

Amber Care (East Anglia) Ltd

The Grove

Inspection report

235 Stradbroke Road
Lowestoft
Suffolk
NR33 7HS

Tel: 01502569119

Date of inspection visit:
25 April 2017
28 April 2017

Date of publication:
25 May 2017

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

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's relatives felt people were safe living in the service. Risks to people were appropriately planned for and managed. Medicines were stored, managed and administered safely.

Relatives and other professionals felt there were enough suitably knowledgeable staff to provide people with support and guidance when they needed it.

Staff had received appropriate training, support and development to carry out their role effectively. Plans were in place to develop upon the skills and knowledge of the staff team.

People received appropriate support to maintain healthy nutrition and hydration.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Relatives and other professionals told us staff were kind to people and respected their right to privacy. People were enabled and supported to live as independently as possible..

Relatives and other professionals were encouraged to feed back on the service and felt able to share any comments or concerns with the management.

People received personalised care that met their individual needs and preferences. People's relatives and other appropriate professionals were actively involved in the planning of their care. People were enabled to access meaningful activities and follow their individual interests.

Relatives knew how to complain and felt they would be listened to.

The registered manager promoted a culture of openness and honesty within the service. Staff, relatives and other professionals were invited to take part in discussions about shaping the future of the service.

There was a robust quality assurance system in place and shortfalls identified were promptly acted on to improve the service.

Further information is in the detailed findings below

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 remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

The Grove

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 checked 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 comprehensive inspection was carried out by one inspector on 25 and 28 April 2017 and was unannounced.

The Grove is a residential care home registered to provide support to five people with a learning disability. People using the service were unable to communicate their views to us verbally. We carried out observations and spoke with people's relatives and health professionals to come to an assessment about the care they received.

Prior to the inspection we reviewed the contents of notifications received by the service..

People using the service were unable to verbally communicate their views to us. To assess the care they received we carried out observations, spoke with three relatives and two professionals involved in people's care. We spoke with two care staff, the deputy manager and the registered manager.

We reviewed four people's care records, three staff personnel files and records relating to the management of the service.

Is the service safe?

Our findings

There were procedures in place to protect people from avoidable harm and abuse. Relatives and health professionals told us people were safe living in the service. One said, "I've no concerns about [person's] safety at The Grove. It's always been a very safe place." Another told us, "They manage risks to [people] well and I'm satisfied people are not at risk of harm or abuse." People received support from staff who demonstrated to us that they understood how to enable people to remain safe. This included how to recognise and report abuse.

Risks to people continued to be managed well and staff were proactive in reducing risks to people. Records we reviewed demonstrated that there were comprehensive risk assessments in place for people. These set out control measures in place to reduce the risk. The service was mindful of ensuring that prevention of risk did not restrict people's right to freedom and independence.

Relatives and health professionals we spoke with told us they felt there were enough staff available to support people. One said, "There are always enough staff available when I visit and people appear well supported inside and outside the home." Another told us, "[Person] always gets a lot of attention from staff so there are no complaints there."

Staff told us that the staffing levels continued to be appropriate to the needs of the people using the service. Staff and the manager said the staffing levels were under constant review dependent on the needs of people using the service. Staff told us that there were always enough staff to cover shifts where other staff were ill or on annual leave.

Medicines continued to be stored, managed and administered safely.

Is the service effective?

Our findings

People's relatives and health professionals told us they were happy with the knowledge of the staff team. One said, "The staff are brilliant. They are so perceptive with [person] and have a way of getting through to them that I never could." Another told us, "The staff are very astute and know a lot about the [people]."

Staff told us that they were happy with the training and support received and felt this enabled them to carry out their role effectively. Records demonstrated that staff received appropriate supervision and appraisal. These sessions were focused around developing the skills and knowledge of the staff team and staff told us they were able to make suggestions about training or development they would benefit from in these sessions.

Records demonstrated that supervision sessions were used as a way to address practice issues and ensure that staff worked to appropriate standards at all times.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and authorised where appropriate.

Staff continued to demonstrate they understood MCA and DoLS and how this applied to the people they supported. We observed that staff continued to encourage people to make decisions independently based on their ability. We observed that staff used a number of different methods of communication to enable those who did not communicate verbally to make decisions.

Relatives told us they were happy with the food provided to people at the service. One said, "I've seen the food and it always looks good. [Person] likes [their] food and definitely enjoys it." Another commented, "No concerns there, [person] is happy with everything."

