

Diginew Limited

# Amber Lodge Nursing Home

## Inspection report

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12 December 2019

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Amber Lodge Nursing Home is a care home providing personal and nursing care for up to 40 older people and people living with dementia. At the time of the inspection there were 37 people living at the home.

The home accommodates people in one adapted building with facilities on two separate floors.

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

People were supported to eat and drink enough, and staff supported people to live healthier lives and access healthcare services. However, the meal time experience could be improved to ensure a more social and conducive atmosphere is achieved and consistent records kept about people's food and fluid intake.

People were encouraged to personalise their rooms. We have made a recommendation about developing a more dementia friendly environment.

People were treated with respect. Staff provided care and support in a caring and meaningful way. They knew the people who used the service well and had built up kind and compassionate relationships with them.

People were cared for safely. Any risks to their care were assessed and measures put in place to mitigate identified risks. The home was clean, and staff ensured people were protected from abuse or harm.

Visitors were welcome at any time. Staff were trained and were supported to fulfil their roles.

People could be assured they were cared for by staff who had been recruited using safe recruitment procedures.

There were activities for people to participate if they wished. People and relatives, where appropriate, were involved in the planning of their care and support. Care plans reflected people's individual needs and guided staff to provide consistent care. Families expressed how well they and their loved-one had been supported at the end of their life.

People's privacy and dignity was maintained. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were systems in place to manage the quality of the service and drive improvements. People's feedback was sought and acted upon, and staff were valued.

People and staff were confident if they had a complaint they would be listened to and action taken to

address the issue.

There was an open culture and ideas to develop and improve the service were welcomed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was requires improvement (published 20 December 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Amber Lodge Nursing Home

## 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, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced on the 11 December 2019 and the provider was informed we would be returning on 12 December 2019.

#### What we did before the inspection

We reviewed the information we had about the service which included any notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We sought feedback from the local authority, the NHS clinical commissioning group and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with 10 people who used the service and five relatives about their experience of the care provided. We spoke with 14 members of staff including nursing and care staff, support staff, the manager and registered manager. We used 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 looked at the care records of four people who used the service, medicine records, staff recruitment files, and quality assurance and safeguarding information.

# 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 now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely and were protected from the risk of harm. Staff knew what signs to look for to keep people safe from harm or abuse and there was up to date procedures and information available to support them.
- People looked calm and relaxed around staff. One relative said, "[Relative] is safe because there is a regularity to checking them, they don't pass the door without checking them." Another relative commented, "I can come in at any time, everyone is friendly and welcoming."
- The registered manager understood their responsibilities to keep people safe and we saw they had raised concerns appropriately with the local authority and notified the Care Quality Commission as required.

Assessing risk, safety monitoring and management

- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. For example, there were plans in place to mitigate any risk to a person's skin integrity which gave staff detailed guidance as to how to support the person.
- People had personal emergency evacuation plans in place which meant staff and emergency services knew what support people needed in the event of an emergency
- Fire and health and safety checks were in place which ensured that people and staff were safe in the home, environment and equipment to support them was regularly maintained.

Staffing and recruitment

- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. Staff had been checked for any criminal convictions and satisfactory employment references were obtained before they started to work at the home.
- Staff were visible and responded to people in a timely way.
- There was enough staff to provide the care and support people required. Staff had time to spend with people, staff sat chatting with people and supporting them with activities. One relative said, "Staff and nurses come around with enough regularity that it doesn't feel rushed. It's not frantic it's calm."

Using medicines safely

- Medicines were safely managed. Safe protocols for the receipt, storage, administration and disposal of medicines were followed.
- People received their medicines on time. Staff spent time explaining the medicines people were taking and ensured all medicines were taken. One relative said, "[Relative] is very well looked after, we are satisfied they look after their medicines."

- Staff received training in the administration of medicines and their competencies were tested before they could administer any medicines.

#### Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff were trained in infection control and had the appropriate personal protective equipment to prevent the spread of infection. Equipment was well maintained, and people had their own slings for use when being hoisted.
- We saw all areas of the home were clean and tidy, and regular cleaning took place.

#### Learning lessons when things go wrong

- Incidents and accidents were monitored and reviewed to identify any learning which may help to prevent a reoccurrence. For example, incidents involving people falling were analysed to look for trends, referrals to the GP were made to seek guidance on any other action that may need to be taken to mitigate any reoccurrence.
- The registered manager shared lessons learnt from incidents with staff at regular staff meetings and had introduced a post fall protocol to improve on safety.



