

Amphion View Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 9 August 2017. The home was previously inspected in November 2016 when we identified breaches of the following regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 11 (consent); Regulation 12 (safe care and treatment); Regulation 15 (maintenance and infection control of the premises) and Regulation 17 (governance). We judged the overall rating of the service to be 'Inadequate'. In response to this we took enforcement action against the provider and the registered manager. We also placed the service into special measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Amphion View Limited' on our website at www.cqc.org.uk

During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. Although we saw improvements have been made and the service is no longer in special measures, we saw areas where further improvements are required particularly in relation to good governance to ensure the monitoring systems are fully effective and embedded into practice.

Amphion View care home is located close to the centre of Doncaster. It provides en-suite accommodation for up to 35 people on two floors. Care is provided for people who have needs associated with those of older people, including people living with dementia.

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

On the day of our visit there were 33 people living at the home. The people we spoke with all said they were very happy with the care and support provided.

Staff we spoke with were aware of safeguarding policies and knew the procedure to follow if they suspected abuse. Staff were also familiar with the company's whistleblowing procedures.

People's needs had been assessed before they moved into the home and we found they had been involved in formulating care plans. Information in some care files was difficult to access as they were being rewritten and we found some conflicting information in one file. Risk assessments were in place, but they were not always sufficiently detailed to ensure staff could meet people's needs. However, we found no evidence that these shortfalls had any adverse impact on people.

Medication systems protected people against the risks associated with the unsafe use and management of medicines. Appropriate arrangements were in place for the recording, safe keeping and safe administration. However, we identified some minor issues that had been identified in an audit in March 2017, but had still not been addressed.

A robust recruitment system had been undertaken, which helped the employer make safer recruitment decisions when employing new staff.

At the beginning of their employment staff had received an induction into how the home operated, and their job role. Staff told us they received essential training and regular support sessions to help them meet the needs of people who used the service. Although we saw there were some gaps in staff training, the registered manager had identified where further training or refresher courses were required. A training plan was underway to ensure staff completed the required training.

Overall the service was meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards [DoLS]. However, we found some of the information about people's capacity to make decisions was unclear.

People were supported to maintain good health, have access to healthcare services and received on-going healthcare support. The care records we checked showed they had received support from healthcare professionals when required.

We found staff approached people in a kindly manner. We observed staff were caring and considerate. Staff respected people and treated them with dignity. However, at times we saw staff lacked direction to ensure people's needs were met in a timely way.

The standard of cleanliness at the home had much improved and we found the service was clean at the time of our inspection. Refurbishment work was on going at the time of our inspection, which meant some areas of the environment still required attention.

People received a well-balanced diet that met their nutritional needs and preferences. However, we found the mealtime experience varied depending on which dining room people sat to eat.

An activities co-ordinator was employed to facilitate regular social activities and stimulation to meet people's needs and preferences. People told us they enjoyed the activities provided.

We saw the complaints policy was easily available to people using and visiting the service. The people we spoke with told us they would feel comfortable speaking to any of the staff if they had any concerns. When concerns had been raised we saw the correct procedure had been used to record, investigate and resolve issues.

People using the service, relatives and staff were happy with the way the service was run. They spoke positively about the registered manager and how staff delivered care.

An audit system had been used to check if the home was safe and well maintained, and staff were following company policies. However, shortfalls had not always been identified and where they had, timescales had not always been met. This meant the system was not fully effective in improving the quality of the service provided.

We found one continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Although risks had been assessed and improvements made to the risk assessment documentation, in some cases records lacked sufficient detail to ensure risks were managed and people were safe.

Staff understood and recognised what abuse was and knew how to report it if this was required.

Recruitment processes were safe and we saw there were sufficient staff on duty to meet people's needs.

Medicines were managed safely. However, some minor improvements were required.

We found the service was clean, but in some areas the environment was not well maintained.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The service was meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards [DoLS]. However, we found some information was not clear enough regarding people's capacity to make decisions.

Staff had received the majority of the training they needed, but further training was needed to enable them to confidently meet the needs of the people they supported.

We found people received adequate nutrition to meet their needs.

People had good access to health care support.

Is the service caring?

Good ●

The service was caring.

People told us they were happy with how staff supported them and delivered their care.

We saw staff interacting with people in a positive way, respecting their preferences and decisions.

