

Meridian Healthcare Limited

Amber Lodge - Leeds

Inspection report

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Ratings

Overall rating for this service

Requires improvement



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?

Requires improvement



Overall summary

We inspected the service on 29 June 2015. The visit was unannounced.

Our last inspection took place on 30 January and 5 February 2015 and, at that time; we found the service was not meeting the regulations relating to care and welfare of people who used the service, training and staffing. People's needs were not being met regarding nutrition and cleanliness of the home. We asked them to make improvements. The provider sent us an action plan telling

us what they were going to do to ensure they were meeting the regulations. On this visit we checked and found improvements had been made in all of the required areas.

Amber Lodge provides accommodation and care for up to 40 older people living with dementia. The home is purpose built and there is car parking available. The home is divided over two floors and people living there have en-suite rooms. Both floors have communal lounges, dining rooms and bathing facilities. The home has a garden to the rear of the building which is secure.

Summary of findings

At the time of our inspection there was no registered manager in the home. '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.'

During our visit we saw people looked well cared for. We observed staff speaking in a caring and respectful manner to people who lived in the home. Staff demonstrated that they knew people's individual characters, likes and dislikes.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

The service was meeting the requirements of the Mental Capacity Act 2005. We felt staff understood how to help people make day-to-day decisions and were aware of their responsibilities under the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS).

Medicines were administered to people by trained staff and people received their prescribed medication when they needed it. Appropriate arrangements were in place for the ordering, storage and disposal of medicines.

We spoke with staff who told us about the action they would take if they suspected someone was at risk of abuse. We found that this was consistent with the guidance within the safeguarding policy and procedure in place at the home.

People told us the food at the home was good and that they had enough to eat and drink. We observed lunch being served to people and saw that people were given sufficient amounts of food to meet their nutritional needs.

We saw the home had a range of activities in place for people to participate in. Staff were very enthusiastic and people's relatives told us the activities had a positive impact on the lives of their family member. This meant people's social needs were being met.

We looked at four staff personnel files and saw the recruitment process in place ensured that staff were suitable and safe to work in the home. Staff we spoke with told us they received supervision every three months and had annual appraisals carried out by the manager. We saw minutes from staff meetings which showed they had taken place on a regular basis and were well attended by staff.

We saw the provider had a system in place for the purpose of assessing and monitoring the quality of the service. This showed through monthly and weekly audits that this was an effective system.

We found that staff had training throughout their induction and also received annual refresher training in areas such as dementia care, Mental Capacity Act 2005, DoLS, safeguarding, health and safety, fire safety, challenging behaviour, first aid and infection control. This meant people living at the home could be assured that staff caring for them had up to date skills they required for their role.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

The provider had taken appropriate action and was now meeting legal requirements. .

There were skilled and experienced staff to meet people's needs.

Staff we spoke with were aware of how to recognise and report signs of abuse and were confident that action would be taken to make sure people were safe.

Medications were managed safely and administered in line with the prescribing instructions. They were ordered, stored and disposed of correctly.

Good



Is the service effective?

The service was not always effective

The provider had taken appropriate action and was now meeting legal requirements.

People's nutritional needs were being met. Where it had been identified people had lost weight these concerns were referred to a health care professional.

People were supported to with exercise and wellbeing in the home.

Mental capacity assessments were completed in people's care plans and DoLS had been appropriately sought.

Requires improvement



Is the service caring?

The service was caring

The provider had taken appropriate action and was now meeting legal requirements.

Staff had developed good relationships with the people living at the home and there was a happy, relaxed atmosphere. People told us they were happy with the care they received and their needs had been met.

We saw people's privacy and dignity was respected by staff.

Relatives felt they had being supported to be involved in the care for their family. Relatives told us that they felt their family were cared for.

Good



Is the service responsive?

The service was responsive

People received support as and when they needed it and in line with their care plans.

Good



Summary of findings

An Activity Co-ordinator was employed to support the needs of the people who used the service.

People who lived at the home told us they felt comfortable raising concerns and complaints.

Is the service well-led?

The service was not always well-led.

There was no registered manager in post at the time of our inspection.

Staff and residents meetings took place which meant people were involved in the service.

There were procedures in place to monitor the quality of the service where issues were identified, we saw there were action plans in place to address these and when action had been taken.

Requires improvement



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.

