

Amicus Care Home 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

The unannounced inspection was carried out on 26 January 2017.

Amicus Care Home Limited provides accommodation and personal care for up to 18 people. Some were older people living with dementia, some people had mobility difficulties and sensory impairments. Accommodation is arranged over two floors. The top floor was not in use. There were 13 people living at the home on the day of our inspection, one of these people was in hospital.

The service had a registered manager. The registered manager was also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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.

At our previous inspection on 23, 24 and 26 August 2016 we found breaches of Regulations 9, 10, 12, 13, 14, 15, 16, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We placed the service in special measures and initiated action against the provider. We received a weekly action plan from the provider following the inspection, which detailed what action they had taken to address the breaches.

At this inspection we found that the provider had made improvements to the service however, these improvements were still in progress.

Relatives told us their family members received safe, effective, caring and responsive care and the service was well led.

The provider had reduced the numbers of people living in the home since the last inspection which had relieved some of the pressure on staff. However, there was not enough staff deployed to meet people's care and support needs.

At this inspection we found that medicines were not always managed safely. Medicines were stored securely. Most people had received their medicines as prescribed. However, some people had not had their pain relief patches applied as per the prescriber's and manufacturer's instructions which meant they were at risk of poor pain control.

Recruitment processes had improved, however improvements were not consistent. Photographs of staff were in place as were references. The provider had carried out their own disclosure barring service (DBS) checks on new staff and volunteers who were working in the home with people to ensure staff were suitable. Gaps in employment history had not been explored for two staff to check their suitability for their role.

Risk assessments had improved. Risk assessments were in place in relation to people's care needs and

safety. Risk assessments did not always detail what action staff should take to reduce the risk to people. One person had been assessed as being at medium risk of dehydration. There was nothing noted in the assessment to detail what staff should do to reduce the risk.

Further improvements were required to the environment such as replacing carpets in the main hallway and covering a radiator in the lounge as this was exposed, which increased the risk of people burning themselves. We made a recommendation about this.

The decoration of the home did not follow good practice guidelines for supporting people who live with dementia.

Some staff had not received all the training they required to carry out their role providing care and support to people.

Complaints had not always been appropriately managed, investigated and responded to.

People were not provided with sufficient, meaningful activities to promote their wellbeing.

Effective systems were not in place to enable the provider to assess, monitor and improve the quality and safety of the service. Policies and procedures were out of date. The provider had made some improvements to systems however these had not been fully embedded, which meant further improvements were required.

People had choices of food at each meal time. People were offered more food if they wanted it and people that did not want to eat what had been cooked were offered alternatives.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority.

Staff knew and understood how to protect people from abuse and harm and keep them safe.

People were supported and helped to maintain their health and to access health services when they needed them.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA), which included steps that staff should take to comply with legal requirements. Staff gave people choices throughout the day and helped them to make decisions by using pictures or the best method of communication for the individual.

Staff were cheerful, kind and patient in their approach and had a good rapport with people. The atmosphere in the service was calm and relaxed. Staff treated people with dignity and respect.

People were supported to maintain their relationships with people who mattered to them. Relatives and visitors were welcomed at the service at any reasonable time and were complimentary about the care their family member's received.

People and their relatives knew who to talk to if they were unhappy about the service.

People's care plans had been reviewed and updated to ensure that their care and support needs were clear

and their preferences were known.

People had opportunities to provide feedback about the service they received. There was evidence that comments made had been acted upon to show that people had been listened to.

Relatives and staff told us that the home was well run. Staff were positive about the support they received from the registered manager. They felt they could raise concerns and they would be listened to.

We found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the registered provider to take at the back of the full version of the report.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

There were not enough staff to meet people's needs. The provider had not always followed safe recruitment practices.

Risk assessments were in place in relation to people's care needs and safety. Some risk assessments did not always detail what action staff should take to reduce the risk to people.

Improvements had been made to medicines administration. However some medicines had not been administered according to the prescribers instructions.

Staff understood the various types of abuse to look out for to ensure people were protected.

Requires Improvement 

Is the service effective?

The service was not consistently effective.

Staff had not all received appropriate training to carry out their roles. Supervision systems were still being embedded which meant supervisions were inconsistent.

The environment did not meet the needs of those people living with dementia.

Mental capacity assessments were undertaken. The provider had systems in place to monitor Deprivation of Liberty Safeguards.

People had choices of food and where they wished to eat their meals. The menus were written and were in an easy to read format to help people understand.

People had received medical assistance from healthcare professionals when they needed it.

Requires Improvement 

Is the service caring?

The service was caring.

Good 

Staff knew people well and there was positive interaction between people and staff.

Staff treated people with kindness and understanding. Staff made time to talk with people whilst going about their day to day work.

Staff were careful to protect people's privacy and dignity. People's information was treated confidentially.

Is the service responsive?

The service was not consistently responsive.

People did not have access to activities to meet their needs.

Care plans had improved to detail people's assessed needs and what support staff needed to provide to meet this.

People knew who to complain to. Complaints made had not always been dealt with or responded to appropriately.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Systems to monitor the quality of the service were not effective. Policies and procedures were outdated.