Staff interactions we observed were kindly and caring and on the whole staff respected people's privacy and dignity.

Is the service responsive?

The service was not always responsive.

Care plans were in the process of being rewritten and updated, which made it difficult to locate the most up to date information to ensure people's needs were met.

People had access to social activities which met their needs.

People were aware of how to make a complaint and knew how it would be managed. Where concerns had been raised action had been taken to address them.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

There were some systems in place to monitor the quality of the service. However, they were not always effective as they had not been completed consistently.

People using the service, their relatives and staff were consulted about the running of the home and the care provision. People were happy with how the service operated.

Staff said they felt supported and the management team were approachable.

Requires Improvement ●

Amphion View Limited

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.

The unannounced inspection took place on 9 August 2017. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise included older people and caring for people living with dementia. An inspection manager was also present at the inspection. Their role was to observe how the inspectors conducted the inspection, this is part of the way CQC monitors inspector's performance.

Before our inspection, we reviewed all the information we held about the home. We asked the provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We also contacted the local authority, the infection control nurse, healthcare professionals who have visited the home and Healthwatch Doncaster to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were 33 people using the service. We spoke with six people who used the service and four relatives of people who were living at the home. We also spoke with two relatives whose family members had previously lived at Amphion View. Following the inspection visit we spoke with a community nurse who visited the home regularly.

We used the Short Observation Framework for Inspection [SOFI]. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with the registered manager, the assistant manager, six care staff, a voluntary worker, the cook, the activities co-ordinator and a member of the ancillary team. The nominated individual for the

company was present for part of the inspection and took part in the feedback session at the end of the visit.

We looked at the care records for four people using the service, as well as records relating to the management of the home. This included staff rotas, meeting minutes, staff recruitment and training files, and the systems used to manage people's medication, including the storage and records kept. We also reviewed quality and monitoring checks carried out by the home's management team.

Is the service safe?

Our findings

At our previous inspection in November 2016 there was a breach of Regulation 12 and 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found medication management shortfalls, the provider was failing to take appropriate steps to protect people from harm and provider did not always ensure that all areas of the environment were clean and properly maintained.

At this inspection we found that cleanliness of the home had improved, and the overall condition of the premises had in many areas improved. For instance, we found improvements to the bathrooms had been completed. These included new floor coverings, redecorated and provision of wall mounted hand soap and towels. Walls had been re-plastered and new doors installed.

However, the renovation and redecoration was still on-going and some areas were still in need of attention to ensure they were well maintained and could be kept clean. The registered provider was working to meet the infection control nurse's action plan to make sure the home was compliant with expected standards. Areas we saw still needed attention included a damaged table and wall plaster in the dining room, the floor coverings in some areas being badly stained and one carpet upstairs was damaged and frayed, which was a potential trip hazard. We also saw there was a clean laundry room upstairs that had previously been a bathroom; we noted that the bath and toilet were still in situ, which posed a risk, as the system should be flushed through weekly to meet legionella health and safety guidance.

We discussed these areas for improvement with the registered manager who told us they thought they had addressed all the necessary works required. However, the registered provider's representative acknowledged the areas we had identified did require improvements. Since our inspection we have been provided with confirmation that a loose carpet has been made safe and plans were in place to replace carpets as necessary. We were also told that an environmental action plan was being devised to ensure all areas for improvement are identified, with timescales for action and prioritising the most urgent first. Following our inspection, the provider sent us their environmental action plan.

People living at the home were unable to comment about the environment, but a relative told us, "You need to remember this is an old building and it's not easy to maintain. I am happy with the care my [family member] receives and not concerned about the aesthetics of this place." Another relative commented, "The owners do their best and I find this place very comfortable."

People told us they felt safe living at the home and staff supported them safely. One person said, "This is my home now and everybody here knows this. I keep my door locked that's what I did at home. If staff want to come in they knock and if I am asleep or in the toilet they can let themselves in to check on me. I am happy this way." Two other people commented, "Carers let visitors in, to keep us safe" and "No one is allowed in before they are checked by staff."

Staff told us they had access to policies and procedures about keeping people safe from abuse and reporting any incidents appropriately. Staff we spoke with demonstrated a good knowledge of safeguarding

people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns of this kind. They told us they would not hesitate to report any concerns and further explained if the management did not listen they would report to the local authority or CQC. Staff said they had received training in this subject and were also aware of the company's whistleblowing policy. One person told us, "No, there is no shouting or raising voices at residents by staff or anybody else. Staff are very polite."

