

Amber Care (East Anglia) Ltd

Amber Lodge - Lowestoft

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Amber Lodge is a care home providing care and support to a maximum of 13 people living with a learning disability. At the time of our visit there were 13 people using the service.

The inspection was unannounced and took place on 10 September 2015.

The home had a manager in place who was in the process of registering with the Care Quality Commission. 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 requirements in the Health and Social Care Act 2008 and associated regulations about the service is run.

People told us they felt safe living in the service, and there were clear plans in place to reduce the risks of people coming to harm. Staff understood their role in supporting people to keep safe.

Summary of findings

People told us, and our observations confirmed that there were enough suitably qualified, trained and supported staff to meet people's needs. Staff told us they received the training they needed to carry out their role effectively, and that they were supported to do their job.

There was a robust recruitment procedure in place to ensure that prospective staff members had the skills, qualifications and background to support people.

People told us that they received their medicines when they needed them. Medicines were stored and administered safely.

The service was complying with the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). Appropriate DoLS referrals had been made where required, and assessments of people's capacity were completed appropriately.

People were supported to live full and active lives, and engage in meaningful activity within the service and out in the community.

People were aware of the support they should receive from staff. However, improvements were required with regard to how people are involved in the planning of their support in the future, and how their views are reflected in their care records.

There were systems in place to monitor the quality of the service and to identify shortfalls and areas for improvement. There was an open culture at the service. People and their relatives were supported to voice their opinions on the service they received and to give feedback about the staff who supported them. Staff told us they felt confident in raising concerns or making suggestions to their manager. There was a complaints procedure in place and people knew how to complain if they were unhappy.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were enough staff to meet people's needs. Robust recruitment procedures were in place.

People's medicines were managed, stored and administered safely.

Risks to people's safety were planned for, monitored and well managed by the service. Staff knew how to recognise abuse and understood the safeguarding process in place at the service.

Good



Is the service effective?

The service was effective.

Staff received the training and support they required to carry out their role effectively.

People had access to a choice of nutritious food and drink which met their needs.

Consent was obtained appropriately. Staff and the registered manager complied with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring.

People told us the staff were caring and showed them kindness and understanding.

Staff demonstrated they knew people well and had formed close bonds with people.

Good



Is the service responsive?

People received support which was planned and delivered in line with their personalised care plans.

Improvements were required to ensure that people are actively involved in the planning of their care.

People were encouraged and supported to feedback on the service and make complaints.

People were supported to be independent and engage in meaningful activity and stimulation.

Good



Is the service well-led?

The service was well-led.

There was a robust quality assurance process in place to identify shortfalls and areas for improvement.

There was an honest, open and transparent culture with the home. People and staff felt confident in making suggestions to the manager and were involved in the improvement of the service.

Good



Amber Lodge - Lowestoft

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 10 September 2015 and was unannounced. The inspection was undertaken by one inspector.

The provider completed a provider information return (PIR). This is a form that asks the provider to give key information about the service, for example, what the service does well and any improvements they intend to make. Before the inspection we examined previous inspection records and notifications we had received. A notification is information about important events which the service is required to tell us about by law.

We spoke with four people who used the service, three members of staff and the manager. We looked at the care records for seven people, including their care plans and risk assessments. We looked at four staff recruitment files, medicine records, minutes of meetings and documents relating to the quality monitoring of the service.

Is the service safe?

Our findings

People told us they felt safe in their home. One person said, "I feel very safe." Another person told us "I have never not felt safe, not once." Another person commented when asked how they felt, "Safe, safe."

There were detailed and personalised risk assessments in place for each person. These set out the risks to the individual and how staff could support them to minimise the risks. These assessments included potential hazards such as visiting the community independently, using kitchen equipment and mobilising independently. Care was taken to ensure that staff understood how to minimise these risks without restricting the person's independence. One staff member said, "There's risks in all our lives, you can lower the risk but sometimes you have to make a decision about whether you're stopping them doing things they want to do."

