

Cygnnet Care Services Limited

Amberwood Lodge

Inspection report

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19 June 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Amberwood Lodge is a residential care home providing personal care to nine young people aged 18 and over at the time of the inspection. The service can support up to nine people and has two communal open plan kitchen dining areas, a communal lounge, sensory room and activities room.

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

People told us they were happy, felt safe. Relatives said that staff had a good understanding of their loved ones needs and preferences. Risks had been identified and measures put in place to keep people safe from harm. Medicines were managed safely and administered by trained staff.

Staff listened to what people wanted and acted quickly to support them to achieve their goals and outcomes. Staff looked to offer people solutions to aid their independence and develop their skills.

Staff were well trained and skilled. They worked with people to overcome challenges and promote their independence. The emphasis of support was towards inclusion and enabling people to learn essential life skills. Equality, Diversity and Human Rights (EDHR) were promoted and understood by staff.

People, professionals and their families described the staff as caring, kind and friendly and the atmosphere of the home as relaxed and engaging. 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.

People received pre-admission assessments and effective person-centred support. The service was responsive to people's current and changing needs. Regular reviews took place which ensured people were at the centre of their support.

A new registered manager had been recruited since the last inspection. Leadership was visible and promoted good teamwork. People, professionals and staff spoke highly about the management and staff had a clear understanding of their roles and responsibilities. The registered manager, deputy manager, team managers and staff team worked together in a positive way to support people to achieve their own goals and to be safe.

Checks of safety and quality were made to ensure people were protected. Work to continuously improve the service was noted and the registered manager was keen to make changes that would impact positively on people's lives.

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

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

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 good (published 17 January 2018).

Why we inspected

The inspection was prompted in part due to concerns received about a high number of safeguarding alerts and use of physical interventions. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well led sections of this full 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.

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?

Good ●

The service was 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.

Amberwood 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 completed by one adult social care inspector.

Service and service type

Amberwood 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.

The service had a manager registered with the Care Quality Commission. 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

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.

Inspection activity started on 18 June 2019 and ended on 19 June 2019.

What we did before the inspection

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 reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke with three people who used the service and met with two relatives and one health care professional.

We spoke with the registered manager, regional manager, head of quality and a team manager. We met with five staff including maintenance and support workers. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality audits and feedback questionnaires.

We walked around the building and observed care practice and interactions between support staff and people.

After the inspection

We looked at training data and policies. We spoke with one professional who regularly visited 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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management;

Risk assessments were in place which gave clear measures for staff to follow to reduce the risk of harm.

Assessments covered areas such as; epilepsy, accessing the community, using the kitchen and PICA. PICA is an eating disorder in which someone eats non-food substances that have no nutritional value, such as paper, dirt or ice.

- The team manager told us, "We are pro positive risk taking here. We look at what people want to do and work with them to achieve it by putting steps and measures in place".
- We found that positive behaviour support plans were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge the service.
- Physical interventions were occasionally used by staff with some people living at the home. Staff had all received appropriate training and confirmed that interventions were only used as a last resort or if the person put themselves or others at significant risk. Interventions had been individually risk assessed and clear recording and analysis took place following all incidents.
- Staff took part in debrief meetings with management following behavioural incidents. However, these were not always recorded. The meetings enabled staff to reflect on the incident and discuss events before the incident occurred, actions taken and any learning.
- We asked the registered manager if debrief meetings took place with people. We were told that these did not but would be an area the registered manager would work on with the clinical team going forward. Having these meetings with people would enable them to learn and identify emotions, behaviours and actions they may take in future to support them manage their own behaviour.
- Regular fire and health and safety checks were completed by the home's maintenance person. We discussed the idea of people being involved in health and safety checks around the home. The maintenance person and registered manager said they would investigate this.
- Annual safety checks were completed by external professionals such as gas safety and portable appliances.
- People had Personal Emergency Evacuation Plans (PEEPs) which guided staff on how to help people to safety in an emergency.

Staffing levels; Learning lessons when things go wrong

There were enough staff on duty to meet people's needs. We asked one person if there were enough staff. They said, "Yes, enough staff". A professional said, "I would say there are enough staff. I admire them". A relative told us, "There seems to have been a high turnover of staff recently, but the levels are ok". A staff

member commented, "There are definitely enough staff. I never feel stretched. I love it here".