Staff comments, and our observations, demonstrated staff had a good understanding of people's needs and how to keep them safe. We found care and support was delivered in a way that promoted people's safety and welfare. To demonstrate how the home had supported someone who may exhibit behaviours which challenges, the registered manager shared a letter with us sent to a GP from the mental health services at the hospital. The letter included, "Some of the behaviours which challenge are being very appropriately attended to and supported by staff within Amphion View, indeed they are delivering exceptional care and are managing problems that many EMI [Elderly Mentally Infirm] nursing units would struggle with."

At the last inspection we found the provider was not taking appropriate steps to protect people from harm because risks were not adequately assessed and guidance to assist staff to support people was inadequate. At this inspection we saw improvements had been made in relation to the documenting and monitoring of specific areas where people were more at risk. However, they were not always evaluated effectively and it was not always clear what action staff needed to take to protect them. For example, one person had a risk assessment in place that identified them to be at risk of weight loss. The score recorded on the assessment tool on 16 July was zero to show an average body mass index [BMI], but this should have been a score of three as their BMI was below average, this additional score would have increased the risk level. This meant the risk was not properly evaluated.

We also found another person's risk assessment identified they were at risk of pressure ulcers in the evaluation completed on 30 June 2017. It stated the care risk assessment was current and there had been no changes, yet on 5 June in the care record it stated the person was seen by the district nurse and their sacrum was very red and to monitor this. Therefore the evaluation of the risk assessment had not identified an increased risk. Care plans were in the process of being re-written and as such there were two care files in place for each person. One was the new care file and each person was at a different stage of completion, the other contained the old care plans, which were to remain in place until the new files were fully completed. Therefore, it was not clear which file to refer to in order to be able to ascertain people's current needs. However, we found no evidence to indicate that people had not been given the care they required because of the shortfalls in record keeping.

This is a continued breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Good governance.

We saw the registered manager was monitoring and analysing information collated about people at risk of falls, incidents and accidents. He told us this information was then used to look for themes and patterns, so they could try to minimise the risk of reoccurrences.

We looked at the systems in place for managing medicines. This included the storage, handling and stock of medicines and medication administration records [MARs] for people. At the last inspection we had found improvements were needed. At this inspection we saw improvements had been made.

Medicines were stored safely. We saw records were kept for medicines received, administered and disposal of medicines and people were receiving their medication as prescribed. However, we found some records could be improved. For example, records in relation to ointments and creams had not always been

completed correctly. We saw care workers were completing records in people's rooms as they administered the creams and ointments. However, senior staff were signing the MAR to say it had been administered, but they had not administered the creams. The staff member told us they had identified this in an audit in March 2017, which we were shown, but subsequent audits had not identified that it was still continuing and no action had been taken to address the issues with staff. The staff member told us they would ensure this was addressed with the management team and staff.

We found monitoring of stock of 'when required' [PRN] medicines, had been improved since our last inspection. We found good records of when they had been administered and why. The stock levels we checked were accurate and it was clear to see when medication had been administered and was as prescribed to meet people's needs. However, in two cases we identified that PRN protocols were not in place, although the staff member agreed to address this immediately.

The temperature of the room and the medication refrigerator were checked and recorded daily. We saw records were kept and the refrigerator was maintaining the correct temperatures. However, the room on many occasions had risen to 27 degrees centigrade which is above the recommended maximum temperature. This was discussed with the senior staff member who agreed to ensure the air conditioning unit was on at all times when the weather was hot, as they told us the room became hot when it was warm outside.

On the day of the inspection we found adequate staff were on duty to meet people's needs. Staff told us that predominantly there were enough staff on duty. However, all the staff we spoke with told us it could be a struggle between the hours of 5pm and 8pm as people living with dementia can become more agitated at these times and need more support. They also explained that in the evening one care worker had to cook the tea, so this reduced the number of care staff available to support and care for people. Following the inspection we spoke with the registered manager who told us they had used a recognised staffing tool to make sure there were enough staff on duty to meet people's needs. They also said this subject had not been raised in staff meetings or in the staff survey. However, they said they would monitor the situation.

