

Sovereign Care Limited

# Ampersand

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

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

We carried out this inspection on 27 September 2017 and 10 October 2017. Both of these dates were unannounced.

At our last inspection, the service was rated Good overall.

Ampersand House is a care home providing accommodation and support for up to 31 older people, some of whom have dementia. People in care homes receive accommodation and nursing or personal care as 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 increased in size by four bedrooms since we last inspected. The service is one of three care homes owned by Sovereign Care Limited. The service is set out over three floors and has a passenger lift, so that people can access all areas of the home. The service is undergoing building works which will eventually add further bedroom capacity, a second passenger lift and a large lounge area overlooking the garden. At the time of our inspection, 27 older people were living at the service, some of whom were living with dementia. Some people had limited mobility and several people received their care in bed.

The service has a registered manager. The registered manager was not available on the first day of our inspection as they were on holiday. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered provider was also on holiday on the first day of our inspection.

Risks to people's safety and wellbeing were not always managed effectively to make sure they were protected from harm. Risk assessments had not always been completed to address risks and measures had not been put in place to mitigate risks.

Fire safety procedures within the home were not up to date, this put people at risk of harm if a fire broke out.

Some people's view and experiences were sought during meetings and through quality assurance surveys. However, a system to ensure that everyone was given an opportunity to feedback was not in place. We made a recommendation about this.

People's care plans were not complete and were not updated to ensure that their care and support needs were clear and their preferences were known. People were not provided with sufficient and 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. Records were not always accurate and complete.

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

There were procedures and guidance 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. However, capacity assessments did not follow the principles of the MCA 2005.

Some staff had not received all the training they required to carry out their role providing care and support to people. The provider had not always deployed enough staff in the home to meet people's needs.

The provider did not follow safe recruitment practice. Gaps in employment history had not always been explored to check staff suitability for their role.

Complaints had been appropriately managed, investigated and responded to. Complaints procedures needed updating to give people and their relatives the correct information about who to complain to if they were not happy with how their complaint had been handled. We made a recommendation about this.

Medicines had not always been appropriately managed. One person had not received their prescribed medicine; protocols were not in place to detail when staff should administer as and when required medicines. We made a recommendation about this.

The provider had not displayed the rating on their website or within the home.

The home was clean and tidy, staff had access to gloves and aprons to help minimise cross infection.

Staff were given clear information about how to report abuse. The safeguarding policy gave staff all of the information they needed to report safeguarding concerns to external agencies. Staff had a good understanding of what their roles and responsibilities were in preventing abuse.

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.

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

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.

Staff told us they felt supported by the registered manager. Health and social care professionals gave us positive feedback about the management of the service.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

There were not always enough staff deployed to meet people's needs. People spent periods of time unsupervised in communal areas.

The provider had not always followed safe recruitment practices.

Medicines had not always been appropriately managed. One person had not received their prescribed medicine.

Risks to people's health and safety had not been well managed. People were at risk in the event of a fire.

Staff had a good knowledge and understanding on how to keep people safe from abuse.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Staff had not all received the essential and specific training and updates they needed. Staff said they were supported in their role and had received supervision.

Staff were aware of the Mental Capacity Act (MCA) 2005. Where people's freedom was restricted Deprivation of Liberties Safeguards were in place. However, capacity assessments did not follow the principles of the MCA 2005.

People enjoyed the food. They had choices of food at each meal time. People's weights were consistently monitored.

The decoration of the home did not follow good practice guidelines for supporting people who live with dementia. There were plans in place to address this when the building works were completed on the extension.

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

### Is the service caring?

Good ●

The service was caring.

The staff were kind, friendly and caring towards people and their relatives.

People were supported to maintain relationships with their relatives and friends. Relatives were able to visit at any reasonable time.

Staff were careful to protect people's privacy and dignity and people told us they were treated with dignity and respect.

### Is the service responsive?

Requires Improvement ●

The service was not responsive.

People's care plans were not person centred. Care plans were not always up to date and relevant to people's current needs. Care plans did not always detail people's important information such as their life history and personal history.

A complaints policy and procedure was in place and people knew how to complain. Complaints had been dealt with in line with the provider's policy. The complaints policy required updating to give people more information about who to go to if they were unhappy with the providers' response.

Some people had been asked their views and opinions about the service they received. There was no system in place to ensure that this was available to everyone.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Systems to monitor the quality of the service were not effective and robust. Records relating to people's care were not always securely stored.

The provider had failed to display the rating of the last inspection on the website and in the home.

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

The registered manager was aware of their responsibilities in relation to reporting incidents to CQC.

