Raj & Knoll Limited

Ami Court

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**

Overall summary

This inspection took place on 23 and 24 April 2015, was unannounced and carried out by one inspector and an expert by experience. The expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The last inspection was carried out on 14 January 2014 and there were no breaches in the regulations.

Ami Court provides accommodation, support and nursing care for up to 38 older people. At the time of the inspection there were 34 people living at the service, which included ten people receiving rehabilitation and support as they had just come out of hospital.

A registered manager was in post, who was also the registered manager for the two other services owned by the organisation. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Potential risks to people were identified but full guidance on how to safely manage the risks was not always available. This left people at risk of not receiving the support they needed to keep them as safe as possible.

Accidents and incidents were recorded but had not been summarised to identify if there were any patterns or if lessons could be learned to support people more effectively to ensure their safety.

Although there were policies and procedures in place, which covered emergency events, there were no plans in place to help people to safely leave the building in an emergency such as a flood.

People's needs had been assessed to identify the care they needed, however care plans varied in detail to ensure personalised care was being provided. Some care plans lacked clear detail to show how people were receiving the care they needed. People told us they knew about their care plans but there was a lack of evidence to confirm they had been involved in planning their care or had agreed with the care being delivered.

Systems were in place to check the safety of the service but checks had not been completed on the quality of the care people received and on medicines. People were asked for their feedback about the service, but the views of their relatives and health care professionals had not been sought to continuously improve the service.

Policies and procedures were not all in place, for example, mental capacity and deprivation of liability guidelines. Some policies also needed to be updated in line with current legislation.

Records were not always completed accurately.

People told us they felt safe living at the service and would raise any concerns or issues with the registered manager and staff. All staff had been trained in safeguarding adults, and discussions with them confirmed that they knew the action to take in the event of any suspicion of abuse. Staff were aware of the whistle blowing policy and were confident they could raise any concerns with the registered manager or outside agencies if necessary.

Checks were done to ensure the premises were safe, such as fire safety checks. Equipment to support people with their mobility had been serviced to ensure that it was safe to use.

People and relatives told us that there was enough staff on duty. Staff were allocated their duties, on each shift, to ensure the right skill mix and experience of staff to make sure people's needs were met. Staff received regular supervision and a yearly appraisal to support them in their role.

Recruitment processes were in place to check that staff were of good character to work with people living at the service. There was a training programme in place to make sure staff had the skills and knowledge to carry out their roles. New staff received an induction and had access to a range of training courses.

People and their relatives told us that medicines were handled safely. The nursing staff demonstrated good practice in medicine administration by carefully ensuring that the right person received the correct medicines.

People told us the premises were clean and the service was free from unpleasant odours. People told us their rooms were cleaned regular and the standard of cleanliness in the service was good.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. Although there was no Mental Capacity and DoLS policy and procedure in place, the manager understood when an application should be made and was aware of the recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. There were no DoLS applications required at the time of this inspection.

People were supported to have a varied and balanced diet. Staff understood people's likes and dislikes and dietary requirements, and promoted people to eat as independently as possible.

People's health needs were assessed and monitored, and professional advice was sought when it was needed.

Staff treated people with kindness, encouraged their independence and responded to their needs. People's care plans were reviewed on a regular basis and people were supported to remain in contact with people who were important to them, such as family members.

Summary of findings

People had the opportunity to participate in activities, however some people said these could be improved and there were long periods of time during the inspection when people were sitting in the lounge without any activities and with no television or radio on.

Information about how to make a complaint about the service was given to people and displayed in the service. People and relatives told us that they would raise concerns with the registered manager or staff if they had any issues. They felt confident to make a complaint and that it would be acted on.

There was a statement of quality on display in the service, which outlined the visions and values of the service, such as compassionate care. Staff were aware of these values and demonstrated their understanding of how to achieve this by offering people choice, treating them with dignity and responding to their needs.

Staff and resident meetings were held on a regular basis to encourage people to feedback their views on the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we have asked the provider to take at the end of this report.

Summary of findings

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.

Risks to people were assessed but there was not always clear guidance in the care plans to make sure all staff knew what action to take to keep people as safe as possible.

Accidents and incidents were not analysed to prevent or reduce the risks of further events. A plan was not in place to ensure that people would be able to leave the service safely in the event of an emergency.

Staff knew the signs of abuse and had received training to ensure people were protected from harm.

Recruitment procedures ensured new members of staff were checked before they started work. There was enough staff on duty to meet people's needs at the time of the inspection although some people and relatives thought that, at times, staffing levels could be improved.

