

Sovereign Care Limited

Ampersand

Inspection report

Parsonage Lane
Rochester
Kent
ME2 4HP

Tel: 01634724113

Date of inspection visit:
17 May 2023
18 May 2023

Date of publication:
01 August 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ampersand is a residential care home providing accommodation for persons who require nursing or personal care to up to 43 people. The service provides support to older people, some of who lived with dementia. At the time of our inspection there were 35 people using the service, 1 of whom was in hospital during the inspection.

People's experience of using this service and what we found

The service was not always well led. Records were not always robust and accurate. The provider's audits and checks had failed to identify issues relating to risk assessments, medicines management, infection control and safe recruitment practice. Their quality monitoring processes had not identified issues with records that we found on inspection.

Risks to people's safety had not always been identified. Risk assessments did not have all the information staff needed to keep people safe. Medicines management was poor. The provider could not be assured that people had received their medicines as prescribed. Some areas of the service were not clean.

People could not be assured new staff were adequately checked to ensure they were suitable to work with people to keep them safe. We found no evidence that people had been harmed. However, systems were not robust enough to demonstrate staff recruitment was effectively managed. We were not fully assured that staff were deployed effectively across the service. We have made a recommendation about this.

Despite the feedback above, people and relatives told us staff were kind, caring and friendly. Comments included, "They are all very nice and very respectful. They always call me by my name"; "They are excellent, very friendly and kind. They will get me anything" and "I have been here a long time and am used to it. I am happy here. The staff make me feel safe here."

Staff understood their responsibilities to protect people from abuse. Staff described what abuse meant and told us how they would respond and report if they witnessed anything untoward.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 October 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to

improve.

At this inspection we found the provider remained in breach of regulations. This service has been rated requires improvement for the last 4 consecutive inspections.

Why we inspected

We carried out an inspection of this service on 21 August 2019. A breach of legal requirements was found. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement and Recommendations

We have identified breaches in relation to risk management, infection control, medicines management, safe recruitment practice and good governance at this inspection. We have made a recommendation about staff deployment.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Ampersand

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ampersand is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Ampersand is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who commission the service. We also sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch told us they had not visited the service or received any comments or concerns since the last inspection. A local authority commissioner told us they had carried out a quality assurance visit.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service about their experience of the care provided. We spoke with 3 people's relatives. We observed staff interactions with people and their care and support in communal areas. We spoke with 8 members of staff, including; care staff, activities staff, senior care staff, the deputy manager and the registered manager.

We reviewed a range of records. This included 11 people's care records and multiple medicines records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies, procedures and audits were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last comprehensive inspection in August 2019, we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

At the last rated inspection, the provider had failed to take appropriate actions to ensure medicines were managed in a safe way. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not well managed. Where people were prescribed patches to place on their skin, for example, to control symptoms of pain, they were not administered following prescriber's guidance. Patches can cause irritation to the skin if they are placed in the same position after removal. There was a risk people, who may already have frail skin, could experience a reaction and discomfort. We found no evidence that people had been harmed.
- The provider had reviewed medicines policies and procedures and practice. Medicines auditing had taken place. However, audits had not identified that medicines were not always being administered according to prescriber's instructions.
- We could not be assured that people had received their medicines as prescribed because our checks identified discrepancies in quantities of prescribed medicines against records. It was not possible to identify when the errors had occurred or who was responsible for the errors as staff had not been counting medicines daily and recording a balance each day despite the medicines administration records (MAR) having a space to record this.

The provider has failed to manage medicines safely. This placed people at risk. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the findings above, people and relatives told us staff managed their medicines well. A person said, "The staff give me my tablets. I have one lot in the morning and one lot at lunchtime. I do have pain in my knee and staff will get me paracetamol, I only have to ask."