The provider had reported incidents to CQC. The provider had displayed the rating from the last inspection in the home.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

Staff were positive about the support they received from the management team.

Requires Improvement ●

Amicus Care Home 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.

This inspection was carried out on 26 January 2017. Our inspection was unannounced.

The inspection team included two inspectors and a medicines inspector. The team also included an expert-by-experience who had personal experience of caring for older people and people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed notifications we had received, the provider's action plans and previous inspection reports. A notification is information about important events which the service is required to send us by law. We also reviewed information of concern that we had received.

During our inspection we observed care in communal areas. We examined records including staff rotas; management records, care records for six people, medicines records for 10 people and five staff files. We gained feedback from the local authorities commissioning team.

We looked around the premises and spoke with eight people, six staff including the deputy manager and the provider (who was also the registered manager). We also spoke with one relative. We made telephone calls to a further two members of staff after the inspection.

We asked the provider to send us training records. The training records were sent through in a timely manner.

Is the service safe?

Our findings

At the last inspection we found five breaches in regulations relating to safeguarding people from harm, responding to emergencies, medicines management and managing risk. Safe recruitment procedures were not in place to make sure staff were suitable to work with people. The provider failed to deploy sufficient staff to meet people's needs. The provider had failed to clean and maintain premises adequately.

At this inspection we found that some improvements had been made to safeguarding people from abuse, medicines practice, maintenance and cleaning of the service. However, we found that further improvements were required.

People told us they felt safe with the care they received from the staff. They told us that staff were always attentive, asking them if they were okay and if they wanted some assistance. Comments from people included, "Safe here, never had any trouble, staff kind and helpful. I have always two staff helping me when I am getting up and dressed"; "I have the use of this walking frame to keep me safe, the carers treat me very well"; "I am well looked after here, I just couldn't live on my own anymore"; "Carers are nice, I have a Zimmer frame to keep me safe when I am walking about"; "Yes I feel safe, looked after pretty well, the carers do anything you want" and "Definitely safe with carers they know what to do always willing to help".

A relative told us their family member was, "Very comfortable here and well looked after by the carers".

At this inspection we found that medicines were not always managed safely. Medicines were stored securely and were within their expiry dates. Temperature records for areas where medicines were stored, including a refrigerator, lacked guidance for staff on what the recommended maximum and minimum temperatures were. This meant staff were recording the temperatures observed without knowing if they were within recommended guidelines for safe storage of medicines. Medicines requiring refrigeration were not kept at the time of the inspection.

Controlled drugs (medicines which are more liable to misuse and therefore need close monitoring) were stored securely and registers to record their handling were accurately completed. Medicines that were no longer needed were disposed of correctly. The home did not receive and act on faulty medicines alerts in line with their own policy.

Ten medicines administration records (MARs) were reviewed; these were completed appropriately with no gaps. Allergies were recorded on MARs, but for one person these did not always match the home's records. Handwritten MARs had not always been double signed to reduce the chance of transcription errors. Protocols to support staff to administer medicines to people on a 'when required' basis were not in place for all relevant medicines. Separate records showed that creams and transdermal patches had been applied to people correctly. However, we noted that some people had not had their pain relief patches applied as per the prescriber's and manufacturer's instructions which meant they were at risk of poor pain control.

Basic information about medicines administration errors were recorded, although there was no evidence

documented in relation to investigation of errors or shared learning to reduce the risk of reoccurrences.

This was a breach of Regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

At the last inspection we found that the provider had failed to deploy sufficient staff to meet people's needs. At this inspection the staffing rotas showed the provider did not have sufficient staff deployed throughout the day and night. We looked at rotas for a five week period from 17 December 2016 to 03 February 2017. Although agency staff were used sometimes, the provider tended to use the same staff from their preferred agency. However, the staff tried to cover the shifts where not enough staff were on the rota, to ensure continuity. This meant that some staff were working far too many days without any time off. One member of staff had only had three days off in that five week period. Another staff member had worked 17 days in a row without a day off. Staff told us they did not think there was enough staff as some staff were having to cover a lot of shifts to ensure people had the consistency of care. One staff member told us, "We do struggle" and another said, "We do feel under pressure as we do not want to let the people we care for down", and, "Staff are very tired". We spoke with the provider about this as we were concerned that staff were working long periods without any break. The provider did not have any awareness that staff had been working for long periods without a day off.

Two staff worked on the late shift, over the afternoon and evening period. We saw that staff working this shift, over the evening and supper time found it difficult to cope with the tasks they had to carry out and the assistance required by the people living in the home. One staff member administered medicines and the other supported the people who required it. This meant the staff member administering medicines had to leave the medicines round and keep securing the medicines trolley before assisting with the personal care requirements. The two staff also served the supper time meal and were required to help those who needed assistance. We saw that people were in the lounge unattended for periods of time, sometimes as long as 20 minutes, while they were eating their supper. One person was getting very restless and kept standing up as they were concerned that the curtains had not been drawn. The person sitting next to them was becoming agitated and stressed about the person as they were concerned they would fall. They kept asking them to sit down or they would fall. They said, "By the time I go to bed I'm worn out", as they felt they had to keep an eye on other people to keep them safe. We had to go to find the staff after a period of time as we were concerned for the safety of people and the emotional well-being of those people who were showing clear concern.

