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Amadeus

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service caring?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We found improvements were required with record keeping, auditing and action planning following incidents or untoward events. Records, such as those used to log safeguarding, accidents and incidents were disorganised with outcomes and actions taken to prevent a reoccurrence not consistently documented.

The registered manager told us helping to provide care had taken priority over other aspects of their role, however, the provider had failed to ensure adequate provisions were in place during this time to ensure governance processes remained robust.

Safeguarding had been reported in line with local authority guidance, although documentation following a referral required strengthening. Staff had received training in safeguarding and knew how to report any concerns. There were robust infection control practices in place, visiting professionals and key workers were risk assessed on entering the home. Safe systems were in place to manage medication. Staffing levels had remained at a safe level, due to the registered and deputy managers providing direct care.

People told us they felt safe and spoke positively about the care and support they received. Staff were described as being attentive to people's needs. One person said, "If I ask them for anything, they do their best to oblige." People were treated with dignity and respect and supported to make choices about their care.

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

Rating at last inspection

The last rating for this service was Good (published 3 October 2017)

Why we inspected

We received concerns in relation to the management of risk, people's dietary requirements, staffing levels, staff training, the promotion of people's choices and the registered manager being reluctant to identify learning and accept recommendations. As a result, we undertook a focused inspection to review the key questions of safe, caring and well-led only.

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 coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and hold the provider to account where it is necessary for us to do so.

We have identified a breach in relation to the providers governance and record keeping processes at this inspection.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 safe.

Details are in our safe findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below

Requires Improvement ●

Amadeus

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 team consisted of two inspectors

Service and service type

Amadeus 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

We gave a short period of notice and contacted the service the day prior to the inspection. This was to ensure that the registered manager would be on site to support the inspection and to assess the risks relating to infection control and the coronavirus pandemic.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. We spoke with local authority safeguarding and quality assurance teams. The provider was not asked to complete a provider information return prior to this

inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff, including the registered manager, deputy manager, care workers and kitchen staff. We observed staff providing care, to help us understand the experience of people using the service.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of record 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 the evidence found. We looked at a range of records including, training data, medication audits, rotas and records relating to quality assurance. We carried out a further check on medications remotely, as well speaking with the registered manager.

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 remained the same. This meant people were safe and protected from avoidable harm.

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

- People told us they felt safe living at the home. Comments included, "They look after me very well."
- Safeguarding processes were in place and actions were taken to keep people safe.
- The provider worked in accordance with the local authorities safeguarding policies.
- Staff had a basic understanding of what a safeguarding was and who to report any concerns to. We discussed safeguarding training with the registered manager, who was in the process of registering staff for further training in this area.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's care needs were risk assessed and care plans were organised into specific areas, with related risk assessments completed for each person.
- People had evacuation plans in place, in the event of a fire at the home.
- The home had effective systems in place to ensure the premises and equipment were safe and fit for purpose. Safety certificates were in place and up to date.
- People who required a modified diet, such as pureed food or thickened fluid, received these in line with information recorded in their care plan.
- The process for reviewing and learning from safeguarding's, accidents and incidents, as well as updating assessments required strengthening. This is covered in more detail in the well-led domain.

Staffing and recruitment

- Staff had been recruited safely with appropriate checks and a formal induction process completed.
- Staffing levels were sufficient to meet people's care needs. Staffing levels had been affected by COVID-19, due to some staff having to shield and impacting recruitment. In order to maintain safe staffing levels and avoid frequent use of agency staff, the registered and deputy managers had worked care shifts.

Using medicines safely

- Medicines administration was managed safely. Staff had a good understanding around the timely administration of medication.
- People received their medication in line with their care plan. Staff responsible for administering medication had completed training and had their competency assessed.
- Stock checks for medication were carried out once a month, when new medicines were being ordered. However, stock was recorded as 'appropriate level' or 'hoarding' rather than numerically. This meant these records were not completed in accordance with the National Institute for Health and Care Excellence (NICE) guidelines.

We recommend the provider follows NICE guidance when completing stock checks and associated record keeping.