This inspection took place on 29 June 2015 and was unannounced. The inspection team consisted of three adult social care inspectors a specialist advisor with a background in nutritional needs and an expert by experience with a background in care of older adults. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 31 people using the service. During our visit we spoke with eight people

who used the service and two relatives/visitors to the home. We also spoke with six members of staff, the manager, deputy manager and the regional manager and the provider. We spent some time looking at documents and records that related to people's care and the management of the service. We looked at people's care records. We also spent time observing care in both lounge areas and dining room areas to help us understand the experience of people living at the home. We looked at all areas of the home including people's bedrooms and communal bathrooms. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection we reviewed all the information held about the home. The provider had not been asked to provide a provider information return (PIR). This is a document that provides relevant up to date information about the home that is provided by the registered manager or owner of the home to the Care Quality Commission.

Is the service safe?

Our findings

At the last inspection we rated this domain as inadequate. The provider did not have arrangements in place to ensure the safe management of medicines, suitable arrangements were not in place to ensure people were protected from the risk of abuse and there were not sufficient numbers of suitably qualified, skilled and experienced staff to meet people's health and welfare needs.

All the people we spoke with at this inspection said that they felt safe in the home. These were some of the comments people made, "I feel safe here as every one of the staff know me so well" and "My bedroom is always nice and clean and tidy I feel at home." We spoke with a person's relative who told us, "I've never seen any staff not be nice to the residents and I come often at different times of day. There was lack of staff but not now. Earlier in the year it plummeted, staff left, the place was unsettled. It's picked up over the last 6 weeks; I don't want it to go back to that level of staffing. "The staff have more time now, as a result it is clean and tidy with a calm atmosphere,"

Our observations and discussions with people and staff showed there were sufficient staff on duty to meet people's needs and keep them safe. The provider said the staffing levels were monitored and reviewed regularly to ensure people received the support they needed. Staff we spoke with told us the staffing levels enabled them to support people well and to ensure their care needs were met safely. This was confirmed by our observations during the inspection. We spoke with one person's relative who told us, "[Relative] had a fall and the staff called an ambulance and rang me straight away. They did the right thing. Two people using the service also told us, 'You can't go into the shower by yourself here, that's for the best because you never know when you might slip' They also said, "If you ring the bell, the staff come straight away".

We looked at the recruitment records for three staff members. We found recruitment practices were safe. Relevant checks had been completed before staff worked unsupervised at the home which included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We spoke with staff about their understanding of protecting vulnerable adults. Staff had an understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with said they would report any concerns to the manager. Staff said they were confident the manager would respond appropriately. The service had policies and procedures for safeguarding vulnerable adults and these were available and accessible to members of staff. Staff said they were aware of how to whistle blow (report concerns outside of the organisation) and confirmed they covered this on their training. One staff member told us safeguarding was about when people had bruises, falls or illness. Another staff member we spoke with said they were now able to report safeguarding incidents directly to the local authority safeguarding team. We also saw a safeguarding flow chart was on the notice board in the reception area of the home for anyone to read.

All the staff we spoke with told us they had received safeguarding training. Staff said the training had provided them with enough information to understand the safeguarding processes that were relevant to them. Staff records confirmed that all staff members had received safeguarding training. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

We looked in people's care records and saw where risks had been identified for the person, there were risks assessments in place to ensure these risks were managed. For example, care records showed assessments were carried out in relation to pressure care, food and fluids and medication. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm.

Records showed an up to date fire risk assessment was in place. Fire safety equipment was tested and fire evacuation procedures were practiced weekly and also at unannounced intervals. The home had care plans in place for each person who used the service which provided staff with guidance on how to support people to move in the event of an emergency.

We checked the systems in place regarding the management of medicines within the home for people. We found records were all accurate. This meant all people in the home had received all of their medicines as prescribed.

Is the service safe?

Four random medication administration records (MAR) sheets were checked and administration was found to be accurate in terms of stock held. Each (MAR) had a photograph of the individual person for identification purposes. Any incidents of non-administration or refusals were noted on the (MAR) sheets. This meant it was clear if people had not taken their prescribed medicines.

We looked at medication storage and saw that the medication refrigerator and controlled drugs cupboard provided appropriate storage for the amount and type of items in use. The Controlled Drugs register and stock were checked; a random sample of two medicines were checked against prescription and found to be accurate. As and when required (PRN) drugs were in place at the home. It was

noted that there were protocol sheets with the MAR records indicating the rationale as to when they could be given and why. This meant there was guidance in place for staff to follow.