We looked at menu's which people could choose their meals from. These also included pictures of the food to better help people with limited verbal communication to make choices. The support people required to maintain healthy nutrition and hydration was set out in detail within their care records. Observations supported that people were given the practical support they needed to prepare and eat their meals. Care was taken to ensure people's independence was encouraged.

People were supported to maintain good health. Relatives and health professionals told us people were supported to attend appointments such as the dentist and GP. One said, "[Person] always attends [their] appointments with staff." Another told us, "They are very good at communicating with us when there are issues ongoing and let us know the outcome of any appointments." The manager and care staff continued to have a good working relationship with external health professionals such as psychiatrists, GP's and

dentists. Records demonstrated that they were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing.

Is the service caring?

Our findings

Relatives and health professionals we spoke with told us the staff were kind and caring towards people. One said, "The staff are very caring, kind and friendly to [person]. They really go above and beyond to make [them] smile and laugh." Another told us, "The staff are very intuitive with people and clearly know them well enough to understand what they require. They're very friendly with people and supportive of them." This was confirmed by our observations.

Relatives and health professionals told us that they continued to be involved in making decisions about people's care. They confirmed they were involved in the planning of people's care and in reviewing their care records when appropriate. They also confirmed they were involved in the process of making best interest decisions which the person was unable to make for themselves. Records we reviewed supported this.

We observed that staff respected people's right to space and privacy. We saw that one person receiving two to one support was enabled to spend time alone in their bedroom and other parts of the house without staff present. Staff told us this was because the person wished for privacy and became distressed if staff followed the person around. People's care records included information about when they wished for privacy and when staff should allow people to have space and time alone. Plans were put in place to control risks whilst upholding the person's right to privacy.

We observed that people were encouraged by staff to remain as independent as possible and develop life skills such as making drinks and domestic tasks such as tidying. Care records made clear what tasks people needed support with and what they could do for themselves. We observed staff encouraging people to be independent, such as encouraging them to participate in making their own drinks or meals where they were able.

Is the service responsive?

Our findings

Relatives and health professionals told us staff and the management of the service knew people well. One told us, "The staff know [person] extremely well, they know how to make them laugh and smile. Know how to lighten the mood when they aren't having a good day. They know what they like and don't like. Couldn't ask for more really." Another said, "The staff and managers have a good knowledge of people as individuals." This was supported by our observations and speaking with staff about people's needs.

The service continued to ensure that people's care records were personalised to include information about them, such as their hobbies, interests, preferences and life history. This information enabled staff to better communicate with people and to support them to engage in meaningful activities they enjoyed.

The service continued to support people to engage in meaningful activity and to reduce the risk of under stimulation. The support people required to access activities both within the service and the community was assessed so that there were always enough staff available to support people with activities. Relatives told us the staff ensured people had enough activity and did not become bored. One said, "They are very busy and have a good social life."

The service continued to encourage relatives and other professionals to feedback on the service. A relative told us, "You can tell [registered manager] anything and raise any complaints or little niggles you have. [Registered manager] is a really nice lady." Another relative said, "You can just be honest about anything."

Is the service well-led?

Our findings

There was a registered manager working at the service. Statutory notifications received showed us that the registered manager understood their registration requirements.

The registered manager continued to promote a positive, inclusive and friendly atmosphere within the service. They actively sought the feedback of staff, relatives and professionals involved in people's care. Staff told us they felt able to discuss anything they wished with the deputy manager or registered manager and felt their concerns would be taken seriously. Records demonstrated that where staff had raised concerns about the practice of another staff member, this was investigated and addressed by the management promptly.

The service continued to maintain good links with the community and other care services in the local area. The service is part of a group of similar services owned by the same provider. The managers of these services regularly meet to discuss best practice and share experience. The registered manager also attended other externally organised meetings, such as on infection control to ensure they kept up to date with best practice.

The registered manager continued to carry out a regular programme of audits to assess the quality of the service and identify issues. These included audits on medicine records, staff training and care records. We saw that these audits were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly.

The provider visited the service on a regular basis to check the quality of the service and ensure people were receiving the care they required. We saw that these checks identified issues that needed rectifying and that issues identified were acted on promptly.

The managers told us about improvements they intended to make to the service in future. For example, more frequent and better quality supervision sessions for staff and extra training. This demonstrated to us that the registered manager was committed to continual change and improvement.