We observed that staff were proactive in reducing the risks to people. For example, we saw one staff member assisting a person to make their lunch taking time and care to ensure the person was aware of the dangers with regards to the hot kitchen appliances.

Incidents and accidents were monitored for trends and thoroughly investigated to inform measures which may reduce the risk to people in the future. There were robust safeguarding processes in place to protect people from abuse, and staff understood their role in protecting people from abuse.

People told us there were enough staff to support them. One said, "It's nice because they're always around and we all sit at night and watch TV together." Another person commented, "They have time to be my friend." Staff told us

that there were enough staff to meet people's needs. One said, "We had problems at the start of the year with a shortage of staff but now it's so much better, there's enough now." Another staff member told us, "Since [manager] has been here we have never gone short of staff." The manager told us that there had been a shortage of staff available to cover shifts at the start of the year, and that staff from the provider's other services often had to help out. The manager told us that they had recruited new staff and that there was no longer a shortage. They said the staffing levels were regularly reviewed as and when people's needs changed, or if more staff were required for a special trip or event. Conversations with staff and records seen confirmed this.

There were robust recruitment procedures in place to ensure that prospective staff had the appropriate skills, qualifications and background for the role. Several new staff members had been recruited recently, and records confirmed that relevant checks had been carried out on these staff members before they started work. For example, appropriate checks were carried out to ensure that the staff member did not have any relevant criminal convictions which would make them unsuitable for the role.

People told us that they received their medicines when they required them. One person said, "Every day, they get them from the cupboard over there." Another person told us, "Yes, yes, I get them." We observed one person ask for painkillers during our inspection, and we saw that staff promptly administered these to the person to relieve their discomfort. Where people were administered 'as required' medicines (PRN), there was information available to guide staff on when it would be appropriate to administer these medicines. Medicines were stored, recorded and administered safely.

Is the service effective?

Our findings

People told us, and we observed, that staff asked for people's consent before supporting them with tasks. One person said, "It is up to me. They only do what I say to do." Another person told us, "They [staff] told me that if I say no it's OK." Our observations confirmed what people told us. For example, we saw one staff member ask a person if it was okay for them to help them prepare their lunch. We observed another staff member ask one person if it was okay for them to go into their bedroom. Staff demonstrated a good knowledge of consent processes and procedures and how they should obtain consent from people. One staff member told us, "It's their life. If they don't want to, we can't force them."

The manager and care staff were up to date on the changes in legislation around the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). Referrals had been made to the local authority where appropriate to ensure that any restrictions placed on people were lawful and in people's best interests. Staff and the manager demonstrated a good knowledge of these subjects and how they impacted upon the people they supported. One said, "No one here is restricted, it's important they aren't dependant on us and that we allow them to do what they can in the hope they can live more independently in future."

One person told us staff had the skills to meet their needs; they said, "They learn what they have to, always learning things." Staff told us they received the training they needed to ensure they could deliver safe and effective care to people. A member of staff said, "We have updates every year. If we want something extra or aren't sure of something we can ask to do more training. There is no restriction on training." The manager told us how two members of staff were completing management and team leader qualifications which they had requested to help in their roles. Staff demonstrated knowledge of subjects they had received training in when speaking with us and during our observations of them carrying out their role.

Staff told us they felt well supported by the manager to do their job, and had regular one to one sessions where they could raise concerns or discuss their development needs. One staff member told us, "We get dedicated time with

[manager] every month and I can literally say whatever I think and know I won't get in trouble." Another member of staff said, "It's good to sit down and chat because it's a time when I can find out how I'm doing. It's nice to hear good things." Two staff members had requested additional training in management and team leading during their one to one sessions. We saw records which demonstrated that these staff members were currently completing this training. The manager told us that this was so they could take on extra duties to develop their skills. This demonstrated that the manager took action to ensure that staff had access to the training they required to develop in their role and to meet people's needs effectively and safely.