# Ampersand

## **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 was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated Good at least once every two years. This inspection took place on 27 September 2017 and 10 October 2017 and was unannounced. There was a gap of two weeks between the first day and the last day of the inspection because the registered manager was on holiday.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using similar services or caring for older family members.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

We spoke with 12 people who lived at the service and three relatives. We spoke with five staff including care workers, the cook, senior care staff and the registered manager. We also requested information by email from healthcare professionals involved in the service. These included; the local authority care managers, commissioners, the local authority quality assurance team, the local authority safeguarding team and Healthwatch Medway. We spoke with a visiting GP.

We looked at the provider's records. These included seven people's care records, which included mental health care plans, health records, risk assessments and daily care records. We looked at three staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including the fire

evacuation procedure and water temperature check records. The information we requested was sent to us in a timely manner.

# Is the service safe?

## Our findings

People told us they felt safe living in at the service. Comments included, "I'm in safe hands. I'm well looked after"; "Somebody always comes when I need them. Somebody always comes when I press [the call bell]" and one person said they felt "Safe enough".

Relatives told us their loved ones were safe and well cared for. One relative said, "I think she's as safe here as anywhere". Another relative told us, "I do think she's safe here" and "I think there are enough staff".

Despite people's positive feedback, we found that people were not adequately protected from the risks of fire. Fire doors were partly blocked by items such as hoists and fire escape routes were not kept free from hazards due to the building works. People with mobility difficulties were located on the first and second floors of the service without adequate equipment such as evacuation aids in place to safely evacuate them from the home in the event of a fire. Personal emergency evacuation plans did not detail how staff would evacuate people safely and gave incorrect information about the duty of the fire service. We reported our concerns about people's fire safety to the fire service. We also discussed the fire safety concerns with the provider after our first day of inspection. On the second day of the inspection, we found they had taken some action to address some of the issues. However, fire safety concerns were still present. Fire tests and fire drills had been carried out frequently. Some fire drill records showed that improvements were required such as improved knowledge was required regarding fire safety zones. Staff we spoke with were not clear about their responsibilities in an emergency situation. One staff member told us "I don't feel overly confident to evacuate people out". Another staff member said, "I would be able to evacuate ambulant people" they then detailed a list of people with mobility difficulties that they would not be able to safely evacuate. The fire training records showed that 12 out of 26 staff had not attended fire training.

People were also at risk of burns. A room containing hot water tanks and pipes was not kept locked and secure to prevent people from accessing equipment that could cause them harm. A risk assessment was not in place to identify and mitigate risks to people in relation to access to this room.

Infection control risks had not been fully considered. There was a staff toilet situated off of the laundry room. This contained a sink, hand wash and paper towels. However, the sink didn't work. Therefore staff had to open the toilet door walk to the sink in the laundry room and wash their hands and then return to the toilet to use the paper towels. The sink was used for rinsing and soaking washing as well as hand washing. This increased the risk of cross infection in the home.

Some people's risk assessments had not been updated to show their changed needs. For example, one person's weight records showed they had steadily lost 18.5 kg of weight in 10 months. Their nutritional risk assessment was not accurately scored to evidence this person was at risk of malnutrition. Due to the low scoring, the assessment inaccurately recorded that the person did not require a care plan in place for their diet and weight. We raised this with the senior care staff on the first day of inspection. They took action to ensure the risk assessments and care plan reflected the person's current health needs.



One person's care file detailed that they needed to be manoeuvred with a standing aid when they had some balance and strength or with a hoist and full sling when needed. The risk assessment lacked details about the size and type of sling and which hoist loops the staff needed to use when supporting the person to move. This put this person at increased risk of harm.

The failure to assess, mitigate and monitor risks to people was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other people's care records showed that assessments of people's health, diet and weight, skin, falls, continence, medicines, mental health and level of independence had been undertaken, these were reviewed and updated monthly. This meant staff had up to date and relevant information about these people's assessed needs.