Is the service effective?

Our findings

At our last inspection in November 2016 there was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the recording of specific decisions that had been made for people, or who had contributed to the decision making. At this inspection we found improvements had been made.

We looked at records in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards [DoLS]. The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. Care staff we spoke with were aware of the MCA and DoLS. They were also aware that if someone lacked capacity to make a specific decision that this should be made in their best interests involving all relevant people.

Overall care files we looked at provided satisfactory information about people's capacity to make decisions. However, we found some of the information was not clear regarding what people's capacity was. For example, one person had a mental capacity assessment in place which said they did not have capacity to make decisions about their health care needs or place of residence. However, in the care plan it was written that the person was orientated to time and place. We spoke with this person who was fully aware of where they were and why they were there; they were aware of the day and time. Therefore the capacity assessment conflicted with the information in their care plan.

Relatives we spoke with told us that as their family members did not have the mental capacity to make some decisions they had been involved in making decisions in the person's best interests. They told us this had been instigated by the registered manager and they were kept up to date with any changes. One relative said, "It is not something we just help to fill in once, this is on-going. The manager keeps us informed and we are very happy with the arrangement." We saw people were able to access all the communal areas without restrictions. Those who wanted to access the garden were supervised by staff. We saw one person being supervised outside in the garden, so they could have a cigarette.

We observed the end of breakfast service in one dining room and the full lunch service in both dining rooms. During breakfast we saw some people could have been better supported. We saw one person was asleep and not being encouraged or given support to eat, another person was sat with their head in their hands and again not offered any support. However, when staff did interact it was very positive and caring. When we asked staff about the person who was asleep they said, "They are not very well, we have called the district nurse." The person was leaning forward and did not look comfortable, but staff did not offer support or see if she wanted to sit in a more comfortable chair or go to their room. However, we did later see the person moved to a comfortable chair and the nurse did come in to see them. During this period staff were busy,

medication was being administered and people were still being supported with personal care.

The lunchtime service in the small dining room was very pleasant. The dining tables were neatly set out and looked welcoming with condiments and napkins. Meals were served to people who were sat together at the same time, so they could eat together. Two small meals were plated and used for people to make an informed choice of what they preferred to eat. People had a choice of drink and staff offered support where it was required in a sensitive way. In the dining room there were menus and information on allergens. However, in the other dining room we saw out of the eight people eating lunch, four did not have a drink with their meal. A member of staff told us drinks were not given out at the beginning of the meal as some people tended to pour the drink onto their plate. However, this did not take account of people's preferences or the fact that they may need fluids to help them swallow. We also noted that staff did not always offer people a choice of pudding, especially when they were eating in their room.

People told us they had enjoyed their lunch and said it was "Tasty". One person said, "I wish the cook would put salt in the food. Otherwise it's good today," However, other people said vegetables were often overcooked and menus could be more varied. One person told us "Why can't the cook give us good old home made food like sausages and mash, not that one from a packet, onion gravy, roast meat and trimmings, they don't need to spend much." The registered manager told us the home sourced meat from a local butcher and fresh fruit and vegetables for a local greengrocer. They said they only used convenience foods in emergency situations.

In April 2017 the registered provider had consulted people living at the home, and their relatives, about the food provision. This identified that people thought the food served at the home could be improved. We spoke with the new cook who told us the registered manager had asked her to look into the menus. She explained her plans included speaking with everyone who lived at the home, and staff, about people's likes and dislikes, then to alter the menu to suit people better.

Some people were on food and fluid charts as they were assessed at risk of weight loss so their diet was monitored. We looked at some completed forms and found they were not always accurate and were not evaluated or reviewed. For example, at lunchtime one person did not want a meal, the staff tried to encourage them but they continued to refuse. The meal was taken to the kitchen to be kept warm to be offered again later. We looked at this person's food chart later in the day and found at lunchtime it had been recorded 'good diet and fluids' yet the person had not eaten. When we checked with the staff who had assisted with lunch they told us they still had not eaten their lunch, therefore the information on the food record was incorrect. This was discussed with senior care worker who had completed the form and the registered manager to ensure staff communicated information more accurately.

