

Review of compliance

Ambercare East Anglia Limited
Amber Lodge - Lowestoft

Region:	East
Location address:	394-396 London Road South Lowestoft Suffolk NR33 0BQ
Type of service:	Care home service without nursing
Date of Publication:	February 2012
Overview of the service:	Amber Lodge is a home for 13 people with learning disabilities. It is registered to provide accommodation with personal care. It is not registered to provide nursing care.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Amber Lodge - Lowestoft was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 18 January 2012, talked to staff and talked to people who use services.

What people told us

People told us how much they liked living at Amber Lodge. The staff were kind and helpful and they could do lots of different things in the home and outside. They liked going to the various day centres during the week, and doing other things at the weekend.

What we found about the standards we reviewed and how well Amber Lodge - Lowestoft was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider is compliant with this outcome. People who use the service have their privacy, dignity and independence respected, and have their views taken into account in the way the service is provided and delivered.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider is compliant with this outcome. People who use the service experience safe and appropriate support that meets their needs. However the provider must report on the schedule for the review and updating of all care plans.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider is compliant with this outcome. People who use the service are protected

from abuse, or the risk of abuse. The safeguarding policy must be updated.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider is compliant with this outcome. People who use the service are safe and their health and welfare needs are met by competent staff. However a training plan for 2012 must be produced to ensure staff remain competent.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider is not compliant with this outcome. They must develop a systematic quality assurance process in the home before people using the service can be provided with care and support that is monitored and reviewed so that risks are assessed and improvements identified.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke with many of the people living in the home. Most of them returned from their day activity during our visit. They all told us they liked living at Amber Lodge. They all told us about what they had been doing during the day. One person told us that they had taken an exam at college and were anxiously waiting for the result. One person told us how they caught the bus each day to go to Beccles for their day centre.

Other evidence

We observed staff offering choices to people, such as what to have for tea, what to have in their sandwiches for the next day, what they wanted to do after coming home from their day activity. All of them were able to make themselves a hot drink in the kitchen. The new manager told us that they would like to support people to be more involved in preparing meals. Some were already on a rota to help in the kitchen and the dining room. We saw a person setting the tables ready for tea which was the main meal of the day. Some already did their own laundry but the manager felt that others could do so with the right support and encouragement.

One person who was suffering from health problems occasionally said that they did not want to go to their day centre, so they did not go that day. Other people went to the provider's own day centre, to the Lowestoft centre and to the college. People told us

that they went out in the evenings and at weekends, including to the swimming pool and the pub. Half of the people living in the home could go out on their own.

At the regular house meetings, people could raise issues and suggest changes and activities. A recent meeting had voted to take out the pool table from the games room, and replace it with a Wii machine.

We noted as we were shown round the home that some rooms were locked by the occupant to retain their privacy while they were out. There was a small phone room for people to make calls in private.

We noted that staff interacted in a friendly and helpful way with people, encouraging them and supporting them when necessary. At other times people were able to decide what they wanted to do and were able to be left in private. There was a real buzz in the room as they all arrived back from day activities, with people chatting to each other and to staff.

Our judgement

The provider is compliant with this outcome. People who use the service have their privacy, dignity and independence respected, and have their views taken into account in the way the service is provided and delivered.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

One person was able and happy to talk to us about their health problems and their hospital experiences. They had dialysis three times a week and had needed an operation to remove a growth. They had just returned from hospital and were feeling "a bit slow".

Other evidence

The new manager told us that, since her appointment, she had realised that all the care plans needed to be updated and reviewed. This was being done by care staff with the person concerned. We examined one that had been reviewed at the beginning of the month. It held all the information necessary to plan and undertake the care of the person concerned written in a style suitable for the person's understanding. Daily shift reports were completed on each person specifying the morning checks, food eaten, personal care and whether assisted or not, activities and confirmation of medication given. The support plans set out how staff should offer support to the person, in the daily activities in the home such as their laundry and room cleaning, any special communication needs, managing their behaviour, and how much support they needed for personal care. Many people only needed support when showering.

Body maps had been completed whenever a mark was found on the person. Some staff had been trained according to the NAPPI principles, that is the prevention of possible problem behaviour using non-abusive psychological and physical intervention. Staff we spoke with were knowledgeable about each person in the home, and aware of certain triggers that might lead to problem behaviour. Night staff had a schedule of half

hourly checks on one person prone to seizures. Full records were kept of the seizures.

These documents showed that each person was capable of contributing to their care plans, and would be involved in the reviews being undertaken.

Our judgement

The provider is compliant with this outcome. People who use the service experience safe and appropriate support that meets their needs. However the provider must report on the schedule for the review and updating of all care plans.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

The people we spoke with told us that they could talk to any member of staff if they had a concern. We saw that they were confident when talking to staff. One person told us that they felt safe at Amber Lodge and did not want to move.

Other evidence

The procedure for protecting people from abuse covered safe recruiting, recording incidents, recording any changes in a person's behaviour, ensuring all staff were trained in recognising and reporting potential abuse, and training staff in the principles of non-abusive intervention. Staff told us that they had been trained on a Safeguarding of Vulnerable Adults course. Training records showed that all staff had received initial training and then had annual updates. A session on the Mental Capacity Act and its implications for care homes was scheduled for the following month. The manager stated that all people living in the home had the capacity to make decisions about their lives and their care.

We were shown the provider's policy on the safeguarding of vulnerable adults. Although describing policy and procedures, it needed updating to account for the role of the local authority and the CQC.

Our judgement

The provider is compliant with this outcome. People who use the service are protected from abuse, or the risk of abuse. The safeguarding policy must be updated.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

People told us how they liked the staff. This was evident by the easy way they chatted to staff and generally interacted with them.

Other evidence

The manager told us that the home would be fully staffed as soon as two people took up appointment. They were waiting for their Criminal Records Bureau (CRB) certificates. They would do their induction training on a County Council course locally. Staff told us that they felt the staffing levels were right for the abilities and care needs of the people living there.

We examined one personal file for a care worker. This held the CRB certificate, references from previous employers, training records and a record of a supervision. The manager was drawing up training plans for refresher course for staff, for example, in moving and handling. The care worker preparing the evening meal confirmed that their Food Hygiene certificate needed to be renewed.

Our judgement

The provider is compliant with this outcome. People who use the service are safe and their health and welfare needs are met by competent staff. However a training plan for 2012 must be produced to ensure staff remain competent.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We did not discuss this outcome with people using the service.

Other evidence

We noted that the provider had a programme for the re-decoration of the house. New kitchen units had been installed, the dining room had been re-decorated and new decking had been laid in the rear garden. The manager told us that she had given one staff member the job of investigating the level of food wastage. Another person had taken on the role of infection prevention champion. Meetings of those living in the home were held which allowed them to voice their ideas and views

The new manager had only started her job at the beginning of the week of our visit. Although she had worked at the home for a year as a senior care worker, she was now working her way through the many aspects of the home's management. The area manager had spent time with her that week and would be giving regular support. However as mentioned under Outcome 04, the care plans were in need of updating and reviewing. A training plan for 2012 needed to be drawn up.

Our judgement

The provider is not compliant with this outcome. They must develop a systematic quality assurance process in the home before people using the service can be provided with care and support that is monitored and reviewed so that risks are assessed and improvements identified.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: Care plans must be reviewed within 28 days to ensure that people's needs are being identified and met, and a process implemented to ensure they are reviewed regularly in the future.	
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	Why we have concerns: The provider's safeguarding policy must be reviewed to ensure it follows the current procedure of the local authority.	
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	Why we have concerns: A training plan for 2012 must be produced to ensure staff remain competent.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>How the regulation is not being met: The provider must develop a systematic quality assurance process in the home before people using the service can be provided with care and support that is monitored and reviewed so that risks are assessed and improvements identified.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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