

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Amber Lodge - Lowestoft

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0BQ

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Date of Inspection: 08 July 2013

Date of Publication: July 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Cleanliness and infection control ✓ Met this standard

Staffing ✓ Met this standard

Records ✓ Met this standard

Details about this location

Registered Provider	Ambercare East Anglia Limited
Registered Manager	Miss Kara Shimmins
Overview of the service	Amber Lodge - Lowestoft provides care and support for up to 13 adults.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	9
Cleanliness and infection control	11
Staffing	12
Records	13
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 July 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with six of the 12 people who used the service. They told us that they were happy living in the service. One person said, "I am really happy." Another person said, "Yes I like it, I am happy." Another said, "They (staff) help me when I need help."

People told us about their daily work and/or day services that they attended. They also told us about the choices that they made about the activities they participated in, holidays and what they ate.

People told us that the staff treated them with respect and kindness. One person said, "They (staff) are nice to me." Another person said, "I love them." Another said, "They are kind and ask me what I want." This was confirmed in our observations during our inspection. We saw that staff interacted with people in a caring, respectful and professional manner.

We looked at the care records of three people who used the service and found that people experienced care, treatment and support that met their needs and protected their rights.

We looked at the staff rota and training records and found that there were enough staff who were trained to meet the needs of the people who used the service.

We found that all of the records we saw were well maintained and fit for purpose.

We looked around the service and found that people were provided with a clean and hygienic environment to live in.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment.

People told us that they chose what they wanted to do in their lives and that the staff listened to them and acted on what they said. People told us about their daily work and/or day services that they attended. They also told us about the choices that they made about the activities they participated in, holidays and what they ate.

We saw the care records of three people who used the service. The records included evidence which showed that they expressed their views and were involved in making decisions about their care and treatment. This included information in their care plans about how they preferred to be cared for and supported. We saw records of care reviews and key worker meetings in which people participated. In these meetings people made decisions about how they preferred to be cared for and discussed their progress with their chosen goals and hopes for their future.

We looked at one person's care records with them and they confirmed that the records accurately reflected their preferences.

We saw further evidence which showed how people were consulted about the care they were provided with in the minutes from house meetings where people discussed how they preferred to be cared for, the activities they liked to do and the menu.

People's bedrooms that were seen reflected their individuality and choice. One person told us that they called their bedroom their flat and said, "I keep my flat how I like it."

People told us that the staff treated them with respect and kindness. One person said, "They (staff) are nice to me." Another person said, "I love them." Another said, "They are

kind and ask me what I want." This was confirmed in our observations during our inspection. We saw that staff interacted with people in a caring, respectful and professional manner.

The registered manager told us about how they had purchased aids to assist a person to communicate their needs effectively. During our inspection we saw that the staff communicated with a person using their communication methods which included sign and gestures.

People's care records that we saw identified that their diversity, values and human rights were respected. People's care plans included information about people's diverse needs and how they were met. This included how they communicated, their spirituality, how they maintained relationships and their specific dietary requirements. Two people told us about how they were supported to attend a local venue of spiritual worship. One person told us about how their religion was important to them and that the staff respected this.

The care plans seen identified the areas of care that people could attend to independently and how their independence was promoted and respected. We looked at one person's care records with them and they confirmed that the staff respected their independence. The person said, "They (staff) know what I can do for myself, I am independent." We saw people made their own drinks when they wanted them and worked together to prepare the dining room for their evening meal.

We saw that people's privacy was respected. Staff asked for people's permission before we were shown their bedrooms and staff knocked on bedroom and bathroom doors before entering.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People told us that they were happy living in the service. One person said, "I am really happy." Another person said, "Yes I like it, I am happy." Another said, "They (staff) help me when I need help."

We looked at the care records of three people who used the service and found their needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care plans seen included information about the care and support provided to people. This included support with their personal care needs, behaviours and medication.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that risk assessments were included in people's records which identified how the risks in their care and support were minimised. These included risks associated with using equipment in the service and accessing services in the community.