People's medicines were managed safely.

Is the service effective?

Requires improvement

The service was not always effective.

People had their needs assessed and staff understood the importance of gaining consent to care and giving people choice. However, there was a lack of guidance for staff to follow with regard to mental capacity and deprivation of liberty as there was no policy in place.

Staff had regular one to one meetings and appraisals with the registered manager or a senior member of staff to support them in their learning and development.

People's health was monitored and staff worked with health and social care professionals to make sure people's healthcare needs were met.

People were provided with a suitable range of nutritious food and drink.

Is the service caring?

Good

The service was caring.

People and relatives said that people were treated with respect and dignity, and that staff were helpful and caring. Staff communicated with people in a caring, dignified and compassionate way.

People and their relatives were able to discuss any concerns regarding their care and support.

Summary of findings

Staff knew people well and knew how they preferred to be supported to maintain their independence.

Is the service responsive?

Requires improvement

The service was not always responsive.

Care plans lacked detail about some people's specific needs and life histories. People and relatives had not all been involved in planning their care. The plans had been reviewed and contained information about people's wishes and preferences, skills and abilities.

People and relatives told us that there were some activities being provided. However, we observed that there were long periods of time during the inspection when people were not being supported to be socially active.

People and their relatives said they would be able to raise any concerns or complaints with the staff and registered manager, who would listen and take any action if required.

Is the service well-led?

Requires improvement

The service was not always well led.

People were asked for their views about their care; however relatives, health care professionals and staff had not had the opportunity to complete a survey to feedback their views on the service.

Some quality monitoring systems, such as internal audits for the medication or care plans were not in place to identify shortfalls in the quality of care provided.

Records were not always accurate or completed. Not all policies and procedures had been updated in line with current legislation.

Staff told us that they felt supported by the manager and that there was an open culture between staff and between staff and management.

Ami Court

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 and 24 April 2015 and was unannounced. The inspection team consisted of one inspector and an expert by experience on the first day and one inspector on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The inspection took place in response to concerns raised by a whistle blower; therefore a Provider Information Return (PIR) was not completed by the provider. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. A whistle blower is a current member of staff or a staff member that has recently left the service who raises concerns about the service.

We looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when a significant events happen, like a death or a serious injury.

During our inspection we spoke with eleven people, the registered manager, deputy manager, six staff members, and four relatives. We observed staff carrying out their duties, communicating

and interacting with people. We reviewed people's records and a variety of documents. These included six people's care plans and risk assessments, staff recruitment files, the staff induction booklet, training and supervision schedules, staff rotas, medicines records and quality assurance documentation.

We last inspected Ami Court in January 2014 when no concerns were identified.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe living at Ami Court. They said "By and large the building is safe". "I am happy here. I have a very good carer. I do feel safe". "Safe, it's nice. Staff are smashing here". "Yes, this place is safe. In the evening all the windows and doors are locked. To get in you have to ring the bell and there is a code to get out. Only the staff knows the code". "I am safe here".

Relatives said: "My relative is safe here; we couldn't manage them at home anymore". "Safe here, yes, I have never seen any unkindness".

People who needed support with their mobility had risk assessments in place but these did not always show staff how to move people as safely as possible. The assessments identified how many staff were required and the equipment needed, such as slide sheets or hoist, but guidance to move the person safely was not clear. For example, plans recorded, 'assistance of 2 staff' but there was no further information as to what 'assistance' meant to enable staff to manage the risks and move the person consistently and safely. Another assessment stated that the person required 1 or 2 people to use the commode, with a full hoist and medium sling, but there was no other information of how staff minimised the risks to ensure the person was moved safely. There was no information to guide staff about how people's medical condition may impact on their mobility to use the equipment. It was noted in another care plan that the person was a high risk of falling but there was no falls risk assessment in place to reduce the risks.

The provider did not have sufficient guidance for staff to follow to show how risks were mitigated when moving people. Regulation 12 (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Staff told us that they reported accidents/incidents immediately to the nurse or manager on duty. Accidents had been recorded on an accident form and the registered manager told us that these were reviewed to identify any patterns or trends. However, there was no record of any summary of the events to help ensure appropriate investigation and action was being taken to reduce the risk of further or similar occurrences.

Although there were policies and procedures in place in the event of a fire, and plans should the lift be out of order, there were no individual plans for people to evacuate them safely. There were no plans to show how the service would respond to major incidents, should they need to re-locate in an emergency such as a flood.

