

Amphion View Limited

# Amphion View Limited

## Inspection report

17-19 Avenue Road  
Doncaster  
South Yorkshire  
DN2 4AQ

Tel: 01302595959

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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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Amphion View is a residential care home providing personal care to 33 people at the time of the inspection. The service can support up to 35 people. Some people using the service were living with dementia. The service is also registered to provide nursing care, however, the provider is not currently providing or offering this regulated activity.

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

The provider's systems for auditing the quality of the service were not always effective. Some concerns found during the provider's audits, but actions had not been taken. Other concerns identified on inspection had not previously been identified by the provider's governance systems.

People did not always receive person centred care and support. During our inspection we spent time observing staff interacting with people and found whilst they were kind, they were often task focused.

We were not always assured infection control was being managed in a safe way. For example, there were a lack of pedal bins throughout the service, a bath chair was rusty and dirty, two mattresses and covers were heavily stained, and some areas of the building were worn and not able to be cleaned effectively. Action was taken following our inspection to reduce cross infection.

Risks associated with people's care had been identified. However, risks to people were not always minimised. For example, some mattresses were in poor condition and could have posed a risk to people's skin integrity. Also, staff were not always confident and knowledgeable about managing risks associated with behaviours that could challenge.

On the day of our inspection we observed staff interacting with people and found there were enough staff to meet people's needs. Staff had been recruited appropriately. We spoke with staff, observed practice and reviewed training records and found staff had not always received appropriate training necessary to carry out their duties safely.

People received their medicines as prescribed however, we found concerns regarding the temperature of the medicine room and recording of as required medicines, such as paracetamol.

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.

The provider had a process in place to record and analyse accidents. Trends and patterns were identified, and action taken to minimise reoccurring incidents.

There was a policy in place to safeguard people from the risk of abuse. A record of incidents was in place which showed actions taken and the outcome.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 5 September 2018). At this inspection we found the provider needed to make improvements. Please see the safe, effective 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.

#### Why we inspected

This was a planned inspection inline with our current methodology.

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.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Amphion View Limited

## 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 Care Act 2014.

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 two inspectors.

#### Service and service type

Amphion View is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 25 October 2021 and ended on 3 November 2021.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, assistant manager, senior care workers and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks associated with people's support were identified in care documentation, however, we observed they were not always minimised. For example, records did not always reflect whether enriched diets had been offered in line with healthcare professionals' advice.
- We found some mattresses were in poor condition and could have posed a risk to people's skin integrity. Following our inspection, the registered manager took action to ensure mattresses were suitable.
- Staff were not always knowledgeable about managing risks associated with behaviours that could challenge. The registered manager felt staff had every opportunity to get to know people and showed us a copy of a document which included people's needs and strategies to be able to deal with situations. However, staff remained uncertain about how to manage these situations.
- We found risks in relation to the environment. For example, one person's wardrobe was unstable, and two fire exits had been blocked with equipment and bulky items. Following our inspection, the registered manager took action to address these concerns.

Risks associated with people's care were not always mitigated. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

- People received their medicines as prescribed, however, we found areas that required improvement.
- The temperature of the medication room had exceeded the recommended safe temperature and no action had been taken to address this.
- People who required medicines on an as and when required basis, often referred to as PRN, had protocols in place, with medicines being administered in line with these. However, recording of PRN medication on the reverse of the MAR had not been done. As a result, we could not determine whether the PRN medicine had been effective.

### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

#### Systems and processes to safeguard people from the risk of abuse

- A system was in place to ensure people were protected from the risk of abuse.
- Staff we spoke with understood what needed to be reported and told us they would act.
- We raised a safeguarding concern as part of the inspection. This was swiftly addressed by the registered manager and appeared to be an issue with documentation.

#### Staffing and recruitment

- During our inspection we spent time observing staff interacting with people. We found there were enough staff available to meet people's needs in a timely way.
- We looked at staff recruitment files and found staff had been recruited in a safe way. Pre-employment checks had been carried out prior to staff commencing in post.

#### Learning lessons when things go wrong

- The provider had a system in place to record and analyse accidents and incidents. Trends and patterns had been identified.
- Accident forms in people's files had been comprehensively completed and action had been taken to minimise the risk of the incident reoccurring. For example, the registered manager had contacted the falls team when someone had experienced falls.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- At the inspection of September 2018, we found some staff training required updating. At this inspection we found similar concerns.
- We spoke with staff, observed practice and reviewed training records and found staff had not always received appropriate training necessary to carry out their duties.
- The provider had a policy in place to ensure staff could support people who may present with behaviours that could challenge. The policy states, 'Staff will receive effective training on prevention, intervention and management of behaviour that challenges and only staff who have received training will be directly involved in the management of challenging behaviour.' We found staff had not received this training.
- Following the last inspection, the provider had taken action to address the gaps in training. However, some staff had since left the service and other staff had been recruited. The registered manager had taken some action to address this issue, such as employing a trainer and arranging external training. These attempts had not always been successful and alternatives had not been sourced.
- Following our inspection, we asked the registered manager to send us a training plan detailing how this would be addressed. This was sent, however, required embedding in to practice.

Staff were not always qualified, skilled, competent or experienced to carry out the duties they were employed to perform. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- We looked at care documents and found people's needs were assessed. However, we found care was not always delivered in line with current standards and guidance.
- Some people using the service were living with dementia, but the registered manager could not evidence staff had the skills to meet their needs.

Supporting people to eat and drink enough to maintain a balanced diet

- At the inspection of September 2018, we found suitable arrangements were in place to ensure people received nutrition and hydration. However, the dining experience could be improved. At this inspection we found similar issues.
- People were offered choices of food and drink and the meal looked appetising; however, a couple of people left their meal. One person told staff they had not eaten their lunch as it was cold, and another person said they didn't like it. However, alternatives were not offered.

- People's care plans included information about their dietary needs. This included their preferences regarding food and drink, any special dietary needs and the level of support they needed to make sure they received a balanced diet. However, we identified food and fluid charts which required more detail to ascertain what people had eaten and if food had been fortified in line with their care plan.
- We spoke with people who used the service and their relatives, and most people felt their meals were nice. One person said, "The food is always nice here. I can count on that." One relative said, "[Relative] has always been a picky eater, so if [relative] enjoys the food it's a good sign. [Relative] has put weight on while they have been in the home and that's a good thing because they needed to really."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care documentation showed evidence people had been referred to healthcare professionals when needed.
- Relatives we spoke with felt their family members needs were met and healthcare professionals requested. One relative said, "I was unsure about the home at first as [relative] was falling, but they sorted this and have put things in place to support [relative] now so I am confident he is safe."

Adapting service, design, decoration to meet people's needs

- At the inspection of September 2018, we found the home needed attention to ensure it met expected standards. At this inspection we found areas of the home looked tired and worn.
- We looked at the provider's environmental audit and found this identified some areas that required attention. For example, some areas of the home required new flooring and furniture.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We reviewed care documentation and found best interest decisions had been documented and relevant professionals had been involved in this process.
- Relatives we spoke with told us they had been involved in their family members care. One relative said, "The manager is helpful and keeps me informed about [relatives] care. The manager informed me of a meeting at the home with the social worker and told me about a month ago. It's about best interests and the manager said it would be good to have my view and I welcomed that."

# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

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

- People were not always supported in a person centred way. Whilst staff were kind, they were task focused.
- One person asked staff for a drink at 2.15pm. The staff member replied saying, "You can have a cup of tea at 3.30pm." Another person was prevented from going into the garden area. When we asked the registered manager about this, we were told staff would have been concerned they may climb over the fence. These examples placed unnecessary restrictions on people's freedom.

Continuous learning and improving care

- The provider had systems in place to monitor the service. However, these were not always effective and needed developing to ensure they identified areas for action.
- The management team completed a series of audits which looked at areas such as infection control, care plans and medication. However, these had not identified some of the issues we found during our inspection. For example, a mattress audit had not identified the poor state of the mattresses and covers, and food and fluid charts had been signed as audited by the registered manager, but they did not reflect people's dietary requirements. The registered manager had not documented any manager walk round audits. This could have identified the issues we found in relation to the blocked fire exits and unstable wardrobe.
- We were sent staff training records to assess training delivered. This showed staff training had not been delivered in line with the providers policy. The provider had not been proactive in addressing this issue and this had left a lot of staff unsuitably trained. Following our inspection, we received confirmation that this would be addressed.

Systems in place to monitor the service were not always effective. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

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

- The management team consisted of the registered manager who was supported by an assistant manager and senior care staff.
- Both the registered manager and provider understood their roles and were aware of their duty of candour.

- Most people and their relatives felt the management team and staff were approachable and supportive. One relative said, "I don't really have anything to do with the management, but I don't need to really. I have met the manager a few times and they always ask if everything is ok and says hello. The home seems to run smoothly." Another relative said, "The manager is lovely, very supportive, and I have met [manager] once and they were helpful. The manager keeps me informed about [relatives] care."

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

- The provider and registered manager had systems in place to gain feedback from people, their relatives and other stakeholders.
- Relatives we spoke with told us they were involved in the service and their family members care.

Working in partnership with others

- The management team could demonstrate they were working in partnership with others to meet people's needs.

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 12 HSCA RA Regulations 2014 Safe care and treatment  Risks associated with people's care were not always mitigated.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems in place to monitor the service were not always effective.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff were not always qualified, skilled, competent or experienced to carry out the duties they were employed to perform.