The failure to deploy enough staff to meet people's needs was a breach of Regulation 18 (1) of The Health and Social Care Act (Regulated Activities) Regulations 2014.

At the last inspection we found that people's safety had not always been suitably assessed. Some risk assessments were incomplete. Risk assessments had not been reviewed and updated when risk levels had changed. At this inspection we found that risk assessments had improved for some people. Risk assessments were in place in relation to people's care needs and safety. The risks to individuals around the integrity of their skin had been assessed and measures put in place to ensure people were protected from acquiring pressure sores. Staff were guided through the care plan to check people's pressure areas regularly. One person who was mobile and was of a slight build liked to have a lie down on their bed in the afternoon. Staff were expected to check their skin regularly for red areas that may appear. The person's care plan stated when staff were assisting the person to dry some areas following a wash or bath, to dab dry and not rub. These interventions helped to maintain the integrity of people's often fragile skin.

The risk assessments in place in relation to managing people's diabetes were suitably detailed to describe

what action staff should take to support people when their blood sugar levels were too high. However, risk assessments had not always been followed when people's blood sugars had been high. People's blood sugar readings had not always been taken again after two hours if the reading was high. Some risk assessments did not always detail what action staff should take to reduce the risk to people. Some risk assessments noted a score of low, medium or high without detailing actions required to mitigate or reduce the risk to the person. Each person's risk assessments had been reviewed since we last inspected the home. One person was at risk because the side was missing off of their wheelchair, they told us that the side had been missing for some time and that it had become lost. They told us they were worried about falling out of the chair. We spoke with the provider about this and staff searched for the side. It was found and returned to the person but was not reattached to the chair. The provider had spoken with the person about being assessed for a new chair before we had inspected and they had made contact with the district nurses to arrange for an assessment.

The failure to ensure care was delivered in a safe way was a breach of Regulation 12 (1)(2) (a)(b)(d)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The ground floor corridor of the home had been redecorated, radiator covers has been painted. Pipes that were previously exposed had been covered over. Further improvements were still required such as replacing carpets in the main hallway which were worn and covering a radiator in the lounge as it was exposed, which increased the risk of people burning themselves. Some radiator covers in the home required further improvements as people could still touch hot areas because there were gaps between the shelf and the cover. The alarm on the fire door at the end of the corridor was not working. Which meant when this door was opened the alarm did not sound. There was a risk that people could open that door and leave the building undetected.

We recommend the provider continues to improve the environment to ensure that people are safe.

Adequate systems were in place to manage the premises. Records showed that regular checks were made on the gas safety within the home, electrical equipment, portable appliances tests, fire alarm systems, moving and handling equipment and fire extinguishers. The water was monitored to prevent legionella.

Staff knew how to evacuate people in an emergency. Personal emergency evacuation plans (PEEPs) were in place for all people and these were within an easy to reach 'Fire grab file'. We found that fire escapes were clear and suitable changes had been made to aid evacuation in the case of an emergency. Regular fire tests had been carried out, action had been taken to address where these had picked up concerns and issues. For example, where automatic door closure devices had failed to work correctly. An engineer visited the service whilst we were inspecting to carry out repairs to these. Following our previous inspection, the fire service had inspected the home and issued the provider a list of work that was required to meet The Regulatory Reform (Fire Safety) Order 2005. The provider had implemented a number of changes, however further work was still required; such as removing the rail of the stair lift from the stair well and replacing a glazed area to the lounge to improve fire resistance.

Recruitment processes had improved, however improvements were not consistent. At this inspection we found that two of the staff recruitment records contained photographs of staff. References had been received by the provider for all new employees. The provider had carried out their own disclosure barring service (DBS) checks on new staff and volunteers who were working in the home with people to ensure staff were suitable. The provider had employed new staff since the last inspection and had not consistently checked reasons for gaps in employment. One staff member had a gap of 33 years in their employment history. Another had a gap of five years in their employment history. The provider had recognised the gap of

five years and had placed a note on file to follow up gaps in employment. Therefore, the provider was required to make further improvements to ensure that all staff had sufficient checks to ensure they were suitable to work around people who needed safeguarding from harm.

People were protected from abuse and mistreatment. Staff told us that they had completed safeguarding adults training. The staff we spoke with had a good understanding of their responsibilities in helping to keep people safe. Staff told us they would have no hesitation raising concerns with the appropriate people if they needed to. Staff were confident the provider would deal with any issues taken to them for their attention. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse.

The home was clean and tidy and smelt pleasant. Effective cleaning had taken place to manage infection and odours.

Is the service effective?

Our findings

At the last inspection we found five breaches in regulations relating to managing people's nutritional and hydration needs, training and support for staff and the environment did not meet the needs of people living with dementia. The provider had failed to meet the requirements of the Deprivation of Liberties Safeguards (DoLS) and failed to refer people to healthcare professionals when their health needs had deteriorated. At this inspection we found that there had been improvements to meeting people's nutrition and hydration needs and DoLS. Further improvements were needed.