The provider had not reviewed accidents/incidents to mitigate the risk of further occurrences. There was no emergency plan in place to significantly reduce the risk to people in the event of a major incident. Regulation 12(2)(a)(b) and 12(2)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We had received information from a whistle blower that at times there was not enough staff on duty. We reviewed the staff rota, which confirmed the names on the rota matched the staff on duty on the day of the inspection. However, the rotas for the previous three months did not clearly show who had actually been on duty. This was because the staff rota covered three services within the organisation and did not identify who was on duty at each service. We saw that for each shift the senior member of staff allocated the staff on duty and recorded this on an 'allocation sheet'. This allocation sheet was not retained so we could not cross reference if the rota matched the number of staff and identify exactly who was on duty. The staff did not complete a signing in sheet to confirm they were on duty so further comparisons were not possible. Therefore over the last three months the provider could not evidence that sufficient staff with the skills and competencies to meet the assessed needs of people, had been on duty.

There were mixed views about the number of staff on duty. Some people told us that most of the time there was enough staff on duty, however on occasions this could be improved. One person commented: "Recently I have been falling a lot at home, in here when I went to bed I fell and couldn't reach the bell but was able to bang my walking stick on the floor and staff came straight away". Another person said: "Not enough staff about when you the ring the bell, sometimes they answer quickly, sometimes they don't".

Relatives commented: "When I need assistance for my relative I don't push the call button, I go into the corridor. Sometimes there is no-one about especially late afternoon." "Staff are a bit pushed. They don't spend much time with my relative. They work very hard". "Carers are always really busy, they work hard".

Requires improvement

Is the service safe?

The registered manager told us that the staffing levels were assessed on the dependency of the people using the service. The dependency of each person was assessed and recorded in the care plan which were updated reviewed and up dated on a regular basis.

At the time of the inspection there were enough staff on duty. There were five staff for the morning shift, four for the afternoon shift and two waking night staff. The deputy manager, cook, two kitchen assistants and one domestic staff were also on duty. People told us that the staff were busy but there was usually enough of them. Staff told us that the shifts were always covered and it was only very rarely that they had a shortage of staff. The registered manager told us that agency staff was not used to cover shifts as the staff for all three services within the organisation were available to cover in times of sickness and annual leave. Staff told us that there was a core number of staff who had worked at Ami Court for several years so they knew the service well.

Discussions with staff and a review of records showed that staff had received training in how to safeguard people. Staff were able to demonstrate their understanding of what abuse was and who to report concerns to if they had concerns about people's safety. They were aware of the whistle blowing policy and spoke confidently about reporting any concerns they may have to their manager and other external agencies, such as the local authority. There was also a poster on display called 'See something, say something' to encourage people and staff to raise any concerns to the registered manager confidentially by email. Staff told us they felt confident to raise any issues and talked about the poster which encouraged staff to report any issues of concern.

People were protected by robust recruitment procedures. Recruitment records included all the required information, such as an application form, evidence of a Disclosure and Barring Service (DBS) check having been undertaken (these checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people). Documents also included proof of the person's identity and evidence of their conduct in previous employments. All nurses' registration (PIN) numbers were regularly checked to ensure that the nurse was on the active register of the Nursing and Midwifery Council (NMC).

People received their medicines safely and on time. They said: "Medicine is done regularly, I have a lot of pain with my back and can ask the nurse for pain relief ". "Medicine is always on time and is given by the nurses". Another person said " I always get my medicine morning and evening"

There were appropriate procedures in place for recording the administration and disposal of medicines. We observed the medication round and saw that medicines were being administered safely. People were offered pain relief and staff patiently waited for people to take their medicine before completing the records. Medicines were kept securely in a locked clinical room and were administered from a lockable trolley. There were also individual medicine cabinets in people's rooms. Temperatures of the clinical room, together with the temperature of the medicine fridge were recorded to ensure the correct temperature was maintained. Some drugs required special storage, these were stored safely and entered into a register accurately. Staff were trained to administer medicines safely.

There were systems in place to reduce the risk of infections in the service, such as cleaning schedules and checks to monitor the standard of cleanliness in the service. There was alcohol gel dispensers located throughout the service. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. People's rooms were clean, tidy and well maintained. The service was free from offensive odours. Clinical waste was disposed of using the correct yellow bags and placed in a clinical bin.

Requires improvement

Is the service effective?

Our findings

People and their relatives were happy with the care and support they received. People who lived at the service and their relatives told us they thought the staff were trained to meet their family member's needs.