People told us, and we observed that they had a choice of what they ate and drank. One person said, "I get asked what I want every day." Another person told us, "I'll eat anything but they still come and ask and I tell them I'll eat anything." We observed people being asked what they would like to eat for their lunch and being supported to make choices about what they'd like to drink. There were discussions in meetings with people and staff about food and drink menu choices took place. The manager told us that there was a menu which was reviewed regularly with people, and that they ensured everyone's favourite meal came up regularly on the menu. The manager and staff told us that if people didn't want what was on the menu they could choose something else. The support people required to prepare and eat their meals was clearly reflected in their care records. Staff were able to tell us what support people required to maintain good nutrition and keep healthy.

People's healthcare needs were met. People told us they could see external health professionals when they needed to. One person said, "I go to the dentist on my own, I can do that on my own but they [staff] make sure I remember to go." Another person told us, "If I feel unwell they [staff] call someone to make me feel better." The input people had from other health professionals such as psychiatrists was clearly documented and reflected in people's care records. For example, where advice had been received from psychiatrists with regard to management of behaviour, this was documented in the person's care plan and staff demonstrated that they were aware of this guidance. One staff member said, "A few people see the psychiatrist regularly and they give us good tips."

Is the service caring?

Our findings

People told us that the staff were nice to them and cared about their feelings. One person told us, “[Staff] care, especially [staff member], they’re my favourite and they always care about me.” Another person said, “Friendly people, they make me happy, they are my best friends.”

We observed that staff had a kind, caring and compassionate attitude towards people. For example, we saw staff members laughing with people, comforting them with reassuring touch and speaking to them kindly when they were upset. We observed that the contact staff had with people provided them with comfort and reassurance. One person had become distressed but became much happier after a staff member sat down with them and talked about the problem. Staff spoke positively and affectionately about people, and demonstrated that they knew them on a personal level.

We observed that the relationships between people and the staff were positive, and staff understood their physical, psychological and social needs and how these should be met. People told us that staff listened to what they said. One said, “I talk too much but they listen even though I go on a lot.” Another person told us, “They care about me and [manager] always wants to know what I have to say.”

People told us they were able to be as independent as possible. One said, “I go out, get the bus, come home when I want and they [staff] are here to open the door for me.” Another person told us, “I like to be independent, I don’t want to be told what to do and they know that. They [staff] let me do what I want.” We observed people coming and going without restriction during our inspection and accessing the community independently. A staff member told us, “They all have their own plans. Most of them are very independent so they just do their own thing and we can be here for them if they need us.”

People told us, and we observed that staff respected people’s privacy. One person said, “Got my own space. I don’t mind them going in there but sometimes I want to be alone and don’t want anyone so they leave me on my own.” Another person told us, “I get my own time if I don’t want anyone with me.” People’s care records reflected people’s preferences about when they wanted privacy or to be left alone. For example, one person’s records said they liked to be left alone during the evening to watch their television. We observed that discussions about personal care were undertaken discreetly by staff to uphold people’s dignity. For example, we observed a staff member talking quietly to one person in a quiet area and asking them if they wanted help to have a bath.

Is the service responsive?

Our findings

People told us that the staff were there to help and support them when they needed it. One person said, "If I need something I don't have to wait." Another person told us, "They do it straight away." We observed that when people asked for support, staff responded quickly. For example one person asked for help making a hot drink, and we saw that a staff member helped them with this straight away.

People's care records reflected their needs in detail, and were personalised to each individual. These records clearly documented what support people required with daily living tasks such as preparing meals and attending to their personal care. Staff demonstrated a good knowledge of people's needs and what support they required on a daily basis.

However people were not aware of what their care records said or what they were for. We showed one person their care records and they said "Is that all the bad stuff about me?" Another person said "I don't know what those are." We discussed this with the manager, who told us that people were asked for their views informally, but they were not shown their care records or what was documented about them. The service should make improvements in the way people are engaged and involved in the planning of their care. The manager told us they planned to increase people's involvement in their care planning in future, and agreed that people could be better involved in the planning of their care and helping them to understand why this is needed.