There was not enough staff deployed to meet people's needs. We observed that people who spent time in communal areas were left for up to 25 minutes at a time without supervision. People received minimal contact from staff unless it was to carry out a task such as assisting with drinking, eating or personal care. On the first day of inspection, we spent time sitting with people in the main lounge. We observed people calling out to staff to request to go to the toilet or to their bedroom. One person called out at 17:20 asking for staff. They called out again at 17:42, "I'd like to go to my room when possible please". At 18:22 the person called again to ask to go to bed and said "How much longer do I have to wait?" We went off and spoke to staff and explained that the person had been requesting for over an hour to go to bed. Staff said they would see to the person shortly. At 18:35 the person was still waiting, they said "I wish they'd hurry up I pay for this treatment, this is what I get rubbish". At 18:40 a staff member arrived in the lounge and offered to take another person (this person hadn't been asking to go) up to bed. We told the staff member that the other person had been asking for over an hour to go to bed. The staff member said, "Oh has she, I'll just take [person] and come back to you [person] and help you". The person who had been waiting said, "I'm sorry it's not very good, I've been here quite a while". At 18:43 the staff member returned with another staff member and supported the person to transfer into a wheelchair to take them to bed. This was one hour and 23 minutes after they first asked to leave the room. Another person in the smaller lounge called out at 18:10 asking for help. They started shouting out again at 18:20. We asked if they were okay and they said "Not really, I need the loo and it is a bit desperate". We went off to find staff and found one staff member. They told us they were the only staff member at that time on the ground floor and they'd have to go and find someone to help. Help arrived five minutes later. Whilst the staff member had been on the ground floor, they were at the other end of the building and could not hear people's shouts for help from the communal areas. During this time, another person who walked around the home repeatedly tried to get out of the front door.

We spoke with people who spent all of their time in their bedrooms. One person explained that they felt "bad" about pressing their call bell to ask for help as the staff were stretched and they felt they were putting the staff out. They said, "I think they're short-staffed". Another person told us they were worried about when the building works were completed as the staff would be more stretched. They said "They'll need more carers". One person told us, "Sometimes I have to wait for a carer. I wait for the toilet. I can use the commode".

The staffing levels had not been reviewed or increased to support the people and the staff. The provider's 'staffing levels and rotas' policy set out that there should be a senior staff member on each shift to administer medicines and between three to four care staff which was dependent on occupancy. The policy stated that it was the registered manager's responsibility to work the rota according to a number of factors including 'the nature and level of dependency of the service users to be cared for'. Whilst people's care plans and assessments had been reviewed regularly, the information was not then used to inform the provider

and registered manager about the person's level of dependency. There was no dependency assessment carried out to check that the staffing levels were adequate to meet people's assessed and current needs. The registered manager explained they planned to increase the staffing levels when the new extension was completed. The registered manager also agreed to urgently review the staffing levels and told us at the end of the inspection that an "Advert has gone out today" for more staff.

The provider failed to deploy sufficient staff to meet people's needs. This was a breach of Regulation 18 of The Health and Social Care Act (Regulated Activities) Regulations 2014.

We checked recruitment records to ensure the provider was following safe practice. Only one member of staff had been employed since the last inspection. The provider had not carried out sufficient checks to explore the staff members' employment history to ensure they were suitable to work around people who needed safeguarding from harm. The staff member had left school in 1986 and had a number of jobs. The dates of each job, reasons for leaving each of these jobs and whether there were any gaps in employment were not documented and had not been explored by the provider and registered manager. References had been received by the provider for all new employees. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The registered manager explained that a new company had been taken on to carry out DBS checks and they were in the process of rechecking all staff as most staff had been employed for some time. Photographs were not in place for all staff members.

The provider had failed to operate effective recruitment procedures. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had not all received their medicines as prescribed. On our first day of inspection, we checked medicines records including records where community nurses attended to administer injections. We found that one person was prescribed Hydroxocobamin injections every three months. Hydroxocobamin is a form of vitamin B12 and is often prescribed to treat anaemia. The last injection they had received was 31 May 2017. They should have been due the next dose of Hydroxocobamin injection on 23 August 2017. This meant they had not received their prescribed medicine according to the prescriber's instructions. It was five weeks late. We raised this with the senior care staff who made contact with the community nursing service. On the second day of our inspection, they updated us to tell us that the person had now received their Hydroxocobamin injection.

Protocols were not in place to provide information and guidance for staff in relation to as and when required (PRN) medicines. This guidance detailed how each person communicated pain, why PRN medicines were needed, the reason for administration, the frequency, and the maximum dose that could be given over a set period of time. The medicines records showed that eight people were prescribed PRN medicines without protocols being in place. We reported this to the senior care staff who took immediate action. Staff responded to people's requests for pain relief promptly.

We recommend that registered persons review medicines practice and arrangements in line with good practice guidance about medicines management in care homes.

The medicines round was carried out by a member of senior care staff who had undergone relevant training. Medicines administration records (MAR) were clear and accurate. We checked the medicines records and found that people had received their prescribed tablets and creams as they had been prescribed. Twenty six out of 27 people's MAR included a photograph. Staff only signed the MAR once the medicine had been

administered. We observed that medicines were given according to the instructions. For example, one person's medicine detailed they should have this after food. Those people who administered their own medicine had been assessed to do so.

The medicines storage areas had been temperature checked daily to check that medicines were stored within suitable temperatures. The visiting GP told us they carried out medicines reviews of people every six months with the senior care staff.