Staff and the registered manager had a good understanding of the Mental Capacity Act 2005 (MCA). They were aware that any decisions made on behalf of people who lacked capacity should only be made once a best interest meeting had been held, however, policies and procedures were not in place relating to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. This meant that in the absence of the manager staff did not have the guidance to follow to make sure decisions for people who lacked capacity were in their best interests. At the time of the inspection there were no DoLS applications required.

People said staff asked for their consent about the tasks they were about to undertake. However, there was no evidence to show how people had consented to the use equipment such as bed rails for example; one care plan stated "has an electric profile bed with an air wave mattress (to reduce the risk of pressures sores). Bed rails must be raised and bumpers applied to the room side rail to prevent this person putting their legs between the bars". Bed rails prevent a person from getting out of bed. There was no evidence to confirm if this person had capacity or when and how this person or their representative had agreed to this decision to the use of bed rails. Some care plans did have written consent from people, however these forms had not all been completed fully to show how people had made their decisions.

Staff told us they had received a period of induction prior to starting work. The induction was completed over a number of weeks and was signed off, by staff and a trainer, as staff completed each section and were assessed as being competent. They told us they would 'shadow' experienced members of staff to gain experience in the role they would be undertaking. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs.

Staff said they were always undertaking training, including e-learning (on line training) and face to face training.

Records confirmed that staff had received training in areas such as safeguarding, food hygiene and moving and handling. Specials training such as dementia training and continence care had also been provided. Nurses completed additional training relevant to their roles, such as, enteral feeding and the use of syringe drivers. The training matrix showed that compression and pressure area care was also available. 16 staff had completed adult social care vocational qualifications and two staff were working towards their qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff regularly met with the manager for supervision and appraisals to discuss their personal development needs and any areas where they could benefit from further training. Staff told us they felt very well supported. Nursing staff told us that they had formal clinical supervision with the manager and were provided with opportunities for additional training.

There were procedures in place to monitor people's health care needs. There were risk assessments and care plans in place for people's nutritional, skin care and continence needs. Referrals were made to health professionals as needed, such as to the doctor, chiropodist, dentist, dietician and district nurses. People told us they were supported to maintain good health. A relative told us their relative was most contented in the service, the staff were attentive and this included taking prompt action when their medical needs changed. People living with diabetes were monitored to ensure their blood sugar levels were acceptable, and they were receiving a healthy diet. Information in the care plans had guidance for staff to monitor catheters such as how to reduce the risk of infection and check drainage, volume and colour to ensure they were working efficiently.

The service had ten beds which were dedicated to rehabilitation services. The rehabilitation programme aimed to enhance individual's independence in as many aspects of life as possible, including activities of daily living. People were supported to regain their health and wellbeing and to return to home. People in the rehabilitation programme had a maximum stay of three weeks and were supported by health care professionals, such as the

physiotherapists, occupational therapists and dieticians. The physiotherapist was based at the service therefore people readily had access to this facility. People told us: "The physiotherapy has been marvellous; I am looking forward to going home". "The programme has worked well for me I am just waiting for arrangements to be made for me to return home".

Specialist nursing 'profiling' beds were provided, which supported people with their care and comfort. Pressure relieving air mattresses together with cushions were in place to support people to maintain healthy skin. Assisted baths were available with hand rails strategically placed in corridors and in people's own rooms. The rehabilitation services had equipment to assess and encourage people to improve their skills and abilities, such as using kitchen equipment safely Assessments are carried out on people's mobility and cognitive awareness to enable them to improve their health and return home. Doctors visited the rehabilitation unit to review people's progress on a weekly basis and a nurse was on call 24 hours a day if there are any concerns

People's needs in relation to support with eating were assessed and when there was a risk of poor nutrition health professionals had been involved and their recommendations were followed through into the care plan. Measures were in place to reduce these risks, such as meal supplements prescribed by the doctor. When there were any concerns about people's nutritional needs they had been referred to the dietician or the speech and language therapist team. A relative told us how their relative had been assessed for a 'soft diet' and that the staff made sure this was provided. One person had their meal pureed. We saw that meat and vegetables were pureed separately to allow the person to taste the different flavours. Six people had the soft meal option where the meat was pureed and vegetables where mashed separately.

All the food for lunch was freshly cooked and people were given their choice of fresh vegetables. The meal served at lunch time looked wholesome and appetising. We observed that lunch time was unhurried, allowing people to enjoy their meal. One staff served the plated dinners to the residents whilst another member of staff went around offering gravy and horseradish sauce, allowing people to choose the quantity they wanted. Another person, who was having their choice of liver and bacon, requested vinegar for their vegetables and staff brought it straight away.