Staff demonstrated a good knowledge of people's hobbies, interests, likes and dislikes when talking to us and when speaking to people using the service. Staff demonstrated knowledge of people's daily and weekly routines and what they enjoyed doing inside the service and out in the community. Care records clearly reflected what support people required to engage in meaningful activities which they were interested in, and to access activities and events in the community. We observed a staff member call a taxi for one person so they could attend a club they enjoyed. The person said, "They called the taxi. Off to club." Another

person told us about their weekly routine and what activities they enjoyed. They told us, "Watching [TV show] with staff. Puzzle. Go Thursday club. It is fun." Another person commented, "I never get bored. Lots to do, I go out all the time." Staff told us that people were encouraged to have an active social life and to achieve goals and aspirations. One member of staff said, "If they want to do something, we help them do it." Records demonstrated that people were supported to go on trips and to take holidays according to their choice, rather than as a group. For example, two people said they wanted to go to Disneyland Paris and we were shown pictures from their trip. Another person told us about their recent holiday and told us, "I wanted to go to Holland, so I went with [staff member] and it was really nice. Next year I want to go to Belgium and the [staff member] is going with me. We went on the bus because I like the bus."

People told us they could have visitors whenever they wanted. One person said, "It's my home, people can come and see me." Another person told us, "Family come here. Every week staff help me talk to them on the phone. I love my family; I get happy when they visit."

People understood who they could go to if they were unhappy and knew how to make a complaint. The manager showed us copies of the complaints forms which had been completed by people when they weren't happy. Action had been taken as a result of what people said and matters had been improved. This showed people's feedback was listened to, valued, considered and acted on.

We saw records of surveys which had been given to people to obtain their views on the service. These had been provided to people in an easy read format which they could better understand. People were asked to rate the service in a number of areas such as food and drink, the staff and availability of activities. All the survey responses were positive and where people made suggestions, such as going on holiday to a specific destination, we saw that efforts were made to fulfil people's requests. Information from the surveys was collated and used as part of the continual improvement of the service.

Is the service well-led?

Our findings

There was an effective and robust system in place to monitor the quality of the service provided to people and to identify shortfalls. The manager of the service told us about the checks that were carried out, such as audits of medicines, checks on the fire alarm system and maintenance checks. We were told that certain duties were delegated to other staff members and we saw records which showed that the manager checked to see that staff were carrying out the quality assurance checks delegated to them. Independent audits of the service were carried out by the managers of other services owned by the provider, and by the regional manager. Where areas for improvement or shortfalls were identified, we saw that action plans were put into place to ensure that these improvements were made in order to keep people safe.

Incidents and accidents such as falls were monitored for trends by the deputy manager so that methods for reducing incidents reoccurring could be identified to safeguard people from avoidable harm.

The manager of the service promoted a culture of openness, honesty and transparency within the service. Staff told us, and records confirmed that they were involved in discussions about issues in service provision during team meetings and areas where improvement was

required. Minutes demonstrated that staff were encouraged to share learning and to take joint responsibility where mistakes had been made. Staff told us they found team meetings useful, and felt supported to raise issues and suggest changes they felt needed to be made.

People were given the opportunity to feedback their views on the service and these comments were acted on positively by the manager. People and staff made positive comments about the manager. One person said, "I really like the manager, [manager] really nice." Another person told us, "[Manager] so nice to me." A staff member said, "Since [manager] started working here things have improved so much. We have enough staff, suggestions we've made have happened and it's just so much better."

The leadership of the service promoted clear aims and goals and the staff shared in these and were committed to achieving them. For example, the manager told us about the work which was currently ongoing to improve the quality of people's care records and to increase people's involvement in care planning. The manager told us that the main goals of the service were to ensure people lived a fulfilled life and to support people to learn and develop so they could potentially move on to more independent living in future. Staff demonstrated knowledge of these goals and shared a commitment to achieving them.