

Amphion View Limited

# Amphion View Limited

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Amphion View is a residential care home providing personal care to 31 people at the time of the inspection. The service can support up to 35 people. Some people using the service were living with dementia.

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

The provider's systems for auditing the quality of the service had improved. We saw a range of audits were in place and actions were identified and addressed.

Systems in place to manage risks associated with people's care, had improved and were managed safely. Staff knew people well and supported them in line with their current needs.

The provider had addressed the concerns raised at our last inspection regarding staff training. Staff told us they received appropriate training to ensure they had the knowledge and skills to carry out their role.

Sufficient numbers of staff were available to meet people's need in a timely way. Staff had been recruited appropriately.

People received their medicines as prescribed. However, we identified concerns around the temperature of the medicine room. This had already been identified by the provider and the registered manager was addressing this. There were processes in place to ensure people were safeguarded from the risk of abuse.

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.

People were supported to maintain a balanced diet. We observed staff serving meals and found they gave people choices and provided meals in line with their dietary needs.

People had access to healthcare professionals when required, and staff followed their advice to ensure people received safe care.

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 and update

The last rating for this service was requires improvement (published 8 December 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

Our previous inspection identified three breaches of legal requirements. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staff training and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions of Safe, Effective and Well-led which contain those requirements.

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.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Amphion View on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, senior care worker 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. We reviewed a variety of records relating to the management of the service.

#### 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to effectively manage risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks associated with people's care had been identified and managed to ensure people were safe.
- Risk assessments clearly recorded actions needed to deliver safe care. For example, the size, type and loop configuration were in place where people required the use of a hoist to mobilise.
- The provider could demonstrate equipment such as hoists were maintained and serviced in line with current requirements.

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

- The provider had systems in place to safeguard people from the risk of abuse.
- Staff we spoke with knew how to recognise, record and report abuse. Staff were confident the registered manager would take appropriate actions to protect people.
- Relatives told us their family member was safe living at the home. One relative said, "[Relative] receives safe care. They [staff] know [relative] better than I do."

### Staffing and recruitment

- Through our observations and talking to staff, people and relatives we found there were enough staff to meet people's needs in a timely way.
- People and their relatives felt there were always staff around to assist them. One person said, "There is always someone there, I shout for them and they [staff] do come." One relative said, "Staff are always around, there are different staff on at a weekend, but they are all just as good."
- The provider had a safe recruitment process in place to ensure appropriate staff were appointed. Staff confirmed they had pre-employment checks carried out prior to them commencing in their role.

### Using medicines safely

- The provider had a system in place to ensure people received their medicines as prescribed
- Some people required medicine on an 'as and when' required basis, often referred to as PRN. We saw

detailed protocols in place to ensure staff knew when to administer PRN medicines.

- We found the medication room to be above the recommended temperature for storing medicines. The registered manager had identified this and was in the process of addressing this concern.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Although we identified two storerooms which required sorting and cleaning. Following our inspection, the registered manager confirmed this had been addressed.
- 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.

#### Visiting in care homes

- People were supported to maintain contact with their family and friends. We saw visitors were welcome at the home. One relative said, "We can now visit and that's really good." Another relative said, "I visit regularly and [relative] is very happy."

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to ensure trends and patterns were identified.
- The provider identified where the service could improve and took actions to ensure future incidents were mitigated.



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found concerns in relation to staff training. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At our last inspection we found concerns in relation to staff training. At this inspection we found the provider had acted on these concerns and we found staff training had improved.
- We reviewed training records and spoke with staff and found staff were more confident supporting people who were living with dementia.
- Staff told us they felt supported by the management team and told us they received a lot of training. One staff member said, "We have done some training recently, fire, dementia, and moving and handling risk assessments."

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

- People's care plans identified their assessed needs and care staff delivered care in line with them.
- Assessments were in place for things such as moving and handling, nutrition and skin integrity. These were reviewed regularly to ensure any changes were identified.

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

- People were supported to eat and drink in line with their needs and preferences.

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

- Staff ensured that people were referred to other agencies and healthcare professionals when required.
- Staff provided care and support in line with advice given from healthcare professionals.

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

- Since our last inspection we saw the provider had completed some maintenance work in relation to flooring and furniture. We looked at the provider's environmental audit and found this identified some more areas that required attention and action plans were in place to address them.

- People had access to several areas where they could sit. They also had access to outside garden areas.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We reviewed care documentation and found best interest decisions had been documented and relevant professionals had been involved in this process.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection the provider had failed ensure systems in place to monitor the service were effective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our last inspection we found systems in place to monitor the service were not always effective. At this inspection we found improvements in this area.
- We reviewed a series of audits completed by the management team and found they were effective at identifying poor practice. Actions were taken to address issues where necessary.

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

- At our last inspection we found people were not always supported in a person-centred way. At this inspection we found improvements in this area.
- We observed staff interacting with people and found staff knew people well and were aware of their needs and preferences.
- Staff were caring, kind and thoughtful in their interactions. People told us they liked living at the home. One person said, "It's a happy place and am ok and my family know where I am, they make sure I'm ok." One relative said, "It's brilliant, right from the start it's been really good."

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

- The provider had systems in place to obtain feedback from people, relatives and staff. This included meetings and chatting with people on a one to one basis.
- Relatives we spoke with told us they were involved in the service and their family members care. One relative said, "I have no concerns at all. [Relative] has lived at the home nearly eight years and I have never had any complaints. They always keep me up to date. When I visit, they [management team] will make a point of asking me if everything is alright and check if I need to talk about anything."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team consisted of the registered manager, deputy manager, quality officer and senior care staff. The team worked well together, knew their roles, and understood regulatory requirements.
- The provider and registered manager were aware of their duty of candour.

Working in partnership with others

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