Daily records identified the care and support that people had been provided with on each shift, their wellbeing and the activities that they had participated in. People told us about the activities that they had enjoyed which told us that they were provided with the opportunity to participate in meaningful activities that interested them. For example, one person told us about the music concerts that they had attended. People were also supported to attend work and/or day centres which was confirmed in the care records that were seen and in discussions with the people who used the service.

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

Our judgement

The provider was meeting this standard.

People who use 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.

Reasons for our judgement

On our arrival to the service a staff member looked at our identification and asked to sign the visitor's book. This showed that they knew what actions to take to ensure that people were protected from others who did not have the right to access their homes.

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.

We saw the provider's training records and the training certificates of three staff members which showed that they were provided with training in safeguarding vulnerable adults from abuse. They were further provided with information regarding their roles and responsibilities in safeguarding and whistleblowing in the provider's policies and procedures.

Two staff members we spoke with explained their roles and responsibilities in safeguarding people from abuse. They were aware of different types of abuse and the signs and indicators of abuse. They knew how to report concerns of suspected abuse to those who were responsible for investigating such issues.

We saw records which showed that the service ensured that people's finances were safeguarded. These records included financial risks assessments in people's care records and records of their financial transactions.

We spoke with two people who used the service who told us about how they made sure that they were safe when they were in the community independently. We looked at one person's care records with them and they confirmed that the records accurately described the support that they needed with their finances and going out alone. This meant that people were aware of the actions that staff took to ensure that they were safeguarded.

Prior to our inspection we had received information about a safeguarding concern. We received feedback from the local authority who were responsible for investigating concerns

which told us that the provider had taken appropriate action to ensure that people were safeguarded.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

We looked around the service and found it to be clean and hygienic throughout. Bathrooms and showers were clean and provided hand wash liquid and disposable paper towels which were available for people to use to minimise the risks of cross infection.

Records seen showed that staff were advised about their responsibilities relating to infection control in the provider's policies and procedures and staff training. We saw the minutes from staff meetings which showed that staff were also advised about effective infection control procedures and processes. There were also risk assessments in place relating to infection control including legionella and pest control. A staff member told us that they were responsible for ensuring the appropriate infection control procedures and processes were demonstrated effectively. They explained how cross infection was minimised. Another staff member told us that there were gloves and aprons available to use, for example, when supporting people with their personal care needs.

The registered manager told us about how people's mattresses were regularly checked and cleaned to ensure that people's beds were clean to sleep in.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People told us that the staff were available when they needed them. One person said, "They (staff) help me when I need help." We saw that the staff were attentive to people's needs and they responded to requests for assistance promptly.

Two staff members told us about how the service was staffed on each 24 hour period. A staff member told us that if people were attending clubs or activities the staffing levels were increased to ensure that they were appropriately supported. We asked the registered manager what arrangements were in place to ensure that people were supported, for example, if they returned from their day services due to illness. They told us that they worked office hours each day and were available in the service. We saw the staff rota which confirmed what we had been told.

Three staff members told us that they felt that they were provided with the training that they needed to meet the needs of the people who used the service. We saw the provider's training records and the training certificates of three staff members. These records showed that staff were provided with training in subjects including moving and handling, safeguarding vulnerable people from abuse, medication, food hygiene and supporting people with behaviours that challenge. We saw that staff were provided with refresher training where required. A staff member showed us documents on the notice board in the dining room which identified refresher training that was booked for staff to attend.

We saw the service's records which showed that staff were supported to undertake industry recognised qualifications including a National Vocational Qualification (NVQ) in health and social care or the Qualifications and Credit Framework (QCF) diploma. This was confirmed by two staff who were spoken with.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. We saw the care records of three people who used the service. These records included information about the support that people required in their daily living, such as with their personal care and communication. There were risk assessments in place which identified how the risks in people's daily living were minimised. This included risks associated with using equipment in the service and accessing services in the community. People's records were regularly reviewed and updated to ensure that people's changing needs were identified and met.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. We saw the provider's training records and three staff member's personnel records which included training certificates, evidence of recruitment checks and supervision meetings.

Records were kept securely and could be located promptly when needed. This meant that the storage of personal records relating to staff and people who used the service ensured their rights to confidentiality and privacy.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - 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.

Moderate impact - 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.

Major impact - 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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