- The registered manager explained that since starting they had worked hard to recruit permanent staff and not use agency. We were told that this had been successful, and that agency staff were no longer used. The registered manager went on to say that they monitored the amount of staff needed based on people's needs and their activities and appointments.
- The registered manager responded appropriately when accidents or incidents occurred. There was an effective system in place which meant these were reviewed, analysed and used as a learning opportunity. However, we noted that some incident forms had not been fully completed. The registered manager told us they would act on this.
- Learning was shared with staff during supervisions and staff meetings. During a review of staff meeting notes we found that lessons learnt was a standing agenda item.

Systems and processes to safeguard people from the risk of abuse including recruitment

- People, relatives, professionals and staff were confident people were safe. For example, external doors were secure, policies were in place and care plans were clear.
- We asked a person if they felt safe with staff. The person said, "Yes, staff nice". A relative told us, "[Person's name] is safe at Amberwood Lodge. The resources they have work well. [Person's name] is always happy to come back here which says a lot".
- Staff could tell us signs of abuse and who they would report concerns to both internal and external to the home. The provider had recently introduced safeguarding supervisions which all staff had received. These covered areas such as raising alerts, use of physical interventions and gave staff an opportunity to raise any concerns they may have.
- There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts, investigations and logged outcomes and learning. We found that there were no safeguarding alerts open at the time of the inspection.
- Relatives, professionals and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to. A health care professional said, "We have no safeguarding concerns. The management seem very open and transparent".
- The provider operated a safe recruitment process. Recruitment checks were in place and demonstrated that people employed were safe to work with vulnerable adults, had satisfactory skills and the knowledge needed to care for people.

Using medicines safely

- We found that the service had implemented safe systems and processes which meant people received their medicines in line with best practice.
- The service had safe arrangements for the ordering and disposal of medicines.
- Medicines were stored securely. Daily temperature checks were completed, and records were up to date. The registered manager told us that they had just purchased individual medicine cabinets for each person to store medicines in their rooms. This was a personalised step forward to increase independence. We were told that cabinets would be personalised. For example, one person loved butterfly's and their cabinet would have stickers of butterflies on it.
- The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed.
- Where people were prescribed medicines that they only needed to take occasionally (typically referred to as PRN), guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- Medicine Administration Records (MAR) were completed and audited appropriately.

Preventing and controlling infection

- The home was visibly clean and odour free. There was a domestic team, infection control policy and cleaning schedule to ensure that risks to people, staff and visitors from infection were minimised.
- Staff had received infection control training and understood their responsibilities in this area. A staff member told us, "We use different colour mops and chopping boards. We also disinfect door handles. One person enjoys doing this task with us".
- There were hand washing facilities throughout the home and staff had access to personal protective equipment (PPE) such as disposable gloves and aprons. We observed staff wearing these during both days of the inspection.
- People were supported to participate in keeping their home and rooms clean to minimise the risks of the spread of infection.
- The service ensured a high level of hygiene was maintained and checks were completed. Regular infection control audits were completed by the management and up to date. A relative told us that they found the home to be clean and tidy during their visits.

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 remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- There was a clear referral and admissions process in place which ensured people received pre-admission assessments and effective person-centred support during transition between services.
- People's needs, and choices were assessed, and care, treatment and support were provided to achieve effective outcomes. There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals and outcomes.

Staff support: induction, training, skills and experience

- Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "Training is good. I recently did [name of behaviour training]. We learnt how to block and move as opposed to restrain. Also learnt how to deescalate and how behaviour can influence behaviour. I have first aid next". A professional said, "Staff seem professional in their role".
- There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- New staff confirmed that the induction process was effective. A staff member told us, "It's been a really good induction. First, I did some e-learning and then about a month of shadow work. I was never asked to do anything I felt uncomfortable doing".
- The registered manager told us staff received annual appraisals and regular 1:1 meeting. Staff told us that they felt supported and could request supervision or just approach the management team should they need to.
- One appraisal form we reviewed had not been fully completed in relation to performance. We discussed this with the registered manager who told us they would follow this up with the deputy manager.

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

- People told us they enjoyed the food at Amberwood Lodge and some liked preparing meals. One person told us, "Food nice".
- Staff understood people's dietary needs and ensured that these were met. Where nutritional needs had been assessed clear guidelines were in place. The home had recently reviewed people's food likes and dislikes.
- The home employed two chefs. They were aware of people's needs and safe swallow plans were in place. One person required a soft diet. We discussed the use of food moulds with the chef and registered manager

who told us they would look into these. These would make the persons food look more appealing on their plate.

- People took part in choosing meals in weekly house meetings. The menu was displayed in the kitchen area. It had been identified by the head of quality that vegetable options were not listed. The chef was going to add these to the menu.
- The chef told us that alternative dishes were made available should people prefer something different on the day.
- At the time of inspection food was ordered on-line through a catering company which meant large quantities of stock were delivered. The kitchen was a domestic one which had limited storage. We discussed the idea of people being involved in food shops at local supermarkets. The registered manager told us they would look into this.

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

- People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. Recent health visits included; learning disability nurses, GP and social worker.
- A health professional said, "Staff know why I am visiting when I am here. I was talking to the practice nurse yesterday who is also very complimentary about this home".
- People received an annual health check as per best practice for people with a learning disability.
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

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

- Improvements had been made to the environment since the last inspection. These included, redecoration, new flooring, wall art and the creation of an activities room. During the inspection we observed people readily using this room.
- The registered manager told us that photos of people enjoying activities would soon be displayed on walls around the home.
- People told us that they liked their home. One person said, "happy with home, nice". A relative said, "It's a nice environment. Homely. [Person's name] has a nice bedroom".
- There were two open plan kitchen dining room areas. This was so that people had the choice of eating in a quieter environment should they wish too.
- People's rooms were painted and decorated in the way they chose. One person loved butterflies, we saw that they had a feature wall of butterfly wallpaper.
- The maintenance man told us, "[Person's name] paints with me. We did their bedroom and they chose pink. [Person] doesn't like change however, involving them really helped with this and they are very happy".

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People at Amberwood Lodge were living with a learning disability or autism, which affected their ability to make some decisions about their care and support.
- Mental capacity assessments and best interest paperwork was in place for some areas such as personal care and finance.
- Assessments and, where appropriate, best interest decisions had not been completed for positive behaviour support strategies which in some cases included the use of low-level physical interventions. We discussed this with the registered manager who acted straight way and worked with the clinical team and people in the home.
- Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions.
- Five people had an authorised DoLS in place and four further applications had been made to the relevant local authorities. Conditions attached to authorised DoLS were being met and monitored by the registered manager.
- The registered manager told us that when they started in January 2019 all doors along corridors within the home were code locked which restricted people's access around their own house. The registered manager was proud to tell us that these were now left open and on day two of the inspection we observed the code pads being disabled and removed.
- Staff told us how they supported people to make decisions about their care and support. People confirmed that staff asked them before supporting them in tasks or with personal care.

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 good.

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, professionals and relatives told us staff were kind and caring. We asked one person if staff were nice, they told us "yes". We asked if staff shouted, they said "no". We finally asked if staff were happy, the person said "yes". Relatives and professionals comments included; "Staff are kind and caring in their approach. They are very respectful of people here", and "Staff are kind and caring. I have no concerns there at all".
- People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy.
- Training records showed that all staff had received training in equality and diversity. A staff member told us, "We are all equal and have the same rights as each other regardless of ability".
- The registered manager told us that they had received several compliments. We read some that were recorded. One, from a practitioner read, 'I'd like to compliment you and your staff who were all professional, extremely knowledgeable and supportive. [Staff member name] was particularly helpful. The atmosphere in the home was calm and respectful'.

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

- People were able to express their needs and choices and staff understood their way of communicating. A staff member said, "We give people options to support them to make decisions".
- Relatives were pleased with the care their loved ones received. One relative said, "I am very pleased with the care. Staff understand autism and that's important".
- Where needed the home sought external professional help to support decision making for people such as advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately.
- A staff member said, "During personal care we close doors and curtains. We always talk people through tasks like washing and dressing".
- Promoting independence was important to staff who supported people to live fulfilled lives. A staff member said, "We encourage people to make their own breakfast and complete household tasks". We discussed accessing supermarkets to enable people to shop for food and make meals. The registered manager told us they would look into this.

- The activities coordinator showed us records that evidence independence skills with food preparation.
- Staff told us that, at times, people liked tasks done for them however, they used approaches which encouraged people to engage and do things for themselves. This included active support where staff may use a hands on hand approach whilst carrying out tasks.

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 good. At this inspection this key question has remained the same 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

- Throughout the inspection we observed a positive and inclusive culture at the service. Person centred care, involving people and using creative approaches were embedded and normal practice for staff.
- Care plans were personalised and updated in response to people's changing needs.
- People's likes, dislikes and preferences were known and led to the delivery of personalised care. Staff used this information to care for people in the way they wanted.
- Staff explained how they put people at the centre of their care and involved their relatives in the planning of their care and treatment. The registered manager told us that regular review meetings took place with the local authorities, families and people.
- A relative told us, "We attend annual reviews. These are positive and give us an opportunity to ask questions".
- We asked how people were actively involved in the planning of their care and if people were encouraged to attend all or part of their own reviews. The registered manager told us that this was an area they were working on at the moment.
- People were supported to access the community and participate in activities which matched their hobbies and interests and were reflected in individual support plans. Throughout the inspection we observed people being supported to access the community either via foot or through use of the home's vehicle.
- Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone.
- Staff were creative in their approach when supporting people to make decisions about activities they wished to participate in. The maintenance person told us that they knew a person enjoyed marbles. From this they had supported the person to make a marble trap which we were told the person really enjoys.
- People were supported to develop and maintain relationships to avoid social isolation. This included contact with those important to them including family, friends and other people living at the home. For example, staff supported people to use the phone and tablets to call and video-call relatives. One relative said, "I am able to visit whenever and am always made to feel welcome".

