their commitment to their work. They also told us, "They are [trained], they do a good job." Another person said, "Definitely [well trained]." New staff had undergone an induction which included training and shadowing experienced staff. One member of staff told us, "The shadowing really helped me and teaches you a lot about people."

Staff received close supervision and worked a probationary period to ensure they were suited to the role. During their probationary period, the management team sought feedback from people who lived at the home to ensure they were happy with the new members of staff. Staff told us they received regular updates to their training. One said, "We have regular training; they [management] let us know if we need anything." They said the provider had training modules and staff were encouraged to log into them as often as possible. One carer had recently been signed up for the level 3 Care Certificate. This is a nationally recognised diploma staff can complete to go towards their personal development. Staff told us they felt supported and had opportunities to develop their skills and knowledge through additional training. Individual and group supervision was provided for staff which helped them carry out their roles. A relative of a person told us, "They [staff] are trained enough, they all do training, I am happy with what they do."

Prior to people coming to live at the home they received a needs assessment to ensure all their needs could be met by the service. This assessment looked at the different areas of a person's life where they made need support. We saw all of the people we looked at had received a needs assessment and these documents had been completed in full.

People were provided with food and drink that met their individual needs. People had been assessed for the risk of not eating or drinking enough to maintain their health and well-being. Staff monitored people's weight regularly. For those people who needed careful monitoring staff recorded what was offered to eat and drink and what was actually taken and they also monitored people's weight.

People had a choice of meals and they told us there was always enough food. One person said, "They [meals] are good enough for me, there is plenty to eat." Another said, "I really enjoy them [meals], they will make a sandwich instead if I'm not hungry, but I really enjoy them." The main meals were prepared in the catering kitchen next door to Amber Lodge - Leeds owned by the same provider. Food was then transferred in heated trolleys. People told us that if they just wanted a light meal or an omelette then this was provided. All staff had information about people's dietary needs such as low fibre, low sugar diets and whether people required a soft diet or pureed meal. We observed people received meals that met their needs. For example one person received a low sugar diet.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. We saw evidence people had their mental capacity to make their own decision assumed. If this was in doubt, the provider completed a capacity assessment. Appropriate referrals had then been made to the local authority to legally deprive people of their liberty for their own safety where necessary.

Staff had completed training and had an understanding of the MCA. Staff had a good understanding of the MCA and people's right to make decisions and take risks and, the necessity to act in people's best interests when required to ensure their safety. Staff said, "We would never force people to do anything and we have to respect their wishes" and, "If they don't have capacity, then we need to have a meeting with the family to decide what's best for them." Staff said the decisions about depriving people of their liberty were only made during best interest meetings and agreed by relatives, health and social care professionals and staff, when there was no other way of safely supporting them.

The registered manager and staff understood their roles in ensuring people's capacity to make sure decisions were assessed, and staff ensured they received people's consent before delivering care. We observed people were asked discreetly if they would like assistance to use the bathroom or to return to their room to receive personal care. People were asked whether they would like staff to assist them with their meal.

The building was purpose built so people had a safe environment to move around in. Adaptations such as hand rails, signage and non-slip floors kept people safe. We saw equipment to aid people was used such as, for example walking aids and pressure mattresses.

People's healthcare needs were met. Staff maintained records of when healthcare appointments were due and carried out, such as GP reviews of medicines, eye tests, and dentist and chiropodist visits. Staff were vigilant in observing changes to people's behaviour which could indicate a change in their health and well-being. They weighed people regularly and reported any changes to the GP. Health professionals, such as speech and language therapists were also contacted when eating and swallowing difficulties were identified. We saw evidence of health professionals visits within people's risk assessments and care plans. One person said, "I see the doctor or the dentist if necessary" and, "I see the chiropodist." A relative told us, "There are doctors and district nurses coming in regularly" and, "They phone up if [name] is going in to A&E."

Staff told us they supported family members and encouraged them to visit their relatives when they could. All the relatives we spoke with said that they were made to feel welcome. One told us, "We are always made to feel welcome every time we visit." We observed one family member support their relative to the service for the first time. Staff spent time with the person and their relative to make them feel comfortable.

# Is the service caring?

## Our findings

At the last inspection we found the service to be good in Caring. At this inspection we found the service continued to be caring.

People were happy living at the home and spoke very highly of staff who were kind and caring. One person said, "They are not bad, they do anything for you." Another said, "The carers are very good, they treat us with respect." A relative said, "They are very caring, I feel they do treat them with respect. They are really wonderful [staff]."