Care files included information about people's nutritional needs, their likes and dislikes. Nutritional assessments had been completed and where it had been identified people were losing weight, or needed to gain weight, action had been taken to increase their daily calorific intake. Staff were able to explain how they fortified food with cream, full fat milk and butter. The registered manager told us he had appointed a nutrition and fluid champion to help improve this area of support.

Care files we looked at evidenced that people were supported to maintain good health and had access to healthcare services. We saw people had accessed outside agencies and health care professionals when needed. This included GPs, district nurses, dieticians and speech and language therapists. Relatives told us that the staff at the home did not hesitate to call the GP when needed. One person said, "People in homes often get a chest infection and staff [at Amphion View] are very vigilant and they get the GP to see them in good time. I know this because they let me know."

Following the inspection we spoke with a community nurse on the telephone. She spoke very positively about the staff and the care people received at the home. She said she visited the home most days, but at least twice a week. The nurse said the home was "Ideal" and staff were "Absolutely fabulous." They also told us that although there seemed to have been a quick turnover of staff recently, she had not had any problems.

The registered manager told us the training matrix used to monitor which training staff had completed was out of date, but he was aware that some staff needed initial or update training. We asked the registered manager to update the training matrix and send it to us, which he did. This showed the majority of staff had completed essential training, and where there were shortfalls training had been arranged. Two areas particularly needing addressing was the lack of training in caring for people living with dementia and managing challenging behaviour. These were required as the majority of people living at the home were living with dementia. The registered manager told us, "I have already started planning dementia training for the staff and have downloaded an eating and drinking well with dementia workbook from the SCIE site, which is being set as a target in supervision. I have already set it as a target for four staff to complete in four weeks."

The registered manager told us new staff completed an initial induction period which included shadowing an experienced care worker. They told us new staff had, or were, also expected to complete the company's mandatory training, which included moving people safely, food safety and safeguarding vulnerable people from abuse. This was confirmed by the staff we spoke with. The registered manager said new staff who did not have a national recognised care qualification would also be expected to complete the care certificate introduced by Skills for Care. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. We saw recently recruited staff had undertaken the care certificate. Staff told us they felt they had received the training they needed to carry out their job roles.

We found staff had also received regular supervision sessions and an annual appraisal of their work. Staff said they felt well supported and confirmed they received regular support sessions.

Is the service caring?

Our findings

People we spoke with told us the staff were very kind. One person said, "I can't talk to a lot of people here, but the staff always talk to me they are very nice." A relative told us, "I can't fault the staff they are excellent."

We observed that overall staff respected people's privacy and dignity. We saw they knocked on people's doors before they entered their bedroom or toilet areas. Interactions we observed were kind and caring. Staff knew people well and understood how to communicate to ensure their choices and preferences were sought. We also found staff had attended supervision sessions where they had signed up to the 'Care Commitment'. This covered topics such as treating people with sensitivity and understanding, and respecting and maintaining people's privacy and confidentiality.

However, we also saw an example of when staff could have supported someone better. For instance, one person had a short dress on and her legs were exposed as the way they were seated meant they needed a blanket over their legs to maintain their modesty. This was not addressed by staff until we prompted them. Later in the day we saw the same person had exposed legs again. We asked staff about this and they said the person had spilled a drink so they had removed the blanket, but they had not replaced it. We saw that staff were being supported to complete training in caring for people with dementia and we received positive feedback from relatives and health care professionals about how staff cared for people.

We saw occasions where staff managed difficult situations in an appropriate way, which protected people's dignity whilst the incidents were dealt with effectively. For instance, when one person was pacing up and down the corridor and sometimes disturbing other people, we saw staff knew the people they were supporting well and handled the situation effectively and in a very caring manner.

The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their wishes. People were given choice about where and how they spent their time. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

We saw people were cared for who were at the end of their life, staff were aware of how to meet their needs, keeping them comfortable and pain free. Staff we spoke with were extremely passionate about ensuring people were well cared for and that people at end of life were regularly checked to ensure their needs were met. One staff member told us one person who used the service had deteriorated very quickly and was choking when they gave fluids; they had immediately sought advice from health care professionals to ensure they were meeting their needs safely.

People's relatives and friends were able to visit without undue restriction. We saw visitors entering the home and being welcomed by staff. We also saw staff prompted people to engage with their relatives. For instance, we saw one person was dressed up after lunch as their relative was going to take them out. Staff made sure they were wearing appropriate footwear and had a jacket ready for when they were ready to go. They knew where people liked to sit when their relatives visited and this was accommodated. Staff made

sure visitors were shown private areas when chatting with family members. For example, we saw staff taking a relative to the bedroom of the family member and letting them know their relative was waiting for them. They responded and went to see their visitor.