People told us that staff assisted them to keep their independence and allowed them to make choices about what they wanted to do. They also told us that they could go to their room whenever they wanted and could stay up as long as they wanted. People told us that the staff treated them well and never rushed them and allowed them to decide when they wanted help. Comments people made included, "When I am ready to get up I press the buzzer for the staff to help me out of bed, they help me dress if I want them to"; "I get up when I want to and if I feel tired I'll have a lie in, nobody fusses"; "They [staff] often ask me if I want a bath instead of a wash. Whatever I choose they always help me to wash the parts I cannot reach"; "I am pretty healthy apart from frailty. Staff don't rush me, they take time to help me wash and dress. After my bath I get weighed weekly", and "I like to be as independent as possible. I am happy and clean with a strip wash. The carers help to wash my feet and legs about 4 times a week whenever I ask them".

At the last inspection we found that staff did not have effective training and supervision to support them in their role. At this inspection we found staff were supported in their role by having one to one supervision meetings with either the provider or the deputy manager. The meetings were used to cascade good practice amongst the staff team as well as giving the staff member an opportunity to raise issues or ask for help. The provider had used the opportunity to have coaching sessions with staff around subjects such as medicines administration and the delivery of good quality personal care. Observations of staff practice in their role had been carried out as part of the supervision process. Constructive feedback was given to staff and objectives to improve in their role had been given. The provider's supervision policy stated staff should have six supervision meetings each year. Most staff had two meetings in the last five months since the last inspection although one member of staff had only one. One staff member had not had any supervision. The provider said that supervision meetings had not been regular but they were now on track with them.

We looked at the provider's training schedule which showed the training that staff had undertaken and the dates these had been completed. Some staff had not received all the training they required to carry out their role providing care and support to people. Out of 11 staff, four had not received safeguarding adults training and six staff had not received mental capacity act training. Only three staff had received training around understanding dementia and only one staff member had received equality and diversity training. There were many training courses no staff had attended in subjects that were important to understand when caring for the people living in the home. For example, no staff had received training around tissue viability and pressure area care, nutrition and hydration or managing challenging behaviour. One staff member told us, "I have done Mental Capacity Act, fire, infection control, safeguarding, moving and handling and medicines training" and "I have not done training on dementia but I have done reading on the internet as self-learning".

Another staff member said they had attended diabetes training since we last inspected the home. Staff had received training on medicines handling and administration and checks had been undertaken to ensure staff were competent to administer medicines safely. However not enough staff had received the training which meant that those trained were frequently called upon to do extra work to cover medicines administration.

Two new employees were in the process of undertaking the care certificate. However not all new employees had started to work towards the care certificate and had not taken part in all the necessary training essential to equip them to carry out their role and satisfy the provider of their competence. Training such as safeguarding adults, mental capacity act, first aid or fire awareness training had not been undertaken by all the newer staff.

This failure to provide training and support for staff relating to people's needs is a breach of Regulation 18 (1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found that the environment did not meet the needs of people living with dementia. Although some improvements had been made further improvements were required to ensure that the environment met people's needs. The provider had placed a temporary sign in the corridor which directed people from the dining room to the lounge; this was the only directional sign in place. One bathroom door had been painted blue and this had a paper sign on the outside which had a picture of a toilet. Some bedroom doors had numbers on, some did not. A number of the doors looked the same which could cause confusion. One hallway had a patterned carpet. The provider had not taken on National Institute for Health and Clinical Excellence (NICE) guidance within the changes they had made to the home. Further improvements were required to support people with dementia living in the home.

The premises were not suitable for the needs of people living with dementia. This was a breach of Regulation 15 (1)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. Mental capacity assessments had been undertaken to check that people did have the capacity to make less complex decisions. These included for example, consent for staff to administer their medicines, if people required support with washing and dressing or assistance with their personal care needs. Where it was deemed that a person did not have the capacity to make the decision in question, a best interests process had been followed, often including family members where appropriate. One person had been assessed as not having the capacity to make the decision to have an alarm mat in their bedroom to keep them safe at night. A decision was made in their best interests with the people who knew the person well. The support people required around decision making was reviewed regularly to ensure people received the appropriate support if their circumstances changed. Although some staff had not received MCA training we observed staff giving people choices throughout the day and helping them to make decisions by using pictures or the best method of communication for the individual. This was helped by the fact that many staff had worked at the home for a long time and knew people well.

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 (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were

being met. The provider understood when an application should be made and how to submit them to ensure that people were not unlawfully restricted. Documents showed that the provider had made DoLS applications and was awaiting their authorisation.

People who had been assessed as becoming frustrated at times if they did not understand a situation, or had forgotten important information, were supported through the care planning process with a behavioural plan. One person found it very difficult to understand why they might sometimes need to wait when they had asked for something. The detailed plan directed staff how to respond to the person. The plan detailed the priorities to attend to in order to ensure that the person's frustrations were kept to a minimum. Referrals had been made to mental health specialists for advice when appropriate.