On the first day of the inspection, people using the communal rooms downstairs told us they were cold. Comments included, "It's chilly" and "It's getting cold in here". We felt cold in this area of the home too. We felt the radiators in the lounges and the hall and found them to be cold. We reported this to staff. Seven days after the first day of inspection the provider telephoned us, as we had requested they contact us when they returned from their holiday. They explained that the heating had been fixed the day before. We expressed concern that this was six days after the first day of inspection. The provider told us people were kept warm by extra blankets. On the second day of the inspection the home felt warm throughout and people were not complaining of the cold.

We observed that the service was clean and tidy in most places. Housekeeping staff worked daily to carry out cleaning in people's bedrooms and the communal rooms. There were suitable supplies of personal protective equipment available and these were used appropriately by staff. The laundry room contained areas for soiled laundry and washing machines washed soiled clothing at the required temperature to ensure it was clean and hygienic. The service required extensive redecoration, walls were chipped and scuffed, and carpets were worn and stained in places. The registered manager explained that the whole of the home was due to be redecorated and this was the next phase after the new extension had been completed. There was little point carrying out the work when the contractors were still working on the extension and making changes to plumbing and wiring. Part of the planned work also included creating a large assisted bathroom and creating a larger better equipped laundry. A health and social care professional told us, 'The home is always presenting as clean, they have been undergoing building work and staff have tried to minimise any impact this has on the residents'.

Records showed that emergency lighting had been tested regularly. Any repairs required were generally completed quickly. Gas and electric installations and equipment had been checked. The hoists, slings and lifts had been serviced. Water testing had been carried out as well as regular legionella testing.

The service had a safeguarding policy which set out the definition of different types of abuse, staff's responsibilities and the contact details of the local authority safeguarding team, to whom any concerns should be reported. Twenty two out of 26 staff had received training in safeguarding. Staff felt confident the management team would listen to and act on any concerns they raised. The management team understood when to report safeguarding concerns. Staff knew how to "blow the whistle" which is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith.

## Is the service effective?

### Our findings

Records relating to drinks people had were not accurate or complete. Good practice guidance suggests that people should drink between six and eight glasses of fluid a day to stay hydrated which equates to approximately 1200 millilitres (ml). We viewed fluid charts for people who were at risk of dehydration. One person's fluid chart recorded that they had only had between 100 and 600ml of fluid within a day. Another person's fluid charts show that they only had 100ml of fluid on 07 and 08 October 2017. Another person's records showed that they had 300ml plus 'sips' on 09 October 2017, at 16:30 hours on 10 October 2017 the person had only had 200ml plus sips. However on the 07 and 08 October they had drunk 1000ml of fluid. We queried this with the senior member of staff. They told us that they felt this was a recording issue. They said the person often refused drinks. Staff had not recorded that drinks had been offered and refused by people.

The failure to make accurate records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they enjoyed the food. Comments included, "The food is ok. I enjoyed the roast dinner today. It was nice"; "The food is the sort of thing I like"; "I often get different from the others. Today I had beans and omelette and yoghurt, which I liked"; "The food's good. They know what I like. If all else fails, they'll heat me up a curry in the microwave"; "The food's good. I could ask for a cup of tea, if I wanted. They bring me a jug of water and I prefer to drink that. If I went downstairs, they would make me a drink, but I don't want to. We have a roast nearly every day. The portions are a bit big. I just don't eat what I don't want. At tea time, it's usually a sandwich or beans on toast or fish fingers"; "The food is quite good. They do a good range. They normally list everything. You get a choice. There's usually something I fancy" and "The food is wonderful. We have roast dinners and meat puddings. I like all the meals, though I don't care for chips with bacon and eggs. I can ask for something different if I don't like it. They make my tea as I like it".

People confirmed their likes and dislikes were responded to. The cook showed us that they had purchased different Mediterranean foods to cater for one person who was not born in England. They had responded to the person's requests and had supported the person by purchasing meats, olives and breads which they enjoyed. Another person enjoyed Jamaican food on occasions, which met their cultural needs. We observed that people were offered drinks throughout the day and snacks between meals if they wanted them.

The cook was aware of the specific dietary needs of people: a dietary information record for each person was seen in the kitchen, detailing who required specialist diets or formulations for their food. The information record also provided information on any speech and language therapy (SALT) referrals, as well as the person's preferred or recommended portion sizes, food likes and dislikes and allergies. The cook prepared cakes and puddings which were suitable for people diagnosed with diabetes and those on low or no sugar diets.