Assessing risk, safety monitoring and management

- Risk assessments did not always have information staff needed to keep people safe. Risk assessments were not always in place when risks had been identified. For example, the management team told us about

a person who displayed behaviour which put them and other people at risk of infection. This had not been assessed and appropriate actions had not been taken to reduce or remove the risks. The management team took action to address this after we had raised it.

- Risk assessments were not always person centred and included generic information that had no relevance to the person. Some risk assessments had not fully explored all the risks to people. For example, risks in relation to people taking anticoagulant medicines and being at risk of falls. The management team took action to address this after we had raised it. A person had a catheter in place but there was no risk assessment to detail how staff should provide safe care and support with this.
- Personal emergency evacuation plans (PEEP's) did not provide the detail for staff or emergency services to understand people's specific needs to evacuate safely. Some people were prescribed flammable creams, this important information was not included in their PEEP or risk assessments. This increased the risk people would not be supported in a safe manner in accordance with their assessed needs. The evacuation list which should list each person living at the service had not been updated in the grab file since January 2023.
- Fire risks had not always well managed, 2 call points had not been checked to ensure they were working sufficiently. Actions identified in fire risk assessment carried out in May 2022 had not been carried out in a timely manner. The registered manager reported after the inspection that the outstanding issues had been addressed the week after we inspected.
- Building related risks had not been well managed. A legionella risk assessment had not been carried out. The provider had not ensured that water flushing of unused outlets were being completed weekly. This meant the provider could not be assured that hot and cold-water outlets were at safe temperatures. Cold water outlets being too warm can cause the growth of legionella bacteria. This put people at risk of harm.

The registered person failed to assess the risks to the health and safety of people or do all that was reasonably practicable to mitigate risks. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff were not recruited safely. Staff recruitment records showed gaps in three members of staff employment history. These gaps had not been addressed and recorded. The provider's application forms did not ask applicants for dates of education and for dates of employment. This meant the provider was not able to demonstrate that they had a full employment history for each employee as required by Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A robust approach to recruitment was not taken to ensure only suitable staff were employed to provide care. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Disclosure and Barring Service (DBS) criminal record checks were completed as well as reference checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Although the rota and staff on duty appeared to be sufficient to meet people's needs. We found the staff had not been deployed effectively in the service. There were times during the inspection that people were calling out for staff to assist them in areas of the service, such as the middle floor and top floor. Inspection staff answered their requests and went off to get staff to meet these. A person told us, "I can ring my call bell and it could be 10 to 15 minutes before anyone comes."
- The provider had a dependency tool in place to assess people's care and support needs. It was not clear how staffing levels have been determined as dependency information was unclear how the calculations

were made. A person was missing from the dependency spreadsheet despite living at the service since January 2023.

We recommend that the provider considers current guidance on 'staff deployment' and take action to update their practice accordingly.

Preventing and controlling infection

- The provider was not responding effectively to risks and signs of infection. Some areas of the service were not clean. There was a smell of stale urine in one part of the service.
- Risk assessments were not in place to manage infection control risks relating to one person, this had increased risks of infection to all people and staff.

The provider had failed to manage, assess and control the risk of infection. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection the management team told us they had put in place new systems and processes to make sure infection risks were better managed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had safeguarding policies and procedures in place. Safeguarding concerns had been appropriately reported. A person said, "It's very good here and I feel very safe. The staff do that for me. I feel safer here than I did at home."
- Staff told us they felt comfortable to report concerns to the registered manager. They felt that concerns were taken seriously, and appropriate action would be taken. Staff had received safeguarding training and knew how to escalate concerns to outside organisations such as the local authority safeguarding team and CQC if necessary. A staff member said, "I did safeguarding training. I would write down anything and report it to the manager. I have full confidence it would be dealt with. I could report it to [provider] and I could go to CQC."
- Most people told us they felt safe. A person told us, "I do feel safe, being up here and out of the way by but there is a man who lives here [name], and he comes into my room every night." We reported this to the registered manager who took action to put a sensor mat in place to ensure staff were alerted to the person walking out of their room at night.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Learning lessons when things go wrong