At the last inspection we found that support for people to eat their meals safely was not always in place and food stocks were low. At this inspection people were complimentary about the quality and quantity of the food provided. Comments included, "Food's pretty good now. My favourite is shepherd's pie with vegetables. I always look forward to lunch"; "No cooking, no washing what more can we want. Good plain cooking, really tasty"; "Very good, plenty of choice, lovely sausage and mash, plenty of vegetables or you can have jacket potatoes instead of mash. If I don't fancy a big meal I sometimes ask for poached egg and beans. The sandwiches are lovely I have had sardines and mackerel and tomato and cucumber sandwiches"; "Brilliant chef, always asks if we want to try something different. Always have fresh hot soup. Always bakes lovely cakes for us. On Friday's we are having poached fish" and "Cook is very good, I have talked to her about the type of dishes we like".

The cook knew people well and was aware of their specialist nutritional needs as well as their likes and dislikes. Each person's care plan documented the assistance people may need at mealtimes. The care plan was detailed about people's preferences around food and what their favourite foods were. For example, one person did not like fish in batter but did like fish in breadcrumbs. The cook or one of the care staff spoke to every person each morning to discuss their meal choices for the day. A written menu was available to discuss as well as photographs of meals to aid people's decisions should they need a visual reminder. People could ask for something different if they did not want either of the two choices. People sat in the dining room to eat their lunchtime meal, some at a table and some in armchairs with a single table. The meal time was pleasant, people chatting to each other and staff on hand to assist people if needed. We observed one person who started their meal but did not continue. A member of staff spotted this and asked if they wanted something different instead. The person said yes they did. An omelette was agreed and the member of staff brought a photograph of an omelette to show the person to be sure they were making the right choice. A relative told us their family members' nutritional needs were met. They said, "New chef has made a big difference; they don't seem to run out of fresh supplies [person] gets plenty of variety and plenty of vegetables. [Person] always says she enjoys her food". Staff told us the food was much better than it was at the time of the last inspection. Staff were complimentary of the new chef, one staff member told us, "The chef is much, much better, they talk to everyone".

We checked the stocks of food available. The fridges, freezers and store cupboards were well stocked. A food delivery took place during the inspection. We noted that there were plenty of fresh vegetables delivered. There was low fresh fruit delivered and in stock. The fresh fruit consisted of apples and melon. A staff member confirmed that staff no longer had to bring in food for people to eat because there was always an adequate stock.

Staff completed a food intake record for each person detailing the meals and snacks that had been eaten throughout the day. We saw that records were well documented every day with no gaps in recording. This meant the provider was able to check that people were continuing to eat well and receiving the right

nutrition. Although staff recorded how many biscuits or snacks people had and recorded if people had declined food or snacks, they did not record the amount of their main meal people had eaten. We spoke to the registered manager about this who said they would ensure this was documented in future.

Fluid intake charts were in place to record the amount of fluid each person drank each day. It is important that all people drink enough fluids to help them to stay well. This is more important for some people with particular health issues such as if they have a catheter in situ and this was seen to be taken into account within the care plans. People were clearly encouraged to drink throughout the day and the fluid charts were well documented by staff. This helped people maintain good health.

People had a medical profile documenting their medical conditions and health concerns within their care plan to enable staff to understand the health needs of each person. There was evidence that people had been referred to health care professionals when they needed advice and treatment regarding their health. The district nurse often attended to take blood samples, take blood pressures or to check wounds. Staff telephoned GP's for advice or request a home visit if they were concerned about someone or if people requested a GP visit. Out of hours GP's had also been contacted when people were showing signs of being unwell, such as in pain or showing signs of confusion due to possible infection. We saw that other health care professionals had been contacted for advice and treatment when necessary, such as the dietician or the dentist. Staff recorded all communication with health care professionals including telephone calls, appointments attended and home visits made.

People who had diabetes had a diabetic care plan for staff to follow that was suitably detailed and informative. Staff checked and recorded people's blood glucose according to their care plan. One person's diabetic care plan detailed that if their blood glucose reading reached 8.5mmols (mmols is the international standard unit for measuring the concentration of glucose in the blood) or above staff should take the reading again in two hours. If the reading had not reduced staff should call the GP or diabetic nurse for advice. We checked the person's diabetic check records which had been completed by staff. We found that the person's blood glucose reading was regularly above 8.5mmols and records showed staff had reported this to the GP and out of hours services. Some of the advice noted following contact with the GP was to encourage plenty of water. We checked fluid records during the period. These did not evidence the person had been given additional fluids.

People's mental health was monitored regularly and known risks were documented in the care plan with guidance for the staff of the individual signs to look out for. For example, one person was known to suffer with depression at times. Their care plan detailed the support the person required at these times such as the things they liked to talk about and the people who were important to them. The support offered helped people to remain well and to maintain their emotional well-being.

Staff kept people's family members up to date with healthcare concerns or improvements. Communications were by email or telephone following the request of the family and were recorded in the care plan.

Is the service caring?

Our findings

At the last inspection we found a breach in regulations relating to treating people with dignity and respect. At this inspection we found that improvements had been made.

People told us that staff were kind and caring. Comments included, "I can't condemn any carers, they are all good. Agency staff are not so"; "Staff are all right, they chat to me and if I want help dressing all I have to do is ask"; "I am able to get up when I want, if I fancy a lie in they let me"; "Well looked after, staff good and very kind"; "All the girls [staff] are very good, they always ask if they can help" and "Staff kind and caring, good in every way".