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's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that people's identified information and communication needs were met. Copies of information and procedures were also available in easy read format. For example, safeguarding. Other easy read documents included hospital passports and health action plans.

Improving care quality in response to complaints or concerns

- The registered manager told us that they welcomed complaints and said, "I see complaints as positive. They are a learning opportunity".
- The service had a complaints procedure in place; this captured the nature of complaints, steps taken to resolve these and the outcome. At the time of our inspection there were no live complaints.
- We found that complaints had been fully investigated, outcomes discussed with the complainant and where necessary improvements made.
- People and relatives told us they knew how to raise concerns and make complaints. One relative said, "I'd discuss concerns with the management. [Deputy manager name] is amazing".
- Relatives and professionals told us they had no complaints and felt concerns would be listened to and acted upon.
- An easy read version of the complaint's procedure had been created for people who required additional support to understand information.

End of life care and support

- People's end of life wishes had started to be explored by the service.
- The registered manager told us they were working closely with the local authority and quality monitoring teams to develop a suitable template to use.
- The registered manager understood the importance of capturing people's preferences and choices in relation to end of life care because a sudden death may occur.
- We were told that the template would record preferences relating to people's protected characteristics such as culture and spiritual needs.

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 good. At this inspection this key question has remained the same 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

- There had been management changes since our last inspection. The previous registered manager and deputy had left the organisation and a new registered manager and deputy had been recruited.
- The registered manager had been employed since January 2019 and was approaching the end of their probation. The regional manager told us they were very pleased with the appointment and had been impressed with all the improvements made in such a short time.
- The registered manager promoted a person-centred culture and had a passion for inclusion and making a difference to people. On several occasions during the inspection we observed people and staff accessing the manager's office and having positive open discussions.
- Staff understood and demonstrated the organisational values which were integrity, trust, empower, care and respect. One staff said, "There is definitely a positive culture here".
- Staff, people, relatives and professionals were positive about the management of the home. We asked a person if they liked the manager. The person signed and said yes. A relative said, "The deputy manager is brilliant, really helpful. The new registered manager seems very nice too".
- Staff comments included, "The management are 100% good. Always listen to me and lead by example" and, "The new manager is great. They are always helping and will happily support people too. Things that need to be done get done which is great".
- A professional told us, "The registered manager has always been approachable and seems very organised".

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 understood the requirements of duty of candour. The registered manager said, "Duty of candour is about apologising and being open and honest. We may follow this if there was a death, serious injury, unusual event or medicine error".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Managers and staff were clear about their roles and responsibilities. Duties were clearly detailed in staff job

descriptions which were included in personnel files.

- Staff told us they felt supported, valued and listened to by the management team. A staff member told us, "Staff are kept well informed and involved in changes. For example, we are asked for our views and opinions and people are asked for theirs too".
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- The provider, regional manager, registered manager and team manager demonstrated a commitment to ensuring the service was safe and of high quality.
- Regular checks were completed by the registered manager and deputy manager to make sure people were safe and that they were happy with the service they received. These included unannounced night spot checks.
- Regular areas audited included; care files, staff supervision and personnel records, health and safety and an environmental walk around.
- On day one of the inspection the internal head of quality turned up for an unannounced quality audit. The head of quality told us that the quality team have a schedule and visit services to review the quality of service delivery in line with the KLOE. This is a framework used by inspectors to assess adult social care services.
- Regular staff meetings took place which gave staff an opportunity to discuss topics, follow up on actions set in previous meetings and discuss the people they were supporting. We read that reflective learning was a set agenda item and took place in these meetings.

Working in partnership with others

- Amberwood Lodge worked in partnership with other agencies to provide good care and treatment to people. At the time of inspection, the service was working closely with the local authority to review end of life plans.
- Professionals fed back positively about partnership working with the home. A professional said, "Partnership work is really good. Our aim whilst working with the home and visiting people here is to reduce the need for hospital admissions and It is working".
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.