People told us how they enjoyed the food. They said: "The food is good here". "The food is excellent". "You don't leave much on a plate when it's like this. If I speak to one of these angels they give me seconds". "Best value of anywhere I have been. If I want more I ask for it"

"Certainly don't get starved. A friend brought in my favourite faggots for me and yesterday the staff cooked them for me. I enjoyed them". "The food is all right, lots of potatoes not always enough vegetables for me, we have a choice of meal and puddings at lunchtime". "Generally speaking the food is good here". "I had porridge for breakfast, plenty of it, it was nice. Staff gave me some blackcurrant juice to drink last night".

We spoke to the cook regarding the menus and choices available. They were able to tell us details of people's preferences and dietary requirements. They showed us the previous day chart listing each person's choice. The sheet clearly set out anyone's dislikes and those having pureed meal or soft meals. The cook told us that recently someone asked for sardines on toast, this was ordered and added onto the menu. Residents were asked the day before for their choice from the options. We were told that if someone did not like any of the options they were encouraged to choose another option.

Several people were supported to eat their meal by a member of the staff. We observed staff supporting one person to eat. They sat down beside the person and supported them to eat slowly giving them time to savour every mouthful and quietly checking that everything was okay. Assistance was not intrusive and people were being allowed to remain as independent as possible.

People were given drinks with their meal and several people who needed to use both hands to hold their drinks were given beakers with handles to encourage independence. Covers were available for people to use to protect their clothes and were only given to people when they were requested.

One person told us that there was plenty to drink and said "Whatever you want to drink there is never any problem". We observed that hot and cold drinks and biscuits were served in the morning and afternoon to people in the

Requires improvement

Is the service effective?

lounge and to those who preferred to stay in their rooms. Some people were able to select their own biscuits from the tin whilst others were asked their choice and the staff member would put them on the table in front of them.

Good

Is the service caring?

Our findings

People and relatives told us that the staff were kind and caring. They said: “Well cared for, staff approach very good, they ensure I am active, they are kind. Looked after pretty well” They also said, “Staff very nice. I arrived last night and staff brought my family up to my room this morning, they were not left wandering about trying to find the room”. “Staff approach very good, they ensure I am active, very kind. They look after me pretty well”. “Most staff are pretty good, their willingness to help is good”.

Relatives said: “My relative is restricted to their room and prefers to stay in bed, the staff are very caring, and they are very nice. They do their best for my relative”. “We have a good relationship with the staff, they are very caring”. Another relative said they had read a lot of Care Quality Commission reports about the local care homes and visited a number of them before deciding Ami Court was the right home.

Throughout the day staff interactions with people were positive and the atmosphere in the lounge was very relaxed and calm. People looked well cared for and were relaxed when staff supported them with their mobility. Staff knew people well, listened to what they had to say and acted on their requests. They chatted to people about whom and what was important to them, such as family members, the televisions programmes they liked or when family were due to visit.

Staff made sure everyone was included in their conversations and greeted people as they went about their duties. They made comments to people, saying hello and asking them if they were feeling well today. When people did not respond they stopped and chatted to them to make sure they were feeling OK or needed anything. People talked and laughed with each other and staff.

One care plan stated how to specifically communicate with a person living with dementia, it stated how to remind them of the date, day and time and spend time with them to reassure them, to reduce their anxiety and staff responded in this way. Staff made sure that people who lacked capacity were checked and spoken with on a regular basis to make sure they felt comfortable and reassured. They did not rush people; they went at the person’s pace and kept up conversations whenever they were providing care and support.

Some people needed the support of a hoist to transfer to and from wheelchairs. This was carried out safely throughout our inspection. Staff engaged with people in a quiet and dignified manner when they were transferring people from their wheelchairs and people responded in a positive way. Staff chatted and smiled with people while they were working.

People were supported to make choices. The service had both female and male care staff, and people told us that they were given a choice and asked if they did not want to be supported with personal care by a staff member of a different gender. They told us that staff always offered them choices such as what they wanted to eat or wear. People chose where they wished to be in the service, either in their room or the communal lounge. Staff told us how they offered choices to people who needed to support to make decisions by showing them different clothes or supporting them to sit where they wanted.

People told us they were asked their views about the service and staff regularly checked that they received the care they needed. There were also residents meetings where they could raise any concerns about the service.