Is the service responsive?

Our findings

At our last inspection in November 2016 there was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to care records containing conflicting information. At this inspection we saw care records had been improved, but further work was required to ensure information was accurate and easy to access.

In the provider information return [PIR] the registered manager told us "We recognise that our care plans were too complex and see that this has allowed contradictory guidance to creep in, which could misguide a care assistant." They went on to say, "I have responded to this by reviewing our whole care plan system and I am working towards putting in place more user friendly and clear plan of care, with supporting systems to monitor people's health and welfare." On the day of our visit we found care files were being rewritten and there was an overview of people's care at the front of each file. However, because of this each person had two care files, which made it very confusing as to which was the most up to date information. Therefore not all care file contained clear information about the areas the person needed support with and risks associated with their care. The registered manager told us that as agency staff was not routinely used, this meant that people were supported appropriately by staff who knew them and their needs well.

People we spoke with who lived at Amphion View could not remember if they had a care plan, or being involved in formulation one, but they said that were happy with the arrangements in place. Relatives we spoke with confirmed they had been involved in the planning of care and that the registered manager kept them informed of any changes. They were also very complimentary about the care provided and communication between staff and themselves.

We found staff were not always responsive to people's needs. We identified some areas of the home had an odour of urine. Assessments had been carried out by the continence team and we saw some people only had two continence pads allocated for each day, and on many occasions this was not enough. Staff told us that as people were incontinent throughout the day they became wet and sometimes the chair seats also become wet, they felt this was causing the odour. However, staff had not requested a review or kept records to evidence the number of pads was not sufficient to meet the people's needs. On one occasion we had to ask the deputy manager to ensure a person was changed as they smelt strongly of urine, they had got up from the chair and it was wet. Staff told us the person had been refusing to be taken to the toilet and this was the reason, but we had not seen the person being asked or encouraged to do this. We talked to the registered manager about this to ensure a review of their care in relation to continence requirements is completed.

Daily records had been completed which documented how each person had spent their day and any changes to their wellbeing. We also saw food and fluid charts were used to monitor the intake of people assessed as being at risk. However, the monitoring forms did not always record the portion size or the quantity of meal eaten. This would provide a better record of the exact amount the person had eaten, so would help identify why someone was losing or gaining weight.

Following the inspection visit we contacted a community nurse who visits the home regularly. She was complimentary about the care provision adding, "Everything I have asked for has been done. I think it's a top notch care home." She added, "They don't wait for me to come out, they are on the phone to the doctor straightaway, and call me even if it's five to five, to let me know they have called the GP and update me. I can't fault them."

The home employed an activities co-ordinator to provide social activities and stimulation for people living at the home, with support from a volunteer and care staff. We saw the activities person was very involved in ensuring people were kept stimulated and offered a variety of activities. Staff told us they knew people well and therefore they are able to interact with them in a meaningful way. One member of staff said, "Just having a few minutes of real time conversation where they talk about their previous life is good."

The activities co-ordinator told us that on admission they complete an 'All About Me' document which gave them a good insight into the person, their likes and dislikes. We noted they demonstrated a good understanding of the people living at the home. Records showed they had carried out individual activity sessions with people, as well as group activities such as singing, Wednesday cafés, Friday pub evenings, pianist entertainment, manicures, massages and chatting to people. We also saw a hairdresser visited the home regularly. Staff told us when the weather was good people were taken out into the community and there had been garden parties held over the last year, which people living at the home and their relatives had been involved in.

As we visited the home on a Wednesday we saw people enjoying the 'Wednesday café'. In the afternoon people had tea and cake in one of the dining rooms, which was set up like a café. Supervised by staff, one person who lives at Amphion View was actively involved in setting up the room and serving the tea. We saw a volunteer and a relative also joined in. There was a happy interaction between people using the service and everyone appreciated the activity. People we spoke with told us they enjoyed the afternoon teas.

The home had a complaints policy and procedure, which was easily accessible to people using and visiting the home. People told us they would feel comfortable discussing any concerns they might have with the management team. Most people we spoke with felt they would be listened to and their concerns taken seriously.