People told us they were supported to be as independent as possible and they were able to make decision about the help they needed and when they wanted to do things. Comments included, "I had a bath yesterday; my legs are bad so we have to use the electric bath seat to get me into the bath. I wash what I can and when I am ready I ask the carers to wash my legs and back for me"; "If I want help I just press the buzzer and they come and see what I want to do"; "All the girls are very good. When I want to get out of bed I buzz and two carers come along and help me wash, dress and get up"; "I can get up at any time, if I am not up they pop in at 09:00 to check if I am alright" and "I am a very independent person, I don't have to ask the carers, and they now know me well enough and know what I want them to help with. They always ask can I help you with anything else".

People told us that they liked living at the home and everyone was friendly. Comments included, "I am very fortunate to be living here, lovely people everyone is friendly, there are no restrictions"; "I am well looked after, family able to come and visit. Good atmosphere here"; "Very comfortable and well looked after by the girls" and "I love the home" they explained their relative lived nearby was able take them out into the community.

People told us that staff talked with them in a polite and respectful manner. Comments included, "They [staff] always polite, they always ask how I am. If I say I feel fed-up they sit and chat to me about things. They always have a smile on their face"; "Yes they are all polite, they [staff] talk nicely to me and I talk nicely to them"; "They are all very respectful" and "Carers are never rude to me, ever so nice and good to me. I can always have a joke with the carers".

We saw many examples of staff understanding people's individual needs and attending to them with a caring attitude. People were treated with dignity and respect and staff clearly knew people well. Some staff had worked at Amicus care home for many years so knew people very well as well as their relatives. We saw staff chatting and having a joke with relatives when they were visiting their family members.

People told us that staff respected their privacy and would always knock on their bedroom door before entering. One person said, "They [staff] always knock before they come in. If I have a visitor they will leave us alone and give us privacy and say, I'll come back later". Staff were aware of maintaining people's privacy such as ensuring bedroom doors were closed when staff were assisting with personal care. Staff knocked on

people's bedroom doors before entering. One person required the use of their inhaler medicine during the mealtime. The deputy manager asked for the person's meal to be saved while she took the person to their bedroom to assist them to use their inhaler to ease their discomfort before returning to the dining area to continue their meal.

A detailed family history was included in each person's care plan including who and what was important to them. This was important information for staff to be aware of to assist in having a greater understanding of the person and the relationships with family and friends.

The communication needs of each person had been assessed, recorded in the care plan and reviewed as necessary. One person's care plan showed they were able to communicate well verbally, however tended to be quiet and kept to themselves. The care plan clearly stated that staff needed to initiate conversation every day otherwise the person would not speak to others. Another person wore hearing aids so staff checked they were in place and working correctly whenever they were speaking or if they appeared to be confused or not responding.

As part of the care planning process the provider had discussed advanced planning with people around their wishes when they became ill and how they would like their funeral to be. This included supporting people to set up a funeral plan to pay for their funeral if this was their wish. This meant that people had the opportunity to ensure their wishes towards and at the end of their life were followed. For example, some people preferred to be cremated and some people preferred a burial in a specific place.

People's religious and cultural needs were highlighted within their care plan to ensure any support required could be addressed.

People's bedrooms were personalised and individual to each person. With items of personal interest. People's bedrooms were spacious which meant they had plenty of space to move around.

Relatives told us that they were able to visit their family members at any reasonable time, they were always made to feel welcome and there was always a nice atmosphere. Relatives visited through the day. Care plans included the contact people had with their families and if they lived locally or a distance away. Where relatives were not living locally, information was recorded about how to support people to stay in contact. The provider recorded how staff could help if people did not see their family members often and sought permission from people before contact was made with relatives.

People's information was treated confidentially. Personal records such as care plans and health information was stored in locked cabinets within the office. Staff were aware of the need for confidentiality. We observed they were careful when discussing personal information. They evidenced that they followed the confidentiality policy.

Is the service responsive?

Our findings

At the last inspection we found two breaches in regulations relating to person-centred care and responding to and managing complaints. At this inspection we found that there had been improvements to care planning to ensure that people received person centred care.

People told us that the staff were responsive to their needs. People knew who to talk to if they were unhappy about the service they were receiving. Comments included, "I would speak with [deputy manager] or [provider], they are easy to chat to" and "If I was unhappy I think I would talk to the local authorities, they assessed me before we came and looked around".

At the last inspection we found that systems to record, respond to and learn from complaints were not in place. At this inspection we reviewed complaints records. The provider told us they were changing how they reported complaints as they had not been recording verbal or informal complaints and had realised this meant they had lost the opportunity to learn from some of these. The provider had held a meeting with the quality assurance lead on 25 January 2017 where they had discussed this subject and made plans about how they were going to improve in this area. Complaints records we viewed showed that there had been complaints made to the provider which had not been adequately recorded, investigated and followed up. The provider's complaints policy detailed that the provider would acknowledge all complaints in writing before investigating. The complaints recorded in the provider's complaints book had not been acknowledged. The complaint book showed that one person had complained about care they had received from staff on 16 January 2017. There was no evidence to detail what action had been taken to address the concerns. We spoke with the provider about this. They were unaware that their policy was to acknowledge complaints. They told us that they thought some of the complaints had been dealt with but were unable to provide confirmation of this. Therefore complaints had not been adequately investigated and actioned.