During our walk around the premises we saw the home was clean and tidy. We looked at various areas of the home including the communal lounges, dining room and bathrooms. We also looked at some people's bedrooms which were clean, tidy and personalised. We found the home was maintained well and looked in a good state of repair. We looked at maintenance records and saw all necessary checks had been carried out within timescales recommended in guidance and legislation. However we spoke to the manager in relation to an odorous smell to the entrance of the home. The manager and regional manager said that they would put a plan in place to look at arranging ventilation to this area.

Is the service effective?

Our findings

At the last inspection we rated this domain as inadequate. The provider did not have arrangements in place to ensure the nutritional needs of people were consistently met. The staff did not have the required training to complete their role.

At this inspection, we found that people had access to healthcare services when they needed them. We saw evidence in three people's care records which showed they regularly visited other healthcare professionals such as dentists and chiropodists. This showed people using the service received additional support when required for meeting their care and treatment needs.

We looked at staff training records which showed staff had completed a range of training sessions, which included moving and handling, dementia awareness, health and safety, food hygiene, management of medicines, infection control, safeguarding adults and meeting nutritional needs. The manager said they had a mechanism for monitoring training and what training had been completed and what still needed to be completed by members of staff. Staff we spoke with told us they had completed several training courses and spoke about medication, pressure care, dementia training and infection control. Staff said that they felt that the training they received enhanced their ability to carry out their job. We were told by the manager staff completed an induction programme which included information about the company and principles of care. We looked at four staff files and were able to see information relating to the completion of induction. This included the completion of eight individual modules for communication, privacy and dignity, mental health and dementia, infection control and safeguarding. This meant that staff had the required training to support people in their home.

During our inspection we spoke with members of staff and looked at staff files to assess how they were supported to fulfil their roles and responsibilities. Three members of staff confirmed they received supervision where they could discuss any issues on a one to one basis. The manager said they would implement a supervision record immediately for new staff when they start their role. We looked at three

staff files and we were able to see evidence that each member of staff had received four supervisions this year up to the day of inspection. We saw staff had received an annual appraisal of their role in March 2015.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom." We asked the manager about DoLS. They told us that all the people in the home currently had a DoLS in place. We spoke with staff about their understanding of the Mental Capacity Act (2005). One staff member said, "It is to look at when someone cannot make a decision for themselves." Another staff member said, "If I noticed a change in someone's behaviour I would speak to my manager as this could mean that her capacity had changed".

The Mental Capacity Act (2005) covers people who can't make some or all decisions for themselves. The ability to understand and make a decision when it needs to be made is called 'mental capacity'. We looked at staff training records and saw 11 out of 14 staff had completed the training. The manager and staff confirmed further training was booked and this was evidenced in the training records. This helps ensure all staff have the knowledge and understanding of the Mental Capacity Act (2005).

People's care plans were up to date and showed that risk assessments and referrals, to other professionals involved in the people's care were in place. It was evidenced throughout the documentation that the family of people who used the service had been involved in the development of them.

We saw drinks and snacks were offered to people throughout the day. People we spoke with said they enjoyed the meals and always had plenty to eat and drink. In the entrance of the home there was a daily menu showing two choices per course and people told us that they had a choice. People chose their meals the day before. Staff said they did this to cut down on wastage. The staff said that people can change their mind if they no longer want the option they chose. We observed staff visually offering choices on the day of the inspection. People said, "I get a choice If I didn't like it, they would make something." Another person said You can have something else if you

Is the service effective?

don't like it [the food]. There are always choices." One person's relative told us, "Although offered [Relative] cannot process enough to make a decision due to her vascular dementia". She also said the staff had asked her instead and she said "I feel listened to regarding my mum's likes and dislikes."

We observed the lunch time meal and saw all the tables were set with jugs of juice. The dining area was spacious, clean and well lit. A pictorial menu of choices of the day was displayed on the wall. The atmosphere was generally calm. On one table a couple of people started arguing and two staff came quickly and diffused the situation. This meant that staff were responding to people's needs. We saw the staff brought people into the dining room and were respectful and kind towards the people in the home as they did this. On the day of our inspection we did not always observe a positive social experience with people in the home around meal times. The staff wore disposable gloves and protective aprons to serve the meals. They seemed however to be occupied with the meal time rather than

interacting with the people in the home at this time. We saw very little positive interaction around meal times. There was only a small amount of verbal encouragement around eating. We saw that not all of the people using the service ate in the communal dining room; some people ate in their rooms. This showed that people had a choice of where to eat.

