

# Review of compliance

## Ambercare East Anglia Limited Amber Lodge - Lowestoft

<b>Region:</b>	East
<b>Location address:</b>	394-396 London Road South Lowestoft Suffolk NR33 0BQ
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	September 2012
<b>Overview of the service:</b>	<p>Ambercare East Anglia Limited is registered for the regulated activity 'accommodation for persons who require nursing or personal care' to be provided at Amber Lodge - Lowestoft.</p> <p>Amber Lodge - Lowestoft provides non nursing care for up to 13 adults with learning disabilities.</p>

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

## Our current overall judgement

**Amber Lodge - Lowestoft was meeting all the essential standards of quality and safety inspected.**

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 3 September 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

We spoke with eight of the 13 people who used the service. They told us that their choices about the care and support they were provided with were listened to. One person said "I always choose what I want to do." Another person said "The staff ask me what I want and they listen to me."

People told us about the activities that they enjoyed doing both in the service and in the community. One person said "I like going out." Another person told us about the bus services that they used to go to their day placement. Another said "I go to church every week, I like it."

People told us that they chose what they wanted to eat and drink. One person said "The staff ask me what I want to eat and I can have what I want." Another person said "I like to help with the cooking."

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

**Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

The provider was meeting this standard. Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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

## **and supports their rights**

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

## **Outcome 05: Food and drink should meet people's individual dietary needs**

The provider was meeting this standard. People were protected from the risks of inadequate nutrition and dehydration.

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

The provider was meeting this standard. People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

## **Outcome 09: People should be given the medicines they need when they need them, and in a safe way**

The provider was meeting this standard. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

## **Outcome 12: People should be cared for by staff who are properly qualified and able to do their job**

The provider was meeting this standard. People were cared for, or supported by, suitably qualified, skilled and experienced staff.

## **Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

## **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 was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people received.

## **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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

## Outcome 02: Consent to care and treatment

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Where they are able, give valid consent to the examination, care, treatment and support they receive.
- \* Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- \* Can be confident that their human rights are respected and taken into account.

### What we found

#### Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

#### Our findings

##### What people who use the service experienced and told us

People spoken with told us that their choices about the care and support they were provided with were listened to. One person said "I always choose what I want to do." Another person said "The staff ask me what I want and they listen to me."

During our visit we saw that before people were provided with support from staff they were asked for their consent and the staff acted in accordance with their wishes.

##### Other evidence

We saw the care records of three people who used the service. The records included information about how people made choices in their daily living. This included their preferences of how they wanted to be supported and their likes and dislikes. People had signed their care records to show that they had agreed with the contents.

People further expressed their choices about the service they were provided with in the monthly service user meetings. We saw the minutes from the most recent meetings which showed that people discussed their choices such as activities and the menu.

##### Our judgement

The provider was meeting this standard. Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their

wishes.

## 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

People spoken with told us that they felt that their needs were met and they were consulted about the care and support they were provided with.

One person told us about how they were supported with their health care needs. They told us that they regularly attended a health care service for treatment and that the staff supported them. Another person said "If I don't feel well the staff telephone the doctor."

People told us about the activities that they enjoyed doing, both in the service and in the community. One person said "I like going out." Another person told us about the bus services that they used to go to their day placement. Another person told us about how their diverse needs were met in areas such as their religious worship. They said "I go to church every week, I like it."

During our visit we saw that the staff were attentive to the needs of the people who used the service. They responded to requests for assistance promptly.

##### Other evidence

Our inspection of 18 January 2012 found that the provider was meeting this standard. However we suggested that improvements were needed to maintain compliance. This was because people's care plans were not being reviewed to ensure their current needs were being identified and met. During this inspection we found that improvements had been made. People's care records were being reviewed and updated on a monthly basis and/or when needed to reflect their changing needs and

preferences.

We saw the care records of three people who used the service which showed that their needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The care plans seen included how people's diverse needs were met including support with their behaviours, personal care, communication and their religious observance. The records identified the areas of their care that people could attend to independently and how this was promoted and respected.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. People's care records that were seen held risk assessments which identified how the risks in their daily living were minimised in areas such as using services in the community.