People told us they were treated with dignity and respect. They said: “Staff are A1, friendly and skilled. If you ask, you get. They all come to do a job they give100% effort. They are lovely. If you treat them with respect they give you respect back.” Staff knocked on doors and asked if they could come in before entering. Staff talked to people in a respectful manner and made sure they spoke to people quietly if they needed personal attention. One person said: “The staff show respect. They knock on the door before they come in. This morning I had a wash in the en-suite, staff offered support as well as allowing me to remain as independent as possible

Staff had been trained in how to respect people’s privacy and dignity, and understood how to put this into practice. This included ensuring parts of the person not being washed were covered and closing the door to the room where the person was receiving personal care. One relative said, “Their dignity is maintained, toilet doors are always closed”. ”. Relatives told us that people’s privacy and dignity was always respected.

People were supported to remain as independent as possible. People in the rehabilitation unit told us how staff supported them to regain their independence and

Good

Is the service caring?

encouraged them to do things for themselves. One person told us: "Caring, good, they take me as I am, I have a catheter fitted and like to go to the bathroom myself to empty it, sometimes I cannot manage and staff discreetly assist".

People and their relatives confirmed that family and friends were able to visit at any time. There were restrictions on visiting times in the rehabilitation programme to enable people to follow their individual plan to ensure that had sufficient rest periods to gain their strength to return home. People told us they could see their relatives in private if they wished, or in the communal areas. One relative said: "I am always made welcome whenever I come, always offered drinks".

Advocacy support was available for people if they required additional support to discuss or agree to their care being provided, however at the time of the inspection no one was using advocacy services.

At the time of the inspection there was no one requiring care at the end of their life. However there were policies and procedures in place to ensure people received the care they needed. Staff covered 'care of the dying' during induction which included emotional and spiritual needs, care of family and friends, support for staff, privacy and cultural needs. Staff told us that they were supported by health care professionals at this time such as nurses from the hospice team so that they had the specialist care people needed. One relative told us that they had read a lot of Care Quality Commission reports about the local care homes and visited a number of them before deciding this was the right home for their parents. They said "Staff are kind. When my mother passed away staff tried so hard to get it right for him, they were incredibly careful". They also told us that their relative wanted to pass away at the service rather than in hospital and said: "They were supported to remain here rather than go into hospital." and also said "I would still make the same decision of choosing this home".

Requires improvement

Is the service responsive?

Our findings

People told us that they received the care they needed, and staff were responsive to their needs. We observed that call bells were responded to and people received support when it was needed. People who chose to remain in their rooms told us that the staff checked on a regular basis to see that they had everything they needed. People said: "Yes, I feel safe here because staff respond to calls when I need help. I sometimes have difficulty moving about so need some support". "Nine times out of ten the staff give a quick response. You know that if three or four people are calling for help you cannot expect someone to come immediately." Another person was receiving rehabilitation following an accident said "Night staff good. No trouble at all, last night I used the call button they came and helped to move me in the bed".

People's needs were assessed before they came to live or receive rehabilitation and nursing care at the service. For the rehabilitation centre other information was also gathered, such as discharge notes from people leaving the hospital, together with outpatient appointments so that the staff had the necessary information for the plan of care.

The care needs assessment included information about the person's care/health needs, life history, religious beliefs and dietary needs. This information was then used to complete a care plan to meet people's identified care needs. There were two formats of care planning, one for nursing and a programme of care for people receiving rehabilitation services. Care plans included information about people's needs in relation to personal care, nutrition, mobility, medical conditions, mental health and communication needs.

The care plans varied in detail. Some plans had details about people's personal history while others only had a very brief outline, therefore staff did not always have full understanding of what was important to people. One relative who told us that they had been involved in their relative's care said: "Yes I have been involved, I have also requested meetings to update my relative's care and I have had no problems at all". Although people told us that they had discussed their care plan with staff there was little evidence to show how they had been involved in the development of their care.

There were some examples of personalised care planning, such as people's dietary needs and what a person's food preference were if they needed to raise their sugar levels. In one plan there was detailed catheter care guidance in place to ensure the catheter remained in situ and what observation was required to make sure it was working correctly. However, another plan stated 'monitor for dehydration' but there was nothing to say how this was to be achieved and although staff told us that fluid charts were completed there was only one fluid chart on file. This person was catheterised and there was no cross referencing to their catheter care and no mention to measure their input/output of fluids to show they were receiving the fluid they needed.