We observed staff interaction around activities in the home. It was clear from our observation that staff had the skills and knowledge to support people on an individual basis. People in the home were engaged in exercises with staff at the time of our inspection.

We saw in care records that people's dietary needs were recorded and people's weights were monitored monthly. The care records showed that people had weight gains and losses within the care plan. Where this happened the manager referred people to the dietician if there were two consecutive weight losses or gains over two months.

Is the service caring?

Our findings

At the last inspection we rated this domain as inadequate. The provider did not have arrangements in place to for people to be involved in their care. We did not see people cared for in a kind, respectful and caring manner.

People we spoke with were complimentary about the staff, One person said, "They're a nice crowd [staff]. I love it here I can get up when I want and go to lunch when I want." Another person said "The staff are kind and friendly." Another person told us "I get enough privacy and am treated with dignity around personal care." One staff member said "This is a safe place the people get good care, by this I mean the carers are bothered about their [people who used the service] personal appearance. They listen, encourage independence and choice."

We saw people looked well dressed and cared for. For example, we saw people were wearing jewellery and some people had freshly painted nails and hair was nicely styled. This indicated that staff had taken the time to support people with their personal care in a way which would promote their dignity and in line with the people preferences.

People also said staff supported and encouraged them to do things for themselves and we saw this happen throughout the inspection. We observed one person helping with the juice for the table at lunch time. Another person was actively encouraged to put plates in the kitchen after lunch. They also described ways in which they felt the staff treated them as individuals and knew their preferences. For example one person said, "They support me in the shower and always ask me if I need help with anything." Another person said "Staff knock on my door most of the time before coming in." This meant that people were treated with dignity and respect.

We also received feedback from people's relatives who told us, "My [relative] parents started off upstairs but they weren't happy and wouldn't mix and were a bit disturbed by the other residents. I asked for them to be moved downstairs and they are happier now and they use the lounge" and "My sister comes to the meetings here what they have for my parents." Another relative said "I feel happier when I come to see my family now as she is always happy and the staff are lovely, it wasn't like this before but everyone seems happier now."

We spent time with people in the communal areas and observed there was a calm atmosphere and people were comfortable and relaxed around staff. We observed staff chatting with a person about their memories; she spoke in a kind, interested voice and kept herself close to the person at eye level with good eye contact. However we saw a staff member played a memory game with a person, and we didn't hear the staff check if the person wanted to play this game. The person did engage in the activity though and when the game had finished asked to play again.

We looked at the care records of three people and found evidence which showed the involvement of the person concerned. We saw that where documents required signing by the person this had been done. There was evidence in all the three care plans that they had being reviewed in March 2015 and instructions for end of life care was evidenced in one care plan. As part of the end of life care plan a cremation plan with the contact numbers for funeral directors were in place. People we spoke with told us they knew they had records which the home kept about their care. We also spoke with one person's relatives who told us, "I am involved in the care of my family and I attend any appointments with her." Staff had a good understanding and knowledge of people's care who they supported. This meant that people, or where appropriate their relatives, had been involved in their care.

Is the service responsive?

Our findings

People had their needs assessed before they moved into the home. This ensured the home was able to meet the needs of people they were planning to admit. Records we looked at showed how people who used the service, their families and other professionals had been involved in the assessment. Staff said introductory visits and meetings were carried out where possible to make sure all people who used the service were compatible and to give opportunity for people to get to know each other.

People were encouraged to maintain and develop relationships and to visit their family members and to keep in touch. One person we spoke with told us their family member who visited them on a regular basis was always made to feel welcome by staff. The relative of one person told us, "Yes, we can visit when we want and my sister comes too." Another relative said that the home is a much better place and that you can ask the manager anything and she will deal with it straight away."

People received care which was personalised and responsive to their needs. Within the three care plans we looked at, we saw that assessments showed preferences by recording for example, 'Prefers baths' and written evidence of instructions of how people like to be dressed and if they like to have a hairdresser to do their hair. In addition, the care plans showed that people's preferences of food were recorded. In one person's care plan it was recorded that the person 'does not like spicy food' and 'likes the light on at night.' This was good person centred information. The care plans showed that regular reviews and changes had been recorded. Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person.