There were documents in place which evidenced that people's health care needs were met. This included the outcomes from appointments with health care professionals.

We saw the records of activities that people had participated in which told us that they were provided with an activities programme which interested them. The activities included attendance to education and work, going to church, having lunch out, going shopping and visits to the pub.

**Our judgement**

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

## Outcome 05: Meeting nutritional needs

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are supported to have adequate nutrition and hydration.

### What we found

#### Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

#### Our findings

##### What people who use the service experienced and told us

People told us that they chose what they wanted to eat and drink. One person said "The staff ask me what I want to eat and I can have what I want." Another person said "I like to help with the cooking."

People said that they were provided with enough to eat and drink. One person said "I make my own drinks." Another person said "If I want a drink I make one, I can make you a cup of tea if you want."

People were provided with a choice of food and drink. We saw people making themselves drinks when they wanted them. One person offered to make their peers a hot drink. People were involved in the discussions about what they wanted to eat for their evening meal.

##### Other evidence

We saw the care records of three people who used the service. The records included care plans which identified how people's diverse dietary needs were met. This included people's likes and dislikes and allergies to food they had. There was information about how the risks in people's dietary needs were minimised. The records showed that where there were concerns about people's food and fluid intake the service had sought guidance and support from health care professionals. This told us that people were supported to be able to eat and drink sufficient amounts to meet their needs.

We spoke with a staff member who explained how people's dietary needs were met and the specific needs that people had. They also told us about how people made choices

about the menu and what they ate and drink. This meant that people were provided with a choice of nutritious food and drink.

We saw the menu diary which showed what people had eaten each day and where they had made alternative choices if they did not want what was on the menu.

We saw the health and safety records relating to the catering provision in the service. This showed that the temperatures of food and the fridge and freezer were routinely taken. We saw staff training records which showed that they had been provided with food hygiene training. This meant that actions were taken to ensure that people's food was prepared in a safe and hygienic manner.

**Our judgement**

The provider was meeting this standard. People were protected from the risks of inadequate nutrition and dehydration.

## 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

Three people spoken with told us that they felt safe living in the service. One person said "If I am worried about anything I tell the staff and they will help me."

##### Other evidence

Our inspection of 18 January 2012 found that the provider was meeting this standard. However we suggested improvements were needed to maintain compliance. The provider's safeguarding policy needed to be reviewed to ensure it followed the current procedure of the local authority. During this inspection we saw that the improvements had been made. The local authority safeguarding guidance had been obtained and was displayed in the service for the attention of staff.

A staff member and the registered manager told us that they had been provided with training in safeguarding vulnerable adults from abuse. They explained their role and responsibilities in protecting people from abuse and reporting concerns of abuse. The registered manager showed us a safeguarding guidance document which was displayed in the service and told staff the actions they should take if they were concerned about people's safety.

We saw staff training records which showed that they had been provided with training in safeguarding vulnerable adults from abuse.

We looked at the finance records of three people who used the service which showed that records were maintained to ensure that people's finances were protected. This

included a balance of the money that they kept in the service on behalf of people and a record of their transactions.

We saw incident reports which told us that people using the service were supported appropriately when they displayed behaviours that were challenging to others. These reports showed the support that people had been provided with at times of distress and how these incidents had been managed. We saw that people's care plans were reviewed and that staff had sought support and guidance from health care professionals when required to help people manage their behaviour.

**Our judgement**

The provider was meeting this standard. People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

## Outcome 09: Management of medicines

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Will have their medicines at the times they need them, and in a safe way.
- \* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

### What we found

#### Our judgement

The provider is compliant with Outcome 09: Management of medicines

#### Our findings

##### What people who use the service experienced and told us

We spoke with eight people who used the service. Their feedback did not relate to this standard.

##### Other evidence

We saw the records for ordering and disposing of medication. These records showed that there were appropriate arrangements in place in relation to obtaining medication and that medicines were disposed of appropriately.

We saw the medication storage in the service which showed that medicines were kept safely.