The cook told us that all cooked food was checked with a probe thermometer during and after cooking to ensure the temperatures remained within the recommended ranges, and records seen confirmed this. The service had been visited by the environmental health officer a year ago, and had received a rating of 5 out of

5 for the kitchen arrangements. There was suitable storage for packaged, fresh, chilled and frozen food, and temperatures for all fridges and freezers were checked daily.

Training records evidenced that not all staff had completed training relevant to their roles. The records showed that 22 out of 26 staff had attended health and safety and dementia, training, 24 out of 26 had attended food safety training and 21 staff had attended equality and diversity, first aid and challenging behaviour training. However, only 15 staff had undertaken moving and handling training. Six staff hadn't undertaken much of the provider's mandatory training at all. We asked the registered manager about whether these staff were new to their roles. The registered manager told us they were not new and had been in their roles for some time. The newest member of staff having started in July 2015. During the inspection, care records evidenced that some people were diagnosed with diabetes, several people had a diagnosed mental illness and one person was receiving end of life care. Staff had not received training in relation to these diagnosed needs. We checked the staff files and found that one staff member had been employed to undertake a non-care role; however their staff file evidenced that observations had been carried out of them providing care. We spoke with the registered manager about this and they told us the staff member was now doing some care work. The staff member had not received induction or training for this role to ensure they had the information and right skills to provide safe care. This meant that staff had not been given adequate training to meet people's assessed needs.

This failure to provide training and support for staff relating to people's needs is a breach of Regulation 18 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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The authorisation 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 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's care records and assessments did not follow the principles of the MCA 2005. For example, one person's 'mental state and cognition' section of their care records stated 'No longer has capacity' this was not decision specific. Another person's care file contained a capacity assessment however it did not detail what decision this was related to. Another person's care records evidenced that a capacity assessment had been undertaken in relation to continence care. The answers were recorded in the assessment, however an outcome of whether the person had capacity or not to make the decision was not recorded.

We recommend that registered person's review practice relating to assessing people's capacity in line with published guidance.

The registered manager understood the requirements of the Deprivation of Liberty safeguards (DoLS), and documents seen demonstrated that the appropriate procedures had been followed. We observed people making choices and being involved in decisions relating to their care and support throughout the inspection. Most staff had attended Mental Capacity Act 2005 training. Staff understood that when a person had been assessed as not having the capacity to make a specific decision, relevant people such as relatives

and health and social care professionals needed to be involved to make a best interests decision. One staff member detailed how they used objects help people make decisions. They said "I normally get different clothing options out of the wardrobe to help them choose". Another staff member explained how they talked with people to engage people with their care. They too said they showed people different options. Staff explained that the cook used pictures and cards to help people decide what they may like to eat.

Staff were knowledgeable about people's health needs and medical history, which were recorded in people's plans of care. People's day to day health needs were managed by the staff team with support from a range of health care professionals. A health care professional told us the service was "Good at following advice" and "Definitely good at keeping in contact, we work really well as a team". They shared that senior care staff knew people well and added "I am very pleased with the care of patients". Staff had sought medical advice from the GP when required. Local community nurses visited people when required to meet people's nursing needs. Records demonstrated that staff had contacted the GP, ambulance service, dementia specialists, palliative care nurses, tissue viability services, hospital and relatives when necessary. People had seen an optician on a regular basis to check the health of their eyes. People told us, "The carers get the doctor when I need it. If I have to go to hospital, my daughter takes me or I get patient transport"; "If I need the doctor, I speak to the carers. They're very good carers" and "The doctor normally comes here. One of the carers will get him, if I need it". This demonstrated that staff knew the appropriate action to take to promote people's health and well-being.

During the inspection, we observed that some people were disorientated in the environment. We observed people walking around the home and asking for help and direction to find the toilet. During the period of redecoration, some rooms had undergone a change of use, some bedroom numbers had changed and new doors had appeared which led to new areas of the home which were still under construction. There were no signs in communal lounges, or the dining area to help people find their way to other areas of the home. Doors mostly looked the same. There was no signage to show people living with dementia what was behind doors. The corridors were mostly painted cream, which meant that they all looked the same. The provider and registered manager had not followed recognised guidance issued by The National Institute for Health and Care Excellence (NICE) to help and support people living with dementia. We spoke with the registered manager about this and they told us that when the extension is complete. The service will be redecorated they "Plan to install all new doors and plan to label and colour doors and add colour to rooms". They also explained that the provider was already working with a company that specialise in dementia friendly equipment.