People were valued and respected as individuals and were happy and content in the home. They were cared for by staff who understood their needs and who provided a calm, caring and happy environment for people to live in. The atmosphere in the home was friendly and family orientated.

When new staff were employed they were taken to each person and introduced so people would not be worried when they saw a new face. One person said, "They [staff] always have the time to chat." We saw one person come to visit the service during the inspection to see how they found it. All staff introduced themselves and spent a short period of time talking with them.

Staff knew people well and demonstrated regard for each person as an individual. They addressed people by their preferred name and took time to converse with them in a way which was meaningful and supportive for them. Staff had a very good awareness of people's life history, likes and preferences and incorporated this into the way in which they provided care for people. For example, one person liked to keep busy and staff demonstrated a genuine interest in encouraging them to keep active. Staff were aware of their interests and encouraged the person to participate in meaningful activities daily.

People's privacy and dignity was maintained and staff had a good understanding of the need to ensure people were treated with respect at all times. Staff spoke of respecting people's choice at all times for example, where they wanted to have their meals, what activities to participate in and when to support a person with personal care. One member of staff told us how they had supported people to liaise with GP's about their health. They encouraged people to speak with the GP themselves. People's dignity and privacy was maintained whilst ensuring their safety and welfare.

People were supported with personal care and assisted to maintain their appearance in the way they wanted. For example people used the hair dresser that came to Amber Lodge - Leeds on a regular basis. People had their independence encouraged. We observed staff encouraging people to do things for themselves. For example asking people if they wanted to walk a short distance themselves without staff support (this was done when safe to do so). People told us when they were initially assessed to come to the service, staff asked what people could do for themselves. This showed staff promoted people's independence.

People's rooms were spacious and offered sleeping and seating areas for them to enjoy. People had the

freedom to wander around the home. People's individual accommodation was personalised with their own furniture and belongings. When bedroom doors were closed staff knocked and waited for a response before entering. People were proud of their rooms and the home and were keen to share this. One person told us, "They [staff] always ask what I want to do." A second person said, "They [staff] are very respectful, they don't barge in to your room."

People and their relatives were involved in providing information to inform their care plans. Care records showed staff interacted with people to understand their needs, views, preferences and dislikes. These were clearly recorded. One person told us, "I remember they asked me about me. They wanted to know what I liked."

The registered manager displayed information about the home, the statement of purpose, how to make complaints and other documents such as menus in a format which people could easily access and view. This meant people had access to the information they needed in a way they could understand it. People told us they had access to this information. People were happy with the way information was explained or given to them.

## Is the service responsive?

### Our findings

At the last inspection we found the service to be good in Responsive. At this inspection we found the service continued to be Responsive.

People were able to express their views and be actively involved in making decisions about their care. They were encouraged to be active and healthy in the home and were supported by staff who knew them well. One person told us, "I did come in to see what it was like and I liked it." Another person said, "They asked me about what I like to do."

People's needs had been assessed prior to their admission to the home and these assessments helped to inform their care plans. People's preferences, their personal history and any specific health or care needs they may have were documented. This allowed staff to have a clear understanding of the person's needs and how they wanted to be cared for. Information was available in each person's care records to identify their specific likes and dislikes and their personal abilities to manage their own care, along with information about the support they required from staff. People confirmed they were involved in discussions about the support and care they required.

Staff had a good understanding of the need for clear and accurate care plans which reflected people's needs. Care plans were person centred and gave clear information to staff about how to support people. Care plans had been updated monthly or more frequently as required, or if people's need changed. A relative told us, "They [staff] keep us updated with any changes."

Staff sought the support of health care professionals to ensure people could remain at the service at the end of their life and receive appropriate care and treatment. Staff spoke passionately of the care and attention to detail they took when supporting people in the end stages of their life and how they supported families at this difficult time. One member of staff told us, "We are very aware of the difficult time it is for families and people who live here so we try to make it as easy as possible." Another member of staff said, "We make sure they are comfortable and offer a drink and sometimes just sit with people so they have company."

Some people were living with visual impairments. They told us staff supported them well by telling them what the food was and where chairs were when being supported with walking. People confirmed the call bell was in reach and we observed this.

Information in care plans noted people who were important to each person and who needed to be involved in their lives and in helping them make decisions. People were supported to maintain close relationships with their family and friends. Relatives and visitors told us they were warmly welcomed and encouraged to participate in any events at the home.