One person had been identified as having a pressure area. A tissue viability wound assessment chart had been completed, which listed the dressings and nature of the wound and the need to use an airflow mattress. The care plan stated that the airflow mattress was to be checked daily to ensure it was set to the correct pressure; however there was no information to show what the correct pressure was and how this was being monitored. Another plan noted that a person had been to an out patient's clinic on 21/04/2015 but the outcome of the visit had not been updated in the care plan to show staff if there had been any changes to their care.

The care plans did not have clear details for staff to follow to ensure people's needs were being fully met and to show what involvement people had in developing their care. The above is a breach of Regulation 9(3)(b) and 9(3)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People receiving nursing care had their care plans reviewed monthly by senior staff to ensure that any changes were identified. People using the rehabilitation programme had their care plans reviewed weekly as their needs were assessed against their progress. There was a detailed handover each shift to make sure staff were kept up to date with people's changing needs.

People told us the service responded when they needed medical attention. They said they saw their doctor when they wanted. Comments included: "If I need the doctor the staff arranges it for me". "I have been having pain in their back and the doctor was called now I am going to the hospital tomorrow for more checks". Another person on the rehabilitation programme stated:

Requires improvement

Is the service responsive?

"I have physiotherapy every day. I have an appointment at the hospital this week and the ambulance has been arranged to pick me up".

There were no planned activities on the day of the inspection, however, there was a themed lunch as it was St George's Day. During the inspection it was noted that at times the lounge was very quiet with people spread out around the room. One person was occupied with a crossword. Several people were reading their newspapers. Two people sat chatting whilst others sat quietly looking around. As staff came in and out of the lounge they would chat and joke with several of the residents. There was a television, radio/CD player in the lounge and in the corridor but these were not playing. There were comments from some people that not everyone liked to have the television on so it was not switched on. During the afternoon it was then switched on but people did not appear to be watching it. Although there were some activities in the service, such as armchair exercises, bingo, nail care, aromatherapy, and occasional church visits there were long periods of time when social activities were not taking place. One person told us that they enjoyed having their nails done. Other people said: "I don't like bingo but I play it as somebody has organised it. There used to be other activities, such as flower arranging and cake decorating but these seemed to have dropped off. There is no sing song here although one of the other residents gives us a song". "The local church comes in at Christmas and sings carols". "My interest is choral singing, not a lot of opportunity to get to the Church now. The clergyman now comes to see me once a week and we sit and chat for an hour".

The cook told us that special events throughout the year were celebrated with themed lunches which people really enjoyed. These details were on the notice board and included The Grand National sweepstake special tea, a planned 70 th Anniversary of VE day celebration with a street party themed day on 10th May and National Sandwich week was being celebrated with bacon, lettuce and tomato and fish finger sandwiches. All of these activities were on display on the notice board so that relatives and visitors would be aware of these celebrations.

People were encouraged to raise any complaints with the registered manager. The statement of quality on display at the service included information about raising complaints. There was also a suggestion box in the entrance of the service to give people the opportunity to raise concerns anonymously if they wished.

Complaints had been logged and there had been three complaints which had been responded to appropriately. People felt confident to raise issues and gave us examples of their issues. They said: "It's easy to get to see manager if I have an issue." "I haven't had a complaint since I have been here, if I did I would go and talk to the manager" "I usually go to deputy manager, she usually sorts it out". "I like having a bath and after raising this with the manager it was arranged although it did take a little while to get established due to a problem with the bath." "I was always used to having fruit and after speaking to the manager I now have some fruit every evening". "When I came in I felt that the bed linen was poor so I asked them to change it and it was done straight away".

Requires improvement

Is the service well-led?

Our findings

People said: “I have been here three weeks; the service is brilliant, there is not a thing wrong in this home”. “I would recommend this service, the staff are lovely”. This is a good service, I could not be happier here”. “This is a good place, the care staff are great”. “The deputy manager is very hard working, always busy; If you ask her a question you always get a straight answer. When she is away on holiday you know it”. “The home is well run I would give them six out of ten. The intention of management is good. The manager is quite visible around the home”.

Relatives said that they were satisfied with the service and felt the care provided was of a good standard. They said they had a good relationship with the staff. One relative said “It is well run, manager works very hard, they covered a night shift when staff were off. People seem to run it quite well here”

The registered manager was responsible for two other services and spent their time across all three services. The registered manager was not always available and accessible to give practical assistance and support as they were sometimes on duty as a nurse at one of the other services. A nurse was responsible for the day to day running of Ami Court in the absence of the registered manager. Staff told us that they felt supported by the registered manager and that there was an open culture between staff and between staff and management.