## Is the service caring?

### Our findings

People told us that the staff were kind and caring towards them. Comments included, "I'm taken good care of. I'm well looked after"; "They're all nice. They're all friendly. They're all so nice to me"; "Mostly the carers are good. You get the odd one you might not think they care very much. Mostly they treat me respectfully"; "The carers do talk to me. My door's always open and they ask me – are you alright?"; "The carers are good girls" and "I feel well looked after". A relative told us that staff were kind and caring towards their loved one. Another relative said, "The carers care".

A health and social care professional told us, 'During my visits I have always found staff to have a kind and caring manor [sic] and like how staff all support each other'.

We observed that staff respected people's privacy. Staff were seen to knock on doors before entering. One person told us, "[Staff] always knock before coming in". One person had a mobile screen to protect their dignity as they liked to have their door open and sometimes took their clothing off whilst they were in their room. The screen was in place in front of their open door to enable them to see and hear others but to preserve their dignity.

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 Ampersand for many years so knew people very well as well as their relatives. We saw staff chatting and having a joke with people and their relatives when they were visiting their family members.

People's preferences were respected, some people preferred to have their bedroom doors open and others preferred theirs to be closed. One relative said, "Sometimes she [loved one] doesn't want to get up and she's in her room, in bed. They don't force her to get up. She seems to spend most of her time downstairs in the dining room. I don't think she wants to be around everyone".

People's religious and cultural needs were highlighted within their care plan to ensure any support required could be addressed. One person had a bible and prayer books by their bed and there were various religious artefacts in their room.

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

Relatives were able to visit their family members at any reasonable time, they were always made to feel welcome and there was a nice atmosphere. Relatives visited through the day. We observed that families were made welcome; there were games and items for children to play with whilst visiting their family member's. One relative shared how this made a difference to their family member. They explained they "Came alive" when the grandchildren visited. Care plans included the contact people had with their families and if they lived locally or a distance away. Relatives were encouraged to take their family members out when they were well enough. People told us, "Everybody is lovely. Friends and family visit often"; "My kids

pick me up and take me out"; "When my family come, we usually go out"; "She takes me out and rings me twice a day. She takes me out once a week, once a fortnight" and "My family come and visit quite often". One person told us their spouse visited them often. They said, "He eats with me on Sunday and sometimes in the week". A relative said, "I can take Mum out. Me and my sister take her out".



## Is the service responsive?

### Our findings

People gave us mixed feedback about the activities on offer in the home. All the people we spoke with told us the activities had deteriorated. Comments included, "Most days I watch TV. I've got books but I can't get into them. My son will take me to the library. I'm a bit miserable, but it can't be helped. Someone told me about the sing-song but I didn't want to join in. I like to read the paper at the weekend. My son brings me the paper. I listen to the radio"; "I don't join in the activities. There's nothing for me. There's no going out trips. I've been here two years and there haven't been any happening in that time"; "Even when the building work is finished, I won't go downstairs"; "There used to be trips. It's nice if you can get a trip out. I like being entertained. I like bingo. There's not been much since the activities lady left"; "Generally I like to sit in the lounge and watch TV. I liked to watch the Olympics and football" and "I enjoy the music. It made my morning. There are not a lot of activities".

Some people chose to stay in their bedrooms because they felt they had no connection to people. Comments included, "I just don't like it down there. They're all quite old. I prefer to stay up here"; "I could go downstairs if I want to, but I'm used to this". They explained that 'this' was their own bedroom. They went on to say that they could have what they wanted on the television. Another person told us they had always preferred to be on their own, "From being a child, I like to be by myself. I don't like being in a crowd". Some people were at risk of social isolation.

We observed that the activities available for people were limited. The activities information on the notice board showed that there were two planned music activities for the month of September 2017, one which was held on the 05 September 2017 and one which was held on the morning of our first day of inspection. The only other activities listed on the board listed Tuesdays as bingo and hangman day and Thursdays as pick and mix day which listed dominoes, pens and cards. Staff told us that the activities staff member was on maternity leave. They also told us that an external motivation activity company visited the home on a monthly basis. The activities on offer did not reflect people's hobbies, preferences, ages and lifestyles. Activity plans had not considered people who were socially isolated and spending time in their rooms, one to one activities had not been offered to individuals to take into account their mental wellbeing and stimulation. People new to the home were not actively encouraged to come out of their rooms to meet others and build links and friendships. People had not had access to the garden for a considerable time due to the building works that had been ongoing. Although the provider planned to make a small accessible garden when the works were complete, care had not been taken to promote visits to the local community to enable people to get out in the fresh air during the building works. We reported our concerns to the registered manager who told us they would talk to the provider to ensure that maternity cover was sought to improve activities for people living in the home. They already planned to increase the motivational activity to twice a month because this was popular with people. People told us during the inspection that they had not seen a hairdresser for some time. One person said, "the hairdresser hasn't come again, that's five weeks". We checked with the registered manager and they explained that the hairdresser that used to visit the home had left. They were in the process of finding a replacement hairdresser.

The registered manager detailed how people were supported to access the community to take part in

Christmas events at Rochester Cathedral which they enjoyed.

A health and social care professional told us, 'Changing needs are always documented in the care plans which are clear to follow and staff have a great understanding of individuals needs which supports what is documented in the care plans. Management will contact us by telephone or email and keep us well informed'. However we found that people's care plans and care files had not always been updated and amended when their needs changed. Each care plan and assessment was reviewed on a monthly basis and signed off by the staff member carrying out the review. However, when people's health and mobility had deteriorated or improved, amendments had not been made to the care plan to detail what staff needed to do to meet the person's current needs. For example, one person's care file detailed that they were to be cared for in bed. This was not accurate as the person's health had improved and we saw them sitting out of bed in their chair during the inspection. The person's file also detailed that the person had been referred to the dietician. The advice from the dietician had not been added to the person's care plan. Their weight chart showed they had lost 18.5 kilograms in weight in nine months. The assessment document showed that the person was no longer eating solid food. This information had also not been added to the care plan. We raised this as a concern with the senior staff on the first day of the inspection and they agreed that it needed amending. They told us on the second day of our inspection that this had been amended.

One person who had moved to the home two weeks before the inspection, their care plans were not all in place in relation to their assessed needs. For example, their assessment information showed they had insulin controlled diabetes. There was no care plan in place to detail how this affected the person and what staff needed to do to help the person remain healthy and well. Some care files contained conflicting information. Life histories were not in place for all people. This meant staff did not have up to date and relevant information about people's support needs staff may not have all the information they need to build a rapport with people and provide care and support according to their preferences. People and their relatives had not always been asked about their preferences and choices for the end of their life, such as where they might like to be if their health deteriorates, whether they had preferences about cremation or burial and who they would like to be present. It was not always clear who had been involved in the care planning process because there was no evidence to show that people and their relatives had been involved. Some care plans had sticky notes attached to prompt staff to discuss with the person or their relatives, these were often blank. A staff member told us, "there is not really enough activity at the moment; people don't like doing a lot". Another staff member said "We can only do bingo activity if us girls have time during the day".

The failure to plan care and treatment to meet people's needs, preferences and failure to provide activities to meet people's needs in a responsive or person centred way was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people were given opportunities to feedback about the service they received. 'Residents' meetings were held quarterly. Records showed that these were attended by a small selection of people. The records showed that people were spoken with about the building works, apologies were given in the last meeting on 20 June 2017 about the lack of access to the garden. Activities and menu changes were discussed. The service maintained records in relation to people's satisfaction. Completed surveys showed that there was no system in place to ensure everyone that was able to were given surveys. Often the same people had been asked questions. The surveys all appeared to be completed by the same person, as the handwriting was all the same. All of the surveys had been signed by a staff member but not by the person who was providing feedback a statement had been written on each survey to state 'Resident unable to sign'. One person told us they had never been asked for feedback and they had been living at the service for over two years. Records confirmed this was correct. Another person told us that they were not able to sign their name anymore, they

explained they always used to do their own letters and bills and can write but it had been so long since they had been asked to read and sign anything they felt they had lost this skill. We spoke with the registered manager about this. They told us that the surveys were conducted by a staff member. They agreed that there were a number of people who would be able to sign. They confirmed that a staff member went through a selection of questions with people and the staff member wrote the answers. People were not given the opportunity to provide written feedback anonymously because this system was in place. This is likely to affect what people feel comfortable about reporting.

We recommend that the provider and registered manager review systems and processes to gather feedback from people about their care.

Relatives and friends had been sent surveys in March 2017. Six surveys had been completed and returned. The feedback showed that all of the relatives were happy with the care. Some relatives had commented that the décor of the home was fair. The registered manager had analysed the feedback received and had commented that the service was currently improving the environment.

People and their relatives knew who to complain to if they needed to. Relatives gave examples of when they had complained about things which had been rectified and resolved to their satisfaction. One person told us, "I've never had any issues or complaints" and another person said, "If I'm not happy, I would speak to a carer". The provider had a complaints and compliments procedure which was available in the office. This showed expected timescales for complaints to be acknowledged and gave information about who to contact if a person was unhappy with the provider response. This did not include essential referral information such as the local authority or the Local Government Ombudsman (LGO). The procedure incorrectly advised people to take their complaint to the Care Quality Commission (CQC). CQC regulate health and social care services and like to be aware of complaints, however CQC do not have a responsibility to investigate complaints. We reported this to the registered manager. There had been one formal complaint since we last inspected the service and this had been dealt with appropriately. The service had received a number of compliments and cards from people and their relatives.