We saw that when complaints had been received the registered manager had recorded the details of the concerns, actions taken and the outcome. We also saw several thank you cards and letters had been received, although these were not dated so we could not tell when they had been sent.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. A deputy manager and an assistant manager were also part of the management team.

At our previous inspection in November 2016 there was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the systems in place to monitor how the home operated were inadequate.

At this inspection we saw improvements had been made and the quality assurance system had been developed to better monitor how the home was operating and identify areas needing attention. For instance, an infection control audit had been completed following the infection control nurse's assessment of the home. The registered manager was working with the nurse to address issues found. We also saw audits for medication, the mealtime experience, suitability of mattresses and bedroom checks had all been completed. However these had not been completed consistently and there was no policy in place to say what was to be audited and how often. For instance, there had been no mattress audit completed since 6 June 2017, yet the registered manager had told us these should take place monthly. We also found action plans to highlight shortfalls found during the audits, the timescales for completion and who was responsible for their completion had not always been put in place. However, we did see that in some cases handwritten entries had been made at the side of the audit record when work had been completed.

Although the audit system had picked up some of the shortfalls we found, it had not identified all areas needing improvement, such as the damaged or badly stained floor coverings in some areas or the inconsistent information in people's care records, as identified earlier in the report.

This was a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the registered manager sent us a schedule detailing what audits would take place, and how often. This included a monitoring checklist that would enable the management team to check audits had been completed in line with the schedule. He also sent us a maintenance schedule covering subjects such as electrical and water testing, which would be used to ensure servicing of equipment were completed on time. We asked the registered manager to complete a full audit of the premises to identify and prioritise all areas that needed attention. They agreed to do this and forward their findings to us.

The registered manager told us periodic visits to the home at night were undertaken to assess how it was running. We saw the reports from visits in February and August had taken place. He told us the aim was to carry out three to four visits a year.

We were told the nominated individual, who represents the registered provider, visited and phoned the registered manager regularly to discuss the running of the home; however these discussions were not recorded to evidence what was discussed and any planned actions.

The registered manager was also working with the local authority to meet the action plan from their assessment of the home in November 2016. The local authority told us improvements had been made since their initial assessment, but that further improvements were needed, especially in relation to the registered manager having an overview of the quality assurance system and being more responsive to shortfalls found.

The registered manager told us some company records were stored electronically, but his laptop had broken, so he could not retrieve certain records. We asked if computers were routinely backed up so any essential information was not lost. He told us this did not currently happen, but agreed to speak to the registered provider about ensuring these records were backed up.

People told us the registered manager often asked about whether they were "Okay" or asked "How is everything." They also said he was always accessible and they felt they could tell him anything and he listened to them. However, one person living at Amphion View said, "The manager is a good listener, but not sure if he does anything about what he is told."

Satisfaction surveys had been carried out to gain the views of people living at the home and relatives. For example, in May 2017 people using the service had been asked their opinion on how medication was managed and in January 2017 people living at the home and their relatives had been consulted about their general satisfaction. We saw answers to the set questions were mainly positive and action had been taken to address any areas people had identified for improvement. For instance, a new cook had been recruited as a result of one survey. People's comments were also complimentary about the management and care staff. One person had written, "Management always available to discuss my husband's care."

We saw staff meetings had taken place periodically to discuss changes at the home and areas for improvement. We also saw questionnaires had been used to gain staff's views on how the home operated. Overall staff had answered the set questions positively. The staff we spoke with told us they felt well supported by the management team and were aware of their role and responsibilities. A senior care worker told us, "I make sure residents are given the care they need. That's what we are here for. I allocate staff to attend to food and fluid charts, and pressure care and body map every shift, so everyone receives the care they should." Another member of staff told us, "It's a lot better [how the home was run]." Other staff commented, "I feel fully supported in my role and can talk in confidence if it is required" and "The communication is very good." Staff said they were generally very happy with the organisation and no negative comments were shared with us during our visit.

On the notice board as we entered the home we saw the Food Standards Agency rating was displayed. This showed that the home had achieved a five star rating; this is the highest rating awarded.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The systems to assess and monitor the quality of service provided were not robust enough, so they did not always identify and address shortfalls in a timely manner.</p> <p>There must be an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided.</p>