# 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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Amber Lodge Nursing Home was purpose built which enabled people to access all areas of the home and garden. However, there was limited signage and the environment was not dementia friendly.

We recommend the provider consider current guidance around developing a dementia friendly environment which would promote positive outcomes for people.

- People had been encouraged to personalise their rooms and there was a nicely designed garden which could be easily accessed.

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

- People who were at risk of poor nutrition and dehydration had plans in place to monitor their needs closely and professionals were involved where required, to support people and staff. However, the charts in place to record the level of intake of fluids and foods were not consistently completed. The manager assured us they were aware of the poor recording and were addressing this with staff.
- The meal time experience for people needed to be improved. On the first day of the inspection we observed meals being served at lunch time. There was little interaction with people, staff were task focussed, some people found the dining area on the first floor noisy and not conducive to having a social meal.
- Tables had not been specifically set and everyone was given plastic cups whether they required one or not. There were no menus available for people in any format and people living with dementia were not shown any choices in the meals they were offered.
- We discussed this with the registered manager and manager on the first day and they were receptive to our observations. On the second day we saw improvements had been made, however, these need to be embedded for us to fully assess the effectiveness of the changes.
- Staff supported people to eat, and food was prepared for people on specialist diets such as pureed or mashed food for people with swallowing difficulties. We saw food moulds had been used to make pureed food more appetising. People were offered drinks and snacks throughout the day and the overall feedback about the food was positive.

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

- People's needs were assessed and their choices as to how they wished their care to be delivered discussed prior to coming to live at Amber Lodge. This was to make sure people's needs could be fully met and that they were happy with the support that was available. The assessment included understanding

people's backgrounds, histories and what was important to them.

- Care plans detailed people's care needs, their preferences, likes and dislikes and communication needs. Protected characteristics under the Equality Act had been considered, for example people's religious and cultural needs and lifestyle preferences.

Staff support: induction, training, skills and experience

- People were cared for by well trained, competent staff who had the skills and knowledge to provide the care people needed. Staff knew to give verbal prompts and encouragement to support people to move safely and independently.
- All new staff undertook an induction and staff refreshed their training yearly which ensured they remained up to date with best practice. One member of staff said, "I shadowed more experienced staff when I started and was not allowed to do any manual handling until I had completed my training. I am completing the Care Certificate."
- Staff told us they had regular supervisions and yearly appraisals. However, the registered manager needed to ensure there was some consistency as to who undertook supervisions with staff to ensure there was a consistent approach.

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

- People were supported to access various health professionals such as a GP, district nurse, chiropodist and optician. One relative told us, "They[staff] are quick to respond and get the GP in if they have any concerns."
- Records confirmed when health professionals had visited and the guidance they had given which staff had followed.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment 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. We saw they were.

- People's mental capacity had been assessed and where people had been assessed as lacking capacity to make certain decisions we saw that best interest decisions had been made and recorded. Professionals, family and other interested parties had been consulted.
- The registered manager had sought the appropriate authorisation and where conditions had been made these were being met.
- Staff sought people's consent and understood the principles of the MCA.

# 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

- People were treated well by staff who were kind, caring and knew them. Staff treated people as individuals respecting their individuality and understood their individual needs. For example, staff knew how to present a person's food at breakfast, they took time to ensure it was exactly as the person liked it.
- People appeared happy around staff and there was a lot of friendly banter between people and staff. One relative said, "The carers are kind, there's a good balance between task and people centred. There's a time for being really friendly and time to just get the task done, there's a certain detachment at that point, at other times staff switch to more caring in a natural way."
- People's care plans contained information about their equality characteristics and preferences which ensured staff provided consistent support.

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

- People and/or their relatives were involved in making decisions about their care. Relatives told us they were always kept informed about their loved-one and if there were any changes in their care needs.
- People were encouraged and supported to make decisions regarding their day to day routines and express their views about their personal preferences. We saw staff asking people whether they wanted support and how they wished to be cared for. One person said, "The staff always ask me if I am happy with everything and is there anything else I need."
- People had access to an advocate when needed. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. We saw staff knocked on doors before they entered a person's bedroom. A relative said, "The staff respect [relative] privacy and dignity, they close the door when they deliver care. They comb their hair and they are always dressed."
- People were encouraged to do things for themselves and were supported to go out in the community when they expressed a wish to do so. One person said, "I go to college on Tuesday and I go to the Irish club – I like to go out."
- Families were welcome at any time. One relative said, "They [staff] are always friendly with a smile, they look after me as well as [relative]."