We saw the medication administration records (MAR) of three people who used the service. The records were appropriately completed to evidence that that people were given their medication at the prescribed times.

Where people were prescribed with 'as required' (PRN) medication there was guidance in place to identify when the medication should be administered. Records of administration included details of why the medication had been administered. This meant that people were protected from the inappropriate administration of PRN medication.

We saw the staff training records which showed that they had been provided with

medication training. This meant that the staff were made aware of the safe handling and administration of medication.

**Our judgement**

The provider was meeting this standard. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

## Outcome 12: Requirements relating to workers

### 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 staff who are fit, appropriately qualified and are physically and mentally able to do their job.

### What we found

#### Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

#### Our findings

##### What people who use the service experienced and told us

We spoke with eight people who used the service. Their feedback did not relate to this standard.

##### Other evidence

We saw the personnel records of three staff members which showed that there were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work which included Criminal Records Bureau (CRB), proof of identification, references and employment history which was included in their application forms.

We saw staff training records which included the industry recognised qualifications that they had achieved, including a National Vocational Qualification (NVQ) in health and social care. The records showed that there were ten care staff working in the service and all but one had achieved or were working on a relevant qualification. The registered manager told us that they had achieved a level 5 leadership and management award.

##### Our judgement

The provider was meeting this standard. People were cared for, or supported by, suitably qualified, skilled and experienced staff.

## Outcome 14: Supporting workers

### 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 competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting workers

#### Our findings

##### What people who use the service experienced and told us

People spoken with told us that the staff treated them with respect. They were complimentary about the approach of the staff who supported them. One person said "The staff are kind." Another person said "I like them."

During our visit we saw that the staff interacted with people in a friendly, respectful and professional manner.

##### Other evidence

Our inspection of 18 January 2012 found that the provider was meeting this standard. However we suggested that improvements were needed to maintain compliance. During this inspection we found that improvements had been made. A training plan had been produced to ensure that staff were suitably trained and remained competent. We spoke with a staff member about how the training was planned for each year. They showed us the training matrix, which included the dates for when courses should be updated. The staff member said that they ensured staff were provided with updated training where needed and this informed their training plan.

Staff training records included a training matrix and the training certificates of three staff. These records showed that the staff were provided with the training that they needed to meet the needs of the people who used the service. The training included Mental Capacity Act, health and safety, infection control, moving and handling and supporting people with behaviours that challenge.

We spoke with a staff member who told us that they felt that they were provided with

the training that they needed to meet people's needs. They also said that they were provided with regular supervision meetings and felt supported in their role.

We saw the personnel records of three staff members which showed that they were provided with regular one to one supervision meetings and annual appraisal meetings. This meant that they were provided with the opportunity to discuss the ways that they worked and to receive feedback on their work performance.

**Our judgement**

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

## 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

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

People told us that the staff listened and acted on what they said and they were consulted about the care they were provided with.

##### Other evidence

Our inspection of 18 January 2012 found that the provider was not meeting this standard. This was because the provider's quality assurance processes did not ensure that risks were assessed and improvements identified. During this inspection we found that improvements had been made to address these shortfalls.

We saw the monthly provider quality assurance visit reports. These reports told us that the provider had an effective process in place to assess and monitor the service. The provider visits included discussions with people who used the service, health and safety checks and checks of care records. This was to ensure that people were provided with the service that they needed to meet their needs.

People who used the service were further asked for their views about their care in monthly service user meetings and their care reviews. The minutes of these meetings showed that people's views were listened to and acted upon.

Staff were asked their views about the service provided in one to one supervision meetings and monthly team meetings. We saw the minutes from the team meetings which showed that the staff discussed the ways that they supported people and changes in people's needs and preferences. This meant that people were provided with

a consistent service which met their needs.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. We saw records which evidenced that routine health and safety checks were undertaken. This included fire safety checks, water temperature checks, portable electrical appliance safety checks and the water system was screened on an annual basis for legionella bacteria. This meant that people were provided with a safe environment to live in.

**Our judgement**

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people received.

# 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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. 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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