We recommend that the complaints procedure is reviewed and updated to give people all the information they need in order to complain should they need to.

## Is the service well-led?

### Our findings

People knew the registered manager and felt comfortable to approach them at any time. Many people popped their head around the registered manager's office door to ask a question or have a chat. When the registered manager was walking around the home, people chatted with them. One person had a discussion with others about why the hairdresser hadn't been. The person told the others they would go and find the registered manager and ask them. They left the room and returned approximately 15 minutes later telling the others what the registered manager had said. Relatives told us, "I know the manager here. She is very approachable. She's really lovely" and "I know [name of registered manager], the manager. I spoke to her when mum was accepted and when we viewed. If I see her in the corridor, she speaks to me". Staff told us the providers and the registered manager were visible in the home.

A health and social care professional told us, 'I feel the service is well led and the manager [name] has always shown a great understanding of her resident's needs, she has always sought advice from outside agencies when required'.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The rating was not on display on the provider's website, nor was it on display in the home. We asked staff about this on the first day of our inspection. On the second day of inspection a copy of the last report was on display.

The failure to display the rating was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Audit systems were in place. The management team had carried out audits of the service in relation to each area such as health and safety, infection control, medicines, kitchen, staffing, environmental, care plans, training and record keeping audits had taken place; these highlighted some issues. Actions had been completed. However, the audits had not identified gaps we had identified regarding risks, fire safety, staff deployment, training, records, activities and care plans.

People's information was not always treated confidentially. Personal records such as daily records and fluid charts were found in the dining room on the first day of the inspection. We spoke with staff and they told us they were there because of the room changes and there was nowhere to keep them. The records were moved on this day and were found to be stored in the locked office on the second day of the inspection. Staff were aware of the need for confidentiality.

Appropriate systems were not in place during the period that the registered manager and the provider were away from the service on leave to deal with health and safety actions within the home. There was a delay of one week before the central heating was fixed. Although staff all told us they could still contact the registered manager if required and they evidenced that they did this during the inspection.

The examples above demonstrate that the provider has failed to operate an effective quality assurance system. This is a breach of Regulation 17 of The Health and Social Care Act (Regulated Activities) Regulations 2014.

There were a range of policies and procedures governing how the service needed to be run. Policies and procedures had not always been kept up to date so they were up to date with new developments in social care. The current policies and procedures related to old regulations. However, this had been identified by the registered manager and the provider. They had just signed up to a new policy provider. The policies in place protected staff who wanted to raise concerns about practice within the service.

Staff told us they felt confident to report any concerns to the management team. Staff told us that they were aware of the home's whistleblowing policy. Staff felt confident to use this policy. Staff reported that communication was good within the home and meetings were regularly held so they could discuss concerns. Staff told us they felt supported, valued and listened to by the management team. One staff member said, "I have good support from [name of registered manager]". Another staff member said, "I get good support, she [registered manager] helps when needed". Another member of staff told us that the providers are "good about getting equipment" and are "Responsive, they listen to us".

There were various meetings arranged for staff. These included daily shift hand over meetings. These meetings were recorded and shared. Staff also confirmed that they attended team meetings and handover meetings. Staff felt that they could speak up at meetings and that the registered manager listened to them.

Staff enjoyed their roles and wanted to be at work and providing good quality care. They all told us this. We could see from the level of interaction with people that this was the case. One staff member told us, "I like my job, we love our little home".

The registered manager had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as deaths, serious injuries and safeguarding concerns. The registered manager explained how they updated themselves by attending local authority provider forums as well as gaining updates from the CQC website.

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 9 HSCA RA Regulations 2014 Person-centred care  People's care and support was not person centred and had not been assessed in line with their preferences. Regulation 9 (1)(a)(b)(c)(3)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider and registered manager had failed to adequately assess and mitigate risks to people and staff. Regulation 12(1)(2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered manager and provider had failed to establish and operate systems to assess, monitor and improve the quality and safety of the services provided and failed to ensure that records were accurate, complete and stored securely. Regulation 17 (1)(2)(a)(b)(c)(d)(f)
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 operate effective recruitment procedures.

Regulation 19(1)(2)(a)(3)(a)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 20A HSCA RA Regulations 2014  
Requirement as to display of performance assessments

The provider and registered manager had failed to display their rating.  
Regulation 20A

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider and registered manager had failed to deploy sufficient staff to meet people's needs. Staff had not received appropriate training in order to meet the needs of people they provided care and support to.  
Regulation 18 (1)(2)(a)