# 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 improved to good. This meant people's needs were met through good organisation and delivery.

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

- People had individualised care plans, which detailed the care and support people wanted and needed; this ensured that staff had the information they needed to provide consistent support for people.
- Staff knew people well which was demonstrated in the way they spoke and responded to people.
- People's care was personalised to meet their preferences, including the time they got up and went to bed, whether they had a bath or preferred a shower. Staff knew how to respond to people's individual behaviour.

End of life care and support

- People were well supported at the end of their life. Staff had spent time with people and their relatives to understand people's individual wishes and detailed care plans were in place. One relative whose loved one was being cared for at the end of their life told us, "I'm impressed, because the delivery of care is done sensitively, the right tone, the right pace, from the care assistant to the nurse. Their approach is nicely delivered."
- The registered manager and staff were committed to providing the care and support people needed at the end of their life. Staff undertook quality end of life care for all training. One relative of a person who had recently died told us, "The staff were really supportive practically and emotionally and involved me in every aspect of [relative] last weeks and I knew what to expect."

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

- People were encouraged and supported to take part in activities both in the home and in the local community. There was an activities co-ordinator who spent time with people individually and as a group. We observed one person enjoying watching a scene of an aquarium on an iPad and another person watching a film about trains. Entertainers came into the home and some people went out on shopping trips and attended local groups on the community.
- People's culture was celebrated, and people from a local church visited regularly.
- People were supported to maintain relationships with people that were important to them. Family and friends were able to visit people and spend time together as they wished.

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.

- During the assessment process people's communication needs were assessed and discussed and a care plan was completed which supported people's requirements.
- The provider complied with the Accessible Information Standard, they ensured people with a disability or sensory loss had access and understood information they were given.

Improving care quality in response to complaints or concerns

- People knew who to speak to if they had a complaint. One relative said, "If anything was amiss I would just speak with [registered manager], I know they would sort it."
- There was a complaints procedure in place and we saw when a complaint had been raised it had been investigated and responded to following the procedure.
- Any outcomes to complaints were shared with staff and lessons learnt. For example, a system of recording was put in place to ensure a person received the support they required with their personal care.

# 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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives spoke positively about the culture and atmosphere in Amber Lodge. One relative said, "It's nice and small here so you get to know everyone and see the same familiar faces when you come in. The managers and staff listen to you, there is good communication between everyone."
- Staff said they felt supported and were focussed on providing people with the individual support they needed. One staff member said, "This is one of the best management teams I have worked for, they are understanding, approachable, any problem they listen and help you with."
- People knew who the registered manager was; they spent time around the home each day and clearly knew who everyone was. Staff were friendly and approachable, and people commented they felt listened to.

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 registered manager was aware of the duty of candour and there were systems in place to ensure compliance with this. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- 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.

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

- There were systems in place to monitor the quality of the service. Regular audits were undertaken, and any shortfalls found were addressed. Members of the management team made unannounced visits at night and at weekends to ensure standards were consistently maintained.
- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to and supported. They had regular supervisions and training which ensured they provided the care and support at the standards required.
- The registered manager notified the Care Quality Commission (CQC) of events they were required to by law and had displayed the service's previous CQC rating as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and their relatives were asked for their feedback about the care given. One relative told us they were always consulted and invited to comment on the care provided to her loved-one and was always contacted with any changes or concerns.
- Staff told us they had staff meetings where they could openly discuss what was happening in the home and learn from any incidents.
- The registered manager ensured that information from audits, complaints, feedback, care plan reviews and accidents and incidents were used to inform changes and improve the quality of care people received.

#### Working in partnership with others

- The registered manager referred people to specialist services either directly or via their GP. Records confirmed the service had worked closely with district nurses, GPs and other health professionals as required.
- Relationships had been developed with local colleges and schools, throughout the year groups of children would visit to entertain people and an art project had been undertaken, involving young people painting murals within the home and outside in garden.