People were given the opportunity to feedback their opinions about the service. A quality survey was carried out in January 2015. The results had been summarised and there were very positive results such as 100% of the 38 people who completed the survey said they would recommend the service. People said the food was excellent, they knew how to complain and the staff were kind. However, there was no completed surveys available at the time of the inspection to confirm the outcome and no quality assurance surveys had been sent to relatives, staff or stakeholders to give them an opportunity to feedback on the quality of the service.

A resident meeting had been held on 4 March 2015. The minutes did not identify who had attended. On person commented: “I went to one resident’s meeting. The meeting was a joint meeting with Knoll House (the service next door run but he same organisation). Their residents were more interested on what was happening for them. There was no structure to the meeting. I have had no feedback”.

Some audits, such as infection control, clinical waste and an audit of medicines from the local pharmacy had been completed. However the provider had not completed an audit of the care plans and there was no internal audit of medicines to monitor the management of the medicines and the quality of care being provided.

Policies were in place to ensure that staff had appropriate guidance to follow the correct procedures; however there was no Mental Capacity and Deprivation of Liberty Safeguards (DoLS) policy and procedure in place. This meant that staff may not have the support and guidance to ensure correct procedures were followed with regard to people’s mental capacity assessments and if required DoLS applications. The Protection from Abuse – Policy on Staff Whistle Blowing policy required review and updating as it referred to outdated legislation.

The provider did not have systems in place to seek the views of a wide range of stakeholders about their experience and views of the service. There was a lack of auditing to assess and monitor the quality of care being provided. The above is in breach of Regulation 17(2)(a)(b) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

Records were not always accurate or lacked detailed information. For example one person had not signed their records even though they had lived at the service since 2013. This included the ‘Informed consent’ forms in the care plans and their terms and conditions of residence.

Records for people who needed to have their food and fluid recorded to make sure they were eating properly were not always completed by staff to confirm exactly what the person had to eat or drink. Moving and handling risk assessments were not completed properly in some cases staff had not recorded the weight or height of the person.

Records of the staff rota over the last three months did not evidence that sufficient staff with the skills and competencies to meet the assessed needs of people, had been on duty. There was no accurate record of the names and numbers of staff on duty in the service because staff did not sign in to confirm they were in the service. Staff

Requires improvement

Is the service well-led?

rotas covered all three services run by the provider and did not show clearly who was on duty in each service as allocation of staff sheets were not retained. The full names of staff were not on the rota.

The provider had failed to ensure that records were accurate or completed. The above Regulation 17(2)(c)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

There was a statement of policy on display in the service to support people and staff to raise comments or suggestions to improve the service and to contact the provider. The values of the service states that 'values and behaviours are at the heart of what we do and there is zero tolerance to abuse'. The registered manager told us that there had been no reports of any untoward events.

Staff were able to tell us about the visions and values of the service. They stressed the importance of treating people with dignity and respect, whilst respecting people's personal wishes and beliefs. They told us that they worked well as a team to provide the people with a good quality of life. Staff said: "Everyone is cheerful; we care and make other people happy". "People are comfortable here, we are one big happy family". "A good value is to just provide 'the best care'. "To prove kind and considerate care".

Monthly maintenance, health and safety checks together with testing of equipment and hoists had been completed. The systems to ensure people were protected from fire were in place and up to date. A clinical audit had taken place and no required actions had been identified.

The organisation had three services and the registered manager was responsible for these services. The care staff rotated between all three services, therefore there was one staff meeting to accommodate all of the staff. The last staff meeting was held in November 2014, when several topics, such as staff rotas, team work, caring for people and safety and personal hygiene were discussed. There were actions implemented with timescales with completion dates. Staff told us they were supported well by the management team and they had regular one to one meetings with their line manager to discuss their role. Staff told us that the service was well run and they would not hesitate to recommend the service, they said that the managers listened to their concerns and were very approachable.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not have sufficient guidance for staff to follow to show how risks were mitigated when moving people. The provider had not reviewed accidents/incidents to mitigate the risk of further occurrences. There was no emergency plan in place to significantly reduce the risk to people in the event of a major incident. Regulation 12(2)(a)(b)(I)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The care plans did not have clear details to evidence people's needs were being fully met and to show what involvement people had in developing their care. Regulation 9(3)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not have systems in place to regularly audit the service provided or have systems in place to seek the vies of a wide range of stakeholders about their experience and views of the service. The provider had failed to ensure that records were accurate or fully completed. Regulation 17(2)(a)(b)(c)(d)