This failure to record, action and investigate complaints effectively was a breach of Regulation 16 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection people told us that activities were poor and they were bored. At this inspection there was an activities board on display outside the lounge which listed daily activities such as skittles, quiz, music, board games, old stories, charades, or one to one sessions as an alternative. An invite to a motivation class on 31st January run by an external group was displayed on the notice board. The activities listed on the schedule were not held. We observed that staff did not often have time to spend quality time with people carrying out activities. On the day of the inspection the only activity which took place for two people was a game of draughts. A staff member said, "We still don't always have time to do activities, we can do activities when we get time". Amicus care home did not have an activities coordinator to support an activities programme in the home. The provider told us they had recently tried to recruit to this as a part time position and had not found a suitable candidate so was in the process of advertising again. While the recruitment process was in progress, the staff supported people with activities each day.

People told us "I like having a quiz, sometimes have a game of draughts with [staff member] or bingo";

"Activities give you something to do or you would get bored. We had a sing song this week, sometimes have a quiz or simple exercises. The minister sometimes comes into the home. I quite often have a game of draughts with the carers"; "Go out with my daughter in law shopping"; "I like my own company. I sometimes watch the television. If something is on I get invited to come and join in. Love the music and if I don't want to go up to join the others I can still hear the music here"; "My family take me out in the wheelchair and sometimes I sit out in the garden watching the birds" and "Don't take any notice of what's on the notice board, it always changes if people aren't interested. We always have [volunteer] on Sunday he plays requests and [volunteer] on Friday does exercises".

Some people really enjoyed joining in with group activities and some people preferred their own company, spending time in their room and joining others to socialise at mealtimes. This was clearly documented in people's care plans so staff were aware of people's choices and preferences. However, this was kept under review and guidance was included for staff to ensure people did not become socially isolated. Some people enjoyed going out with family members on a regular basis, often weekly.

Failure to provide activities to meet people's needs in a responsive or person centred way. This was a breach of Regulation 9 (1)(a)(b)(c)(2)(3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found that care plans had not been updated to reflect changes in people's health and wellbeing. At this inspection care plans had improved. They were more person centred, up to date and gave good information about the person, their family and how the person communicated. Care plans clearly detailed how staff needed to support each person. Care plans were in place regarding medicines. These were sufficiently detailed to help staff care for people who took medicines which needed monitoring, including what side effects to be vigilant for, how often check-ups were required and how to check that the medicines were effective. People told us that they had been involved in reviewing their care plans. Comments included, "I have just reviewed my plan recently, [deputy manager] asked me if I needed any more help from the carers"; and "I have a care plan, the carers always write up their notes every day".

People had been given the opportunity to provide feedback about the care they received. The provider had sent out a survey to all people living in the home in November 2016. Only one person had responded and had made many comments and observations. Comments included; bedrooms needed redecoration, sometimes the wait for a response to ringing the call bell was unacceptable. They also said they felt well cared for and staff were very friendly. The provider responded by letter to the person addressing their concerns and detailed what plans were in place for improvement. People felt that they were listened to. One person said, "Managers and staff are easy to chat to and if I'm sure if I had a problem they would all sort it out for me". Another person said, "[name of provider] is the manager. Always friendly and listens to what you have to say. Sometimes she'll do what you want".

People told us that the service held a residents meeting and they were given a letter follow up after the meeting. One person told us, "We have residents meetings, talk about the improvements and the food we like having. Follow up letter is useful". Another person said they, "Go to the residents meeting. We are asked if we have any issues and anything we would like to do. [Relative] is emailed a copy [of the meeting records]".

Compliments had been received by the provider, such as 'Very homely. Lovely manager and friendly staff'; 'Staff always appear to be efficient and friendly. Good communication between staff, management and families'; 'We are more than pleased with the care given to our mum. Thanks to you all' and 'I feel well cared for. Staff are friendly, very happy with [name of manager]'.

Is the service well-led?

Our findings

At the last inspection we found a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations. The provider had failed to operate an effective quality assurance system, had not sought or acted on feedback from people or staff and failed to maintain accurate records and store them securely. At this inspection we found that the provider had made some improvement but further improvements were required.

People told us they felt the service was run okay. People clearly knew the provider by name. They told us that the provider was often in the home. Comments included, "The home is pretty well run, suits me, no restrictions"; "Often see [the provider], she always listens and when my relative comes to see me they always chat" and "The home is well run, my needs are met, the carers give me time to get washed and dressed, lots of coffee and tea and good food".

A relative told us "I will now only speak with a senior member or [deputy manager] if there is a problem". People and relatives told us that there had been a number of improvements since the last inspection by CQC. Comments included, "The corridors have been painted, it looks a lot brighter" and "They have been having some painting done, not really my choice of colour but looks better".