- The provider had a system in place to record accidents and incidents. Records showed that accidents and incidents had been regularly recorded.
- The management team analysed accidents and incident records to look for trends and identify if referrals were required, such as referrals to the falls clinic.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last comprehensive inspection in August 2019, we rated this key question requires improvement. At this inspection the rating remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems in place to audit the quality of the service were not robust or sufficient to alert the provider of concerns and issues within the service. Audits had not picked up shortfalls in practices in relation to risk assessment, medicines management and infection control. The local authority quality monitoring team had identified concerns in relation to recruitment practice in January 2023 and reported this to the provider. However, no action had been taken to address the issue. Audits were an area for improvement at the last rated inspection.
- Records were an area of concern. The electronic care planning system used by the provider duplicated information about health conditions, mental capacity and other non-relevant information into each part of people's care plans. This made the care plans difficult to read and difficult to understand what support people required.
- Daily records did not always record that people had been offered baths or showers or nail care. Some daily records stated 'personal care given' but not what this was. We observed some people with long fingernails, they needed support to maintain their nailcare but their daily records had not stated this had been offered and refused.

The failure to effectively monitor and improve the service was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider and registered manager understood their role and responsibilities and had notified CQC about all important events that had occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives, and visiting professionals had been given opportunities to provide feedback about the service. Surveys had been completed in January 2023. We reviewed completed surveys which contained positive feedback from people. The surveys included comments. A relative written, 'I am very pleased with the care my grandad is getting. He is also very happy.' A professional had written, 'Good at communicating information.'
- Compliments had been received which detailed the positive experience people and their relative had

received. A compliment displayed on a review website read, 'My father has been in the home for just a year and he loves it, he feels comfortable and safe. The staff are all lovely and go above and beyond for their residents and are also wonderful with family members, they keep us informed of all that is going on with our relatives. Very happy with the service from the home.'

- Staff told us that they were able to share their ideas and felt listened to. Staff meetings had taken place. Staff told us they had access to meeting records if they were not able to attend. Staff said they felt supported by the management team. The registered manager was approachable, and they felt listened to. A staff member said, "[Registered manager] is very good, if we are short staffed she will help out. She is pretty good like that."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were complimentary about the management and the service. Staff told us they enjoyed coming to work. One staff member said, "I think there is a positive culture and staff are open and honest, I am grateful, they are a good bunch."
- There was a calm, relaxed atmosphere at the service. A relative said, "It has a homely feel in here, the ladies are really nice."
- We observed that the management team knew people well, people stopped and chatted with the management team and staff confirmed that the management team provided support to people when required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their responsibilities to ensure compliance in relation to duty of candour. The provider had a Duty of Candour policy in place. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Working in partnership with others

- The provider and registered manager had worked closely with others including health care professionals, such as community nurses and people's GPs, as well as people's social workers.
- The registered manager had kept up to date with the local and national developments within health and social care. They had taken opportunities to update their skills and knowledge to benefit the experience of people using the service. The registered manager had attended forums and events hosted by the local authority and Skills for Care.
- Staff told us they were kept informed about engagement and outcomes with health and social care professionals that could result in a change to a person's care, for example, following a visit from the community nurse, GP or dietician. Staff told us information was shared in handover meetings and through group chat.

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 17 HSCA RA Regulations 2014 Good governance The provider had failed to effectively monitor and improve the service. Regulation 17 (1)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to take a robust approach to recruitment to ensure only suitable staff were employed to provide care. Regulation 19 (1)(2)(3)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider has failed to manage medicines safely. This placed people at risk. The provider failed to assess the risks to the health and safety of people, or do all that was reasonably practicable to mitigate risks. The provider had failed to manage, assess and control the risk of infection.</p> <p>Regulation 12 (1)(2)</p>

The enforcement action we took:

We served the provider a warning notice.