Activities were meaningful and arranged to suit the needs and interests of the people who used the service. The home had an activity co-ordinator who supported the home with various activities that people in the home and relatives had specified they would enjoy. An activities sheet was present and on display at the time of our inspection. Staff said they offered and encouraged activity based on the person's known likes and dislikes. People told us they

enjoyed the activities on offer. They told us, "I like knitting and watching films on the television" and "They have things to do every day here and staff are involved in all the activities." One relative said "The home is a much better place, my mother is happy and she is joining in all the activities in the home."

At the time of our inspection a game of bingo had started on the ground floor and the staff participated and helped people along with the game. At least four people took part in this activity. Records were also available which showed people who used the service were involved in a range of activities. One staff member said, "We do loads of activities we recently had memory boxes updated and put into place". Staff are aware of people's likes and dislikes. "On the first floor people and staff had been doing arm chair exercises and this was observed at the time of inspection. One person said "I enjoy doing exercises and the staff do these with us."

We saw the complaints policy was available in the home and were told this was given to people who used the service and their relatives when they first began to use the service. Staff said people were given support if they needed to raise any concerns. Staff knew how to respond to complaints and understood the complaints procedure. They said they would always try to resolve matters verbally with people who raised concerns and speak to the manager. However, they were aware of people's rights to make formal complaints and the importance of recording this and responding in an appropriate and timely manner. We spoke to visitors who said they would comfortably bring up any issues with a member of staff. We spoke with people who used the service one told us, "I have no complaints and if I had I would tell the staff."

We looked at records of complaints and concerns received this year. It was clear from the records that people had their complaints listened to and acted upon. This included written responses to people's concerns. The manager said any learning from complaints would be discussed with the staff team once any investigation had concluded. We saw this was discussed in staff meetings to ensure staff received timely information on any concerns or complaints to try and prevent any re-occurrence of issues. Staff confirmed they received this information.

Is the service well-led?

Our findings

At the time of our inspection there was no registered manager in post at the home. The registered manager from a sister home was supporting the home. The provider told us they were in the process of appointing a registered manager for the home. The manager dealt with day to day issues within the home and with the assistance of two deputy managers oversaw the overall management of the service. They worked alongside staff overseeing the care given and providing support and guidance where needed. They engaged with people living at the home and were clearly known to them. Our discussions with people who lived at the home and our observations during our inspection showed there was a positive culture and atmosphere in the home. One staff member said, "I thought the manager was spread a bit thin" being involved with the adjacent home, but staff felt that the manager was open and you could discuss any issues with them. Another staff member thought the deputy manager was very good and showed determination and said that the future was positive with the new staff team; we all work as a team now.

Staff and residents meetings took place within the home. We looked at two meetings which had been completed in 2015. We saw that people were happy with the service and the improvements that had been made over the last few months. People in the home said that they like the meals and are happy with the activities that they now do throughout the day. This meant people were involved in the service.

We asked people who used the service and their relatives for their views about the care and support the home offered. One person said, "We have been asked about the service we get and things have changed. The manager is always interested if we have new staff we have to complete a survey to see if everything is OK." The provider sent out customer satisfaction survey for people who used the service and their relatives. We looked at 2014 surveys. They

showed a high degree of satisfaction with the service. 100% would recommend Amber Lodge, 99% of people said the service met their expectations, 100% of people said the food met their expectations. What they said could be better were more activities, more time in the garden, better laundry service and improve communication with residents and family. One person said "The manager sets a good example because she is hands on; I have already seen an improvement in what we said in the surveys as the activity co-ordinator is now doing 25 hours a week to support the home." This meant that the home was responding to the needs of the family and people in the home.

Staff received supervision and an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the manager or provider.

We saw the provider had a quality assurance system in place which consisted of audits which required completion on a monthly basis by the manager. This included audit of accidents, falls, bed rail usage, complaints monitoring, pressure sores, weight loss action plan, medication, infection control, catering, care plans, satisfaction surveys, CQC/safeguarding notifications and the dependency tool. This was then checked by the provider representative on a monthly visit to the home. We saw that where issues were identified, action plans had been put in place. These included achievable timescales to ensure issues were resolved in a timely manner. This showed there were systems in place to assess and monitor the service provision and ensure improvements in the service.

We looked at the way accidents and incidents were monitored by the service. Any accidents and incidents were monitored by the manager and the organisation to ensure any trends were identified. The manager confirmed there were no identifiable trends or patterns in the last 12 months.