Preventing and controlling infection

- There were effective systems in place to manage the risks associated with infection.
- Staff used personal protective equipment (PPE) appropriately and supplies were good; staff had received training regarding the use of PPE.
- The service had recognised the risks presented by the COVID-19 pandemic and heightened procedures had been implemented.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff cared for people in a warm and friendly manner. Staff showed a good understanding of how to meet people's diverse needs. Several staff explained how support was tailored around two people's cultural needs.
- One person said, "They look after me very well, whatever I ask they [care staff] do their best to oblige" and "[The registered manager] will listen to you, he's very good."

Supporting people to express their views and be involved in making decisions about their care

- People's views, likes and dislikes were incorporated into their care plans. These gave clear guidance to staff on how people wanted their support to be provided.
- People and relatives (where appropriate) were involved in their care planning. Care plans were reviewed at regular intervals, or when there was a change in people's needs.
- If necessary, advocates were sought for people. One staff member said, "One of our residents has an advocate, who isn't a family member. They'd always be invited to reviews or any big decisions; advanced care planning, those sort of things, just the same as families would be."

Respecting and promoting people's privacy, dignity and independence

- The provider had policies that promoted people's privacy, dignity and independence. Policies were clear and succinct and referred to relevant legislation.
- Staff showed a good understanding of promoting people's independence and protecting their privacy and dignity. One staff member said, "We make sure that people's curtains and doors are shut. Residents are always able to speak to someone privately. As long as the residents get what they need in terms of medication, nutrition, fluids and being safe, they get to choose when they get up, what time they stay up to and what they do. They should be living their best life."
- One relative said, "When [person] first came here, staff tried to help them be as independent as they could."

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.

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

- Learning wasn't always identified following accidents and incidents. This meant we could not be sure the provider learnt from mistakes to inform improvements.
- Records relating to safeguarding, auditing, medicines, accidents and incidents lacked detail, were not always organised or completed to an appropriate standard. Documentation, such as risk assessments, had not been consistently updated to help mitigate future risks.
- Auditing and analysis systems had been impacted by the registered manager supporting people with care needs. Several audits had not been completed since the start of the pandemic. The registered manager said, "It's been about prioritising jobs, things like working on care plans, auditing and analysis that we normally would have done by now, haven't been done because we've worked very hard to keep people safe and make sure they're still getting the right day to day care."
- We saw no evidence the provider had considered or implemented plans to ensure governance and oversight was maintained, whilst the management team were assisting with care delivery.

Quality assurance systems were not robust and learning was not always identified. This was a breach of Regulation 17, Good Governance, of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

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

- A person-centred culture was evident through observations of care and discussions with staff and people.
- Feedback on activities was largely positive, with people and relatives praising staff for how they encouraged engagement, while respecting people's choices. One relative said, "I've seen [person] join in the singing and the bingo. We get photographs of activities and parties." Another said, "I chose Amadeus for [person], because there was a real stimulus there, it felt like a normal house, with things going on."

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 provider reported accidents, incidents and concerns to the appropriate professionals and bodies, in a timely manner.
- Relatives were informed if something went wrong. One relative said, "[Person] gets very confused and she

brought up an issue and [the registered manager] was straight on the phone to me, to let me know. It was thoroughly investigated and [the registered manager] kept us up to date."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, staff and relatives were involved with the service. Each person we spoke with praised the communication that had been maintained during the pandemic. Relatives specifically commented on how staff and the registered manager supported people to use technology to stay in contact.
- Staff made time to speak with people, giving them the opportunity to feedback any concerns. These had not been formally recorded, but several people, relatives and staff referred to this as part of a positive culture at the home.
- Staff appraisals and supervisions were out of date. However, more informal support had been introduced during the pandemic and staff reported feeling well supported. One staff member said, "I've had support every step of the way. The reasons auditing and supervisions are behind is because [the registered manager] is supporting us and the residents every day."
- The service worked in partnership with various local authority and health teams.

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 Quality assurance systems were not robust and learning was not always identified. The provider did not have effective systems in place to monitor the quality of the service provided. Regulation 17(2)(c)(f) Good Governance – of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.