A relative said, "Lino has replaced some of the carpets which are much easier to clean in case of accidents and the corridor has been painted. They hold resident meetings. The food is much better, new cook is very good. The carers [staff] are no longer rushing off to buy food when they have run out of something".

Although the provider and deputy manager told us they had started to carry out auditing processes, we found the audits so far to be minimal and not of benefit to establish the quality and safety of the service provided. We were told a care plan audit was being undertaken, but it was unclear how often an audit was carried out as there was no plan in place. The deputy manager said they were carrying out care plan audits and doing these at the same time they were undertaking care plan reviews. However, we could find only two care plan audits having been undertaken since October 2016, the month we were told they had started auditing. The deputy manager could not find if any further audits had been undertaken as there was no plan in place. We were told all care plans would be audited within six months. Auditing of the quality and safety of people's care files and documents which staff were reliant on using to provide care was not completed in a timely manner.

Medicines audits had taken place. Audits had been undertaken at least weekly, to help staff work towards improvements in practices relating to medicines. Medicines audits had not identified the issues found during the inspection.

Nurse call bell audits should have been carried out on a bi monthly basis however records showed that they had last been checked in October 2016. Health and safety audits had been carried out in November 2016 and January 2017. Action had been taken to address issues picked up within these audits. However, this action was not always timely. The November audit had identified that people were at risk of burns due to

the missing radiator cover in the lounge, yet this work had not been carried out.

There were a range of policies and procedures governing how the service needed to be run. They were not kept up to date with new developments in social care, which meant that staff did not have all the necessary information to support them in their roles. Some of the policies had not been updated since 2010. Some policies had been re written but these required further improvements and cross referencing with Regulations and good practice guidance. For example, there was a common induction standards (CIS) policy which was dated 2010. It had been reviewed in 2015 but it had not been updated to reflect that the Care Certificate had replaced the CIS. The safeguarding policy detailed that people should contact the Local Government Ombudsman, which was incorrect.

The provider needed more time to make improvements and changes to the service to ensure that improvements were sustained and properly embedded.

The provider had failed to follow Working Time Regulations to ensure they adequately monitored and supported staff. The Working Time Regulations govern the hours staff can work and it sets limits on an average working week. This meant employment law was not being followed by the provider which put staff at risk.

The provider has failed to operate an effective quality assurance system. This was a breach of Regulation 17(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other audits had been carried out by the staff member for quality assurance. Audits had been carried out to evidence that cleaning standards had been checked in all areas of the home. Records showed that fire systems and devices were checked weekly, emergency lighting had been visually checked, accidents and incidents had been reviewed and relevant actions taken to address issues. For example when a person had fallen they had been assessed for equipment to steady them whilst walking. The provider had met some actions allocated to them by the fire service. There were some outstanding actions which the provider had scheduled to complete by summer 2017.

The provider held staff meetings, although these were not as regular as they planned. Two staff meetings had taken place since the last inspection and both of these had been in October 2016 to update staff on the previous inspection and to inform them of expectations and plans for the future. The provider told us they planned another staff meeting in the near future. Some staff told us they did not always get the opportunity to attend staff meetings dependant on when their shifts were.

Staff told us they thought the service provided had improved a lot since the last inspection. One member of staff said, "Everyone is trying really hard and the manager is trying really hard, she is trying to put things right". Another staff member said, "Things have got a lot better. It's a lot nicer to be here now. Management is much better, they listen". Staff felt they were listened to more now and their suggestions were being listened to. A member of staff told us, "We still have quite a way to go but we are definitely heading in the right direction". Staff were also positive about the deputy manager who they felt was approachable and dealt with concerns raised with them.

A satisfaction survey had been sent to other people who had an involvement with the home, such as GP's and other health and social care professionals. Ten survey forms were sent out and two responses had been received. The provider responded to each respondent answering their comments and advising of planned improvements. A relative's survey was due to be undertaken in February 2017. All satisfaction surveys were then intended to be carried out annually. The provider told us all responses would feed into the

improvement of the service provided.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, Deprivation of Liberty Safeguards (DoLS) authorisations and deaths. The provider had notified CQC about important events such as, Deprivation of Liberty Safeguards (DoLS) and deaths. This meant that the provider had an understanding of their registration requirements and duties.

The provider had displayed the rating of the last inspection in a prominent area so that people, visitors and relatives could view the rating given by CQC following the previous inspection.

The provider had introduced a board in the corridor with pictures of people employed by the service. Not all staff were listed. Although photographs were in place it was not clear who staff were as there was no name or job title listed to guide people, relatives and visitors. The provider told us that this picture board was still in the process of being put together.

The provider had liaised with other providers and was aware of a local provider meeting which had recently been held. They recognised they could gain support and information from this group but had not yet had the time to attend a meeting because of the improvements they had been making within the service. The provider had been receiving support and help from the local authority to ensure improvements had been made to improve services for people.

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. Staff told us that they would escalate concerns to CQC as well as the local authority. Effective procedures were in place to keep people safe from abuse and mistreatment.

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	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The registered provider did not ensure the premises were suitable for the needs of people living with dementia. Regulation 15 (1)(c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Complaints were not recorded, investigated or actioned effectively by the registered provider. Regulation 16 (1)(2)