Staff supported people to participate in activities of their choice throughout the day. The provider employed an activities co-ordinator and people benefitted from this. We spoke with them and they said that they used different levels of activities from gentle exercise, singing and arts and crafts, to speaking with each person to

stimulate different areas of memory, taking care not to cause any frustration or upset. Staff told us people did not always want to have structured activities but enjoyed some activities. One person said, "We play games and things" another said, "I just do my own thing, I join in if I want." There was a wide range of activity equipment available for people to use, including knitting, board games, arts and crafts and reading materials. One relative told us, "There are plenty of activities, but they are not compulsory." Most people and relatives were happy with the activities; however some comments suggested there could be more variety. We spoke with the registered manager who told us they had secured funding for use of a mini bus and driver for future trips out.

People told us they enjoyed meeting people. One person told us they visited a friend down the corridor for a chat. People also said lunchtime was a social event which they enjoyed. Staff said people enjoyed the gardens in the good weather but specific people benefitted from shelter in the cooler wet weather.

Staff spoke with people and their relatives and visitors in a warm and friendly way and encouraged them to express any views about the service. One person said, "I see a lot of the manager, I'd let them know quickly if I wasn't happy." People and their relatives were able to express their views or concerns and they told us they felt these would be dealt with appropriately. There were effective systems to monitor and evaluate any concerns or complaints and ensure learning or improvements were identified from these. We saw concerns raised were investigated and actions from these were implemented. There had been five formal complaints in the service in the last 12 months. Staff had received many compliments from people, their families, friends and other visitors. These were recorded, forwarded to the registered provider and shared with the staff.

The service had systems and processes in place to learn from mistakes and continuously strive for improvement. We identified minor concerns on the day of inspection and fed this information back to the registered manager. The registered manager immediately started taking steps to improve the areas of concern identified and minimise room for error in the future.

## Is the service well-led?

### Our findings

People felt the service was well led and spoke highly of the registered manager and all the staff at the home. One person said, "The manager is nice to talk to." A relative told us, "I think it is well managed, it definitely seems to be." Another said, "I think they have meetings, I don't go." Another person said they thought the home was well run they also said they did get asked if they were happy with the service provided or had anything to say or ask.

The registered manager and other members of staff completed a range of audits to help to promote the safety and welfare of people. Any actions identified through these audits were completed. Audits on medicines, care records, infection control, equipment checks and fire safety took place. However we found Disclosure and Barring Service (DBS) checks on staff had not always been renewed. We mentioned this to the registered manager who acknowledged the concern and immediately started to action the problem.

Following our inspection we were informed that up to date DBS checks had been undertaken. The registered provider visited the home bi monthly or more regularly if needed to review audits, care delivery and provide support to staff at the home. We were also told the registered provider had frequent contact with the service to ensure that all was well in the service.

The staffing structure and the support of the registered provider's management team provided a strong support network for staff and people who lived at Amber Lodge - Leeds. Staff had a good understanding of their role in the service and the management structure which was present to support them.

The registered manager and their deputy manager provided senior leadership and were supported by a group of senior carers to ensure a smooth running service. Feedback from people, relatives and staff stated that over the past few months the registered manager had been visible and could be spoken with at any time. People we spoke with told us they knew who the manager was and they regularly came round to say hello.

Staff meetings occurred to encourage the sharing of information such as learning from incidents and new training and development opportunities. Feedback about the service was regularly sought from people and their relatives through the use of quality surveys. These showed people and their relatives were overall happy with the care provided. Regular communications between people, staff and the management team ensured people had a good understanding of what was happening in the service. Staff meetings were held monthly. These meetings were documented and actions taken forward by the management team.

The management team promoted an open and honest culture which was fair and supportive to all staff. They encouraged people and the staff to be proud of their home. A member of staff told us, "I think it's a positive atmosphere. Any problems do get sorted so that keeps people happy." Another member of staff told us, "We are close as a team."

In addition to quality surveys, feedback on the quality of the service provided was gathered via regular

meetings with people and their relatives and minutes were available. The registered manager attended these meetings. People were given opportunities to discuss any matters of concern they had and then actions were taken to address these. However, there were some people we spoke with who were unaware of meetings to voice their opinions. For example one person said, "You can air your views but there aren't any meetings." We told the registered manager about this and they agreed to make sure everyone was made aware of such opportunities as soon as possible.