

Sovereign Care Limited

Ampersand

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 12 June 2018 and was unannounced.

Ampersand is a 'care home'. 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 was not registered to provide nursing care. Any nursing care was provided by community nurses.

The service is one of three care homes owned by Sovereign Care Limited. The service accommodated up to 31 older people. 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.

At the last inspection on 27 September 2017 and 10 October 2017 we rated the service Requires Improvement overall. We found breaches of Regulations 9, 12, 17, 18, 19 and 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to plan care and treatment to meet people's needs, preferences and failed to provide activities to meet people's needs in a responsive or person-centred way. The provider had failed to assess, mitigate and monitor risks to people. The provider had failed to operate effective recruitment procedures. The provider had failed to deploy sufficient staff to meet people's needs and failed to provide training and support for staff relating to people's needs. The provider had failed to operate effective quality monitoring systems and failed to make accurate records. The provider had failed to display the rating.

We also made recommendations. We recommended that registered persons reviewed medicines practice and arrangements in line with good practice guidance about medicines management in care homes. We recommended that registered persons reviewed practice relating to assessing people's capacity in line with published guidance. We recommended that the provider and registered manager reviewed systems and processes to gather feedback from people about their care. We recommended that the complaints procedure was reviewed and updated to give people all the information they need in order to complain should they need to.

The provider submitted an action plan on 08 January 2018. This detailed that the actions were in progress and would be completed by the end of May 2018 at the latest. At this inspection we found the provider had met some of their actions. However, there continued to be breaches in Regulations. The service has been rated Requires Improvement overall. This is the second consecutive time the service has been rated Requires Improvement.

The service had a registered manager. A registered manager is a person who has registered with the Care

Quality Commission 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.

At this inspection people told us they were happy and enjoyed living at the service.

Risks to people's safety continued to be poorly managed. People were not adequately protected from the risks of fire. Fire doors were partly blocked by items such as hoists and seated weighing scales which were charging. A fire escape route was blocked by six wheelchairs. Doors to the boiler room were unlocked which meant that people could access boilers and hot water pipes which could cause them harm. The quiet lounge at the front of the service was in the process of being redecorated and turned into a dining room. The doors to the room had not been locked to restrict access. Water temperatures for sinks, baths and showers in the service had not been checked to see if the water was at a safe temperature since we last inspected the service.

Staff had been recruited safely. The provider had obtained a full employment history for new staff. Other pre-employment checks had been carried out. Staff were appropriately supervised. There were sufficient numbers of staff to meet people's needs and keep people safe. The provider had a dependency tool which was used to assess people's level of needs. However, the provider and registered manager had not used the information from the tool to assess whether the level of staffing met people's assessed needs. We made a recommendation about this.

The systems and processes to monitor and improve the service had not been effective in highlighting the issues we found at this inspection.

People's needs were appropriately assessed. Most people had care plans which were up to date and accurately reflected their needs. Some people who had recently moved to the service did not have care plans or risk assessments to detail what staff needed to do in order to provide person centred care.

There continued to be systems in place to keep people safe and to protect people from potential abuse. Staff had undertaken training in safeguarding and understood how to identify and report concerns. Staff were confident that any reported concerns would be dealt with appropriately.

Medicines were managed safely. Medicine records were accurate and up to date and people received their medicines on time and when they needed them. Medicine was stored safely and staff had the training they needed to administer medicines safely.

Staff had the skills, training and knowledge they needed to support people safely and effectively. There were opportunities for staff to undertake training and development to enhance their skills.

People were supported to eat and drink healthily and maintain or achieve a balanced diet. Menus were not available in an accessible format to help people living with dementia make informed choices. We made a recommendation about this.

People were supported to manage and monitor their health and had appropriate access to healthcare services when they needed it. When people accessed other services such as going in to hospital they were systems in place to ensure continuity of care.

People were treated with respect, kindness and compassion. People were supported by a staff team that

knew them well and understood how to meet their needs. Staff knew how to support people to communicate and express their views. People were supported to maintain relationships with those who were important to them.

People were supported to maintain their independence. People and their relatives were involved in decisions about their support as appropriate.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, the policies and systems in the service did not support this practice. Where people had been assessed as not having capacity to make a decision, a best interests meeting had not been held with appropriate representatives to agree what action would be in the person's best interests. We made a recommendation about this.

The environment was in the process of being decorated. Signage had been ordered to enable people to navigate around the service.

Staff and the registered manager understood their roles and responsibilities. The provider had a clear vision and values for the service and staff understood and acted in accordance with. The registered manager worked in partnership with other agencies to develop and share best practice.

When things went wrong lessons were learnt and improvements were made. Staff understood their responsibilities to raise concerns and incidents were recorded, investigated and acted upon. Lessons learnt were shared with staff.

People were kept safe against the risk of infection by the prevention and control of infection hazards. Infection control training had been completed by all staff.

People and their relatives gave us mixed feedback about the activities. Activities took place during the inspection. Some people were enabled to access their local community independently and some with support from their relatives and with the staff.

People and their relatives had opportunities to provide feedback about the service they received. People and their relatives knew who to talk to if they were unhappy about the service. No complaints had been received. The complaints procedure required some updating. We made a recommendation about this.

Relatives and staff told us that the service was well run. Staff were positive about the support they received from the management team. They felt they could raise concerns and they would be listened to.

We found three 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 the report.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Risks had not been appropriately assessed and mitigated to ensure people's health and safety.

The provider had followed safe recruitment practices. There were enough staff deployed to meet people's needs. The provider had a system in place to ensure people's needs were assessed. However, this information had not been used to assess whether there were enough staff to meet people's assessed needs.

People were protected from abuse and staff had the appropriate training to protect people.

Medicines were managed in a safe way and people received their medicine when they needed it.

People were protected from the risk of infection. Staff used appropriate personal protective equipment. The service was clean, tidy and appropriately maintained.

Lessons were learned when things went wrong and learning was shared with staff.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People's consent and ability to make specific decisions had been assessed and recorded. It was not always evident that relatives or representatives and relevant healthcare professionals had been involved to make sure decisions were made in people's best interests when people lacked capacity to make specific decisions.

Staff had received basic training relevant to their roles. Staff had received supervision and good support from the management team.

People had choices of food at each meal time which met their likes, needs and expectations. Menus were not available in an

Requires Improvement ●

easy to read format to support those living with dementia.

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

Ampersand was in the process of being redecorated. Signage had been ordered to enable people to find their way around the service easily and to locate their own bedrooms.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People were involved with their care. People were treated with kindness and compassion.

People were able to maintain contact with their relatives. Relatives were able to visit their family members at any time.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Care plans were not in place for each person living at the service. Some people's care records evidenced that advanced care planning had taken place to record their wishes and preferences around the end of their lives.

People we spoke with knew how to complain. There had not been any complaints since our last inspection. Complaints information was not accessible for those living with dementia.

People gave mixed feedback about the activities. Some activities were taking place to ensure people could keep active and stimulated when they wanted to be. Some people were able to access the community independently and others were only able to access the community with their relatives.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Audits had not always been totally effective in identifying shortfalls in the service. Additional improvements to policies, procedures and practice were identified.

The registered manager had reported incidents to CQC. The

provider had displayed the rating from the last inspection in the service.

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

People and staff felt the registered manager was approachable and would listen to any concerns. Staff felt well supported by the management team.

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 was planned to check 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 inspection took place on 12 June 2018 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information we held about the service including previous inspection reports. We looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information of concern that we had received.

We spent time speaking with 16 people who lived at Ampersand and four relatives. We observed care and support in communal areas.

We contacted health and social care professionals including the local authority commissioners and safeguarding coordinators, a GP, the supplying pharmacist and Healthwatch to obtain feedback about their experience of the service. There is a local Healthwatch in every area of England. They are independent organisations who listen to people's views and share them with those with the power to make local services better.

We spoke with 12 staff; including care staff, senior staff, kitchen staff, the registered manager and one of the providers.

We looked at six people's personal records, care plans and medicines records, risk assessments, staff rotas, staff schedules, five staff recruitment records, meeting minutes, policies and procedures.

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

training records and policies. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

At the last inspection on 27 September 2017 and 10 October 2017 we found breaches of Regulations 12, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to assess, mitigate and monitor risks to people. The provider had failed to operate effective recruitment procedures. The provider had failed to deploy sufficient staff to meet people's needs. We recommended that registered persons reviewed medicines practice and arrangements in line with good practice guidance about medicines management in care homes.

At this inspection, we found that risks to people's safety continued to be poorly managed. People were not adequately protected from the risks of fire. The provider had a fire risk assessment in place which had been completed on 13 October 2017. However, the fire risk assessment was not being followed. Fire doors were partly blocked by items such as hoists and seated weighing scales which were charging. A fire escape route was blocked by six wheelchairs. We reported these concerns to the registered manager and the provider and these were moved. Doors to the boiler room were unlocked which meant that people could access boilers and hot water pipes which could cause them harm. The quiet lounge at the front of the service was in the process of being redecorated and turned into a dining room. The doors to the room had not been locked to restrict access. Tools including a hedge cutter and paints were found in the room. One person told us they had been in the room and described an item which was stored in there to evidence this. Water temperatures for sinks, baths and showers in the service had not been checked to see if the water was at a safe temperature since we last inspected the service.

The failure to effectively manage risks was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people's individual health and wellbeing had been assessed. Each person's care plan contained individual risk assessments. People's care plans and assessments were reviewed by staff monthly. We observed staff maintaining people's safety during the inspection. We observed staff reminding people to use the equipment they had been assessed as requiring. Each person had a Personal Emergency Evacuation Plan (PEEP). A PEEP is for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency.

People and their relatives told us they received safe care and treatment. Comments included, "They do look after me" and "There are enough staff." One person told us they had only pressed their call bell once. They said the staff were "Very quick" to respond.

The provider had carried out sufficient checks on all staff to ensure they were suitable to work around people who needed safeguarding from harm. This included checking references and checking to see if they had a full employment history including reasons for any gaps. 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. Photographs were in place

for staff members. Applications forms had not asked applicants whether they had any criminal convictions or cautions. We spoke with the registered manager about this and they agreed they needed to amend the application forms for future use.

There were enough staff to provide care and support to people during the day. We observed that staff checked on people in communal areas and checked on people who chose to spend time in their bedroom frequently. Staff told us there were less staff working the evening. We observed that there were times when no staff were present on the ground floor to care for the people who remained in communal areas. Staff completed a tool that detailed what people required help and support with to determine their level of dependency. We found inconsistent practice in relation to this system. Some staff had not completed the tool and just gave the level of dependency without identifying what the person's needs were. Once the level of dependency was determined the provider and the registered manager had not then used the information to assess whether there were enough staff on shift to meet people's needs. Dependency assessments had only been completed for 24 out of 27 people. One of the people missing a dependency assessment was a new person who required two staff to help them mobilise safely. This person had moved to the service on 07 June 2018. The registered manager explained they planned to increase the staffing levels when the new extension was completed. After the inspection the registered manager told us they had implemented staffing changes. A deputy manager position, head of housekeeping and head of maintenance roles had been developed. The provider planned to review the dependency assessments on a monthly basis with the registered manager.

We recommend that registered persons seek guidance from a reputable source in relation to matching staffing levels to people's assessed dependency levels.

People were confident they could report any concerns they had to staff. Staff understood the various types of abuse to look out for to make sure people were protected from harm. They knew who to report any concerns to and had access to the whistleblowing policy. Staff all told us they were confident that any concerns would be dealt with appropriately. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse.

Medicines were suitably managed. Medicines were stored safely and securely. Staff continued to receive training; including refresher training in medicines administration to ensure people received their prescribed medicines. Medicines were given at the appropriate times. Staff provided varying support to each person they administered medicines to. Some people required the staff member to place the medicine on a spoon while others were able to take them from the pot. Staff explained to people what medicines they were giving them and asked if they needed any pain relief if they were prescribed this. There was a system in place to ensure people had access to emergency medicines when they needed it.

Medicines were audited by staff daily and by the registered manager monthly. Staff carried out a rolling stock balance for all medicines stored in its original packaging. The registered manager detailed that if medicines errors occurred, these would be fully investigated to identify areas for improvement and to learn lessons. Staff would be retrained and competency checks would take place to ensure staff were adequately trained and supported. The dispensing pharmacist told us, 'The professional relationship between the home management and the store care homes pharmacy is generally effective and responsive, staff work together to ensure continuity of medication supply. The home orders, checks prescriptions and checks in medication in good time according to current system to allow for safe dispensing and for queries to be resolved.'

People were kept safe against the risk of infection by the prevention and control of infection hazards. Infection control training had been completed by all staff. There was an appropriate supply of personal protective equipment throughout the service and we saw that staff used this as needed. All staff that had a responsibility for handling food had completed food hygiene training. The service smelt clean and fresh. Housekeeping staff were seen to be following cleaning rotas and maintaining a high level of cleanliness in the service. However, some people's rooms were not consistently clean. One relative told us their family members room wasn't particularly clean. We observed there were several surfaces in the room and other rooms which were sticky to the touch and there was a build-up of dust. We reported to the registered manager that the waste bins within bathrooms and toilets were open topped waste bins, which could increase infection control risks. The registered manager took timely action to replace the bins with pedal bins.

The building had undergone necessary checks. Gas and electrical installations were documented and up to date as were portable electrical appliances and water hygiene checks. The nurse call alarm system had been serviced in January 2018. The lift had been serviced and checked in April 2018. The hoists had been serviced and checked on 14 May 2018. The service records evidenced that some work was required on three of the hoists. This work had not been completed. The registered manager telephoned the contractor during the inspection to follow this up and to arrange the repairs.

Lessons had been learned when things went wrong in the service. Any accidents or incidents had been recorded and investigated appropriately. The registered manager had followed up every incident, reviewed them for learning points. Serious incidents and accidents were reported to the registered provider. There was an analysis and tracking of incidents sheet where each accident or incident was charted and learning had been identified. For example, tracking of falls related accidents enabled the registered manager to identify when a person may have a urinary tract infection, carry out tests and gain antibiotics. This enabled them to track through records and alert staff to the signs and symptoms of these for future reference. The registered manager shared learning points from accidents and incidents in the staff meetings.

Is the service effective?

Our findings

At the last inspection on 27 September 2017 and 10 October 2017 we found breaches of Regulations 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to make accurate records. The provider had failed to provide training and support for staff relating to people's needs. We recommended that registered person's reviewed practice relating to assessing people's capacity in line with published guidance.

At this inspection we found that training records showed that all staff had attended training to meet people's needs. The registered manager had booked training sessions in pressure area care, diabetes, catheter care and palliative care for June and July 2018. New staff completed an induction which included reading the service's policies and shadowing an experienced staff member to gain more understanding and knowledge about their role. Staff were supported to gain qualifications and carry out training to help them develop.

Staff told us they had received regular supervision. However, records evidenced that this had not been as regular as it should have been. The supervision matrix showed that staff should have received four supervision meetings per year. The registered manager had identified this and admitted they were falling behind. The registered manager had not received any supervision from the provider. The registered manager planned to train senior staff so that they could undertake some of the staff supervisions. Despite the lack of regular supervision, staff said they felt supported in their roles, that there was day to day informal supervision and always someone to ask if they were unsure.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA 2005. The 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 in place.

People's consent and ability to make specific decisions had been assessed and recorded in their records. It was not always evident that relatives or representatives and relevant healthcare professionals had been involved to make sure decisions were made in people's best interests when people lacked capacity to make specific decisions. Staff had received training in MCA 2005 and DoLS and they understood their responsibilities under the Act. Staff supported people to make choices through a variety of methods, such as showing people items to choose and talking with them. The registered manager had effective systems in place to monitor and track applications and authorisations.

We recommend that registered person's review practice in best interests decision making, following the

People continued to receive appropriate support to maintain good health. People were supported to attend regular health appointments. Community nurses visited the service daily to provide people their healthcare including administration of insulin injections to manage diabetes. One person told us, "The GP comes straight away when you need him." A relative explained that their family member is due to have a hospital appointment. They said, "Staff will organise an ambulance and I will go with him."

The registered manager and staff detailed how they worked closely with healthcare professionals to ensure people's health needs were well met. This was evidenced throughout people's care records as well as through the feedback we received from health and social care professionals we contacted. One health and social care professional said, 'Ampersand will listen and work with myself in order to make sure that the services users new and old receive the best care.'

People's needs were assessed and their care was planned to ensure their needs were met. There were holistic assessments of people's needs prior to a service being provided. The assessment covered the person's history of falls, all of their diagnoses, mobility, personal care and eating. The assessment had identified what support was needed and this was pulled through to the care plan. There were processes in place to ensure there was no discrimination under the Equality Act when making care and support decisions.

People told us they liked the food. Comments included; "Food is pretty good"; "The cook has a book and she puts in what you like"; "They do a nice meal. I don't eat potatoes so they don't give me any. The food's not bad. [Cook] is very concerned to get you what you want"; "Cook asks me all the things I like. Often, I get one meal different to everyone else. The food is nicely cooked"

People were provided with food and drink that enabled them to maintain a healthy diet and stay hydrated. People's cultural needs were catered for as well as food which met their health needs. People chose to have their meal in the dining room or their bedroom. One person told us they had chosen to have their lunch in the dining room but staff seemed to have forgotten. The staff brought their meal to their bedroom and so they ate it there. During meal times people were offered more food if they wanted it and people who did not want to eat what had been cooked were offered alternatives. Hot and cold drinks were offered to people throughout the day to ensure they drank well to maintain their hydration. Staff sat with people to assist them at meal times to encourage people to eat well. People had their nutritional needs assessed and were provided with a diet which met their needs and preferences. The cook met with people individually to discuss their food preferences. People were offered two options of meals. The printed menu was on display in the hallway. We observed that the menu was displaying options that didn't match with the options of food people had eaten. We checked and found that the menu on display was two weeks out of date. Staff checked with people that they were happy with the meal they had been given. There was no easy to read menu available to help people living with dementia and people who found it difficult to choose their meals make an informed choice. We spoke with the registered manager about this.

We recommend that registered persons research good practice guidance in relation to menu planning and assisting people to make informed choices.

The environment was undergoing redecoration and changes. People had been consulted about paint colours. The building works to the new wing of the home were still underway, however the large day room had been completed, this was a large space with different sections to enable people to watch the television, undertake desk top activities or sit and read or look at the garden. The room was not yet in full use as

builders were still laying stone work outside to create a fire exit route. The gardens were in the process of being landscaped. All toilet doors and bathroom doors in the home had been painted orange. Corridors in each floor had been painted different colours and people's doors had a strip of Perspex attached which was the same colour. The registered manager told us that memory boxes were going to be ordered to help people recognise which room was theirs. We observed that some people were confused about their environment and needed help to find different rooms. Signage was on order to help people orientate around the service.

Is the service caring?

Our findings

People told us staff were kind and caring towards them. Comments included, "I am well looked after"; "The carers are very good"; "The carers are kind and very good" and "The carers are good to me here."

Relatives told us "They are lovely, caring staff"; "Marvellous"; "Friendly" and "Amazing." One relative told us their family member had "Such a good relationship with the carers [staff]." A health and social care professional told us, 'The staff at Ampersand are very kind and caring, they are able to support and work with each individual to ensure the care provided is to the best standard and in the most caring way.'

People told us they were treated with dignity and respect. One person felt staff treated them with respect. They explained staff spoke with them and "They say what they're doing and what do you want." Staff knocked on doors before entering and checked with people to ensure it was okay to enter. People were discreetly asked if they wanted assistance to use the toilet. People's personal records were respected. They were stored securely which meant people could be assured that their personal information remained confidential and their privacy was protected. Staff we spoke with understood about confidentiality.

People told us staff made time to sit and chat. We observed this happening throughout the day. Some people chose to spend time in their bedrooms. One person said "Carers pop in for a general chat sometimes, when passing my room. They ask, 'Are you alright?' and bring me a cup of tea." Another person told us they chose to leave their bedroom door open, staff passed by and visited them for chats and they chatted when delivering personal care.

We observed staff interacting with people. The staff were respectful and approached people by their chosen name. Staff took time to explain what they wanted to do, such as take someone to the dining room for a meal. When medicines were administered the staff member took time to explain what they were for and stayed until they were sure the person had taken the tablet and was happy. Staff gave people time to make choices. All staff took time to reassure people when they became agitated for any reason. One person needed lots of reassurance as they had just moved to Ampersand for a short break whilst their relatives took a holiday.

Staff treated people with compassion and were kind and considerate of people's feelings. Staff were patient when people forgot where they were or forgot things they were doing or talking about.

We observed people being offered choice throughout the inspection. Staff prompted people to decide which room they wished to be in, what they wanted to wear, what they wanted to eat and drink. People's decisions were respected. People said they were able to make their own choices for example, what time they liked to get up or go to bed. We observed people taking themselves off to bed at different times of the evening.

Staff had a good understanding of the importance of maintaining people's independence. One staff member told us, "It was important for people to do what they could because if they didn't use it they would

lose it." They went on to explain that some people could do more on some days than other days. However, they should be encouraged to do what they could. Another staff member explained they encouraged people to do what they could themselves even if that was just washing their face, or choosing what they want to wear. They said, "It's important that people are given time to do these things themselves and that they don't feel rushed." One person told us, "I wash myself. I have a good wash down every day. I don't like the shower. It's a bit scary. If I want, I can ask for someone to go in with me." People (who were able to do so independently) went out of the service to access the community. One person told staff they were going out for a walk. Staff encouraged the person to do so and advised they should take an umbrella as it was raining. The person went to look outside and decided to defer their community visit until the rain had stopped. Other people went out in to the community with relatives.

The service had a friendly, calm and homely atmosphere. Staff were smiling and upbeat and took time to chat with people and their relatives. There was lots of laughter. Staff all told us how much they enjoyed working at the service.

Relatives and visitors were able to visit their family members at any reasonable time and they were always made to feel welcome. We observed people's relatives visiting throughout the day.

Staff were aware of people sensory needs. They demonstrated this by the way that they communicated with each person. When they knew a person had a hearing deficit they made sure that they were close to the person and raised their voice slightly to ensure they were heard. Staff also ensured they were at the same level with the person so the person could see their face and read lips more easily.

Is the service responsive?

Our findings

At the last inspection on 27 September 2017 and 10 October 2017 we found a breach of Regulations 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to plan care and treatment to meet people's needs, preferences and failed to provide activities to meet people's needs in a responsive or person-centred way. We recommended that the provider and registered manager reviewed systems and processes to gather feedback from people about their care. We recommended that the complaints procedure was reviewed and updated to give people all the information they need in order to complain should they need to.

At this inspection, we found that care plans had not been developed in a timely manner to detail what care and support people required from staff. Although people had been assessed prior to moving into the service, the information had not always formed a care plan for staff to follow. One person had moved to the home five days before the inspection. They had complex needs which included diabetes, dementia, poor mobility and they had a catheter in situ. Staff had a short summary sheet in place which provided nine short sentences about the person's care needs including 'assistance of carers to wash and dress'. This information did not tell staff what the person could do for themselves and what type of assistance they needed. Where people had a care plan in place it included their likes and dislikes, religious and cultural preferences and information about their past history regarding work, family and any personal interests that they had.

The failure to plan care and treatment to meet people's needs and preferences was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had been involved in planning and discussions about their wishes and preferences in relation to their end of life care. For example, one person's care records evidenced they had a prepaid funeral plan. Staff were gradually being trained in how to provide end-of-life care, the registered manager said that a lot of this training is booked for all the staff who deliver care. The service had good links with the community nurses and specialist nurses from the hospice. This meant the service received appropriate support for people who were reaching end-of-life care.

People gave us mixed views about the activities on offer to keep them active and stimulated. People told us "There is nothing for residents to get involved in"; "I do go downstairs. I sit in the new lounge. I might sit and read. Do some writing. I doze off. I like to watch tele"; "I like my own company. I am happy to sit and read"; "I don't like to go downstairs. I watch TV"; "The activities are up on the board. The carers will say do you want to go down?" and "The girls have tackled bingo." A relative also told us they didn't feel there was enough for their family member to do, particularly at the weekend. We spoke with the registered manager about activities. After the last inspection, they had advertised for an activities staff member. The recruitment campaign was unsuccessful. Therefore, staff were providing some activities on a day to day basis when they had time. During the afternoon we observed staff playing a group activity of hangman which people were supported to participate in. People and staff told us the activities staff member that had been on maternity leave was due back the following week.

Information displayed on the notice boards evidenced that external activities took place on a regular basis, such as motivational games, and a selection of singers. People told us they enjoyed the singers. Some people detailed they did not get out in to the community very often. One person said, "I sometimes go out, but not very often." Another person told us there were no organised outings as there was no bus or means of transport.

People explained they were looking forward to the new extension being fully open. The new lounge and activity space was described as "very nice." One person told us, "I like the new lounge." Another person described the new areas as, "Giving people more choice, more space."

People and their relatives continued to know how to complain if they needed to. The provider had a complaints and compliments procedure which was available in the office and was displayed in the hallway. This showed expected timescales for complaints to be acknowledged and gave information about who to contact if a person was unhappy with the provider's response. This included external organisations such as the local authority and the Local Government Ombudsman (LGO). There had not been any complaints since we last inspected the service. The complaints information was not available for people in an accessible format. From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively.

We recommend that registered persons review information within the service to ensure it meets people's needs.

The service had received a number of compliments and cards from people and their relatives. One compliment had been received from a healthcare professional. It read, 'Thank you for all your support regarding [name] I know it was a very confusing case with some very trying times but myself and the placements team appreciate all that you did to support us.'

Is the service well-led?

Our findings

At the last inspection on 27 September 2017 and 10 October 2017 we found breaches of Regulations 17 and 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to operate effective quality monitoring systems. The provider had failed to display the rating.

Audits and checks were carried out by the registered manager. The registered manager carried out regularly audits of falls, nurse call alarms, health and safety, kitchen and catering, activities and medicines. Timely action had been taken when these identified issues. For example, one health and safety audit found that a dishwasher was leaking, records evidenced this was fixed within one hour.

Despite the quality monitoring systems in place further improvements were still required to drive the service forward to ensure people were receiving safe, effective, responsive and well led care. Quality systems had not improved sufficiently to give the provider and registered manager sufficient oversight of the service. The systems and processes to audit and monitor the service had not identified the concerns in relation to the management of risk and care planning to meet people's assessed needs. The provider and registered manager had been unaware that essential safety checks of water temperatures had not been completed. One of the providers told us the other provider carried out audits of care when they visited the service, however there were no records of these audits.

After the inspection the provider submitted an action plan identifying that they were addressing the concerns found during the inspection and that systems and processes had been reviewed and amended to ensure they had better oversight of the service.

The failure to operate effective quality monitoring systems was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed that people knew the registered manager well. One person told us, "I feel lucky that I've got the right place and having family near. They're happy that I'm happy." Another person said, "There is nothing I would change." They went on to tell us that they felt comfortable speaking with the registered manager. They also told us that the owners visited regularly and sometimes talked with people. A relative told us that the registered manager was "Lovely" and "So knowledgeable about dementia and caring for the elderly."

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The policies and procedures had not always been updated by the management team in a timely manner. The registered manager and provider told us they were committed to reviewing care documentation and policies to ensure that the service meets people's equality, diversity and human rights.

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. Staff told us that they had confidence in the registered manager taking appropriate action such as informing the local authority and CQC. Effective procedures were in place to keep people safe from abuse and mistreatment.

Staff meetings were held regularly to ensure that staff had opportunities to come together, share information and gain information from the management team. The registered manager continued to attend provider forums which are run by external agencies in the local area. This enabled them to keep up with changes and updates in practice as well as building links with other organisations. The registered manager kept themselves up to date with regulation by receiving newsletters from CQC. They also received information about medical device alerts and patient safety alerts. The management team checked these alerts to ensure that any relevant action was taken if people using the service used medicines or equipment affected.

The registered manager worked in partnership with other agencies to enable people to receive 'joined-up' care. This included working with staff at the local authority, including occupational therapists and care managers as well as health care professionals.

Staff told us they had lots of support from the management team. They knew the registered manager and providers and felt comfortable to approach them. One staff member told us, "I do get good support from the manager, she's approachable." Another staff member said, "I feel well supported. If there are any problems or queries I can phone at any time even at 02:00 in the morning."

Relatives were able to feedback about the service their family members received. Surveys were sent out on an annual basis and had last been sent in March 2017. There had not been any surveys sent since our last inspection. People had not been sent surveys to complete to feedback about the care and support they received since June 2017. The surveys were due to be sent to people.

People were invited to meetings with the management team to discuss the service. These took place on a quarterly basis. The last meeting had taken place on 27 April 2018. Meeting records evidenced that people had been involved with discussions about the building works which also included selecting paint colours for the dining room. The plans for the garden and changes to the menu were also discussed.

The provider's statement of purpose stated they aimed; 'To provide a secure stable and comfortable environment where individual care and maintenance of dignity is paramount. To provide a high standard of person centred care in order to meet the physical, psychological and social needs of individuals using the service. To stimulate and maintain physical and mental activity and promote the social well-being of people living at the home. To provide people who live in the home with the right to personal independence and personal choice. To provide an excellent standard and choice of food with a daily menu offering a variety of foods and promote good nutrition and healthy eating. To ensure that residents have the right to have their cultural, religious, sexual, emotional and any other needs accepted and respected. To ensure full compliance with CQC regulations.' We observed that people were supported to live in a secure, comfortable and safe environment. Staff treated people with dignity and respect and did their utmost to ensure that people had the best quality of life. There was a relaxed and homely atmosphere at Ampersand. Each staff member we spoke with told us how much they enjoyed working at the service and providing care and support to the people living there.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, Deprivation of Liberty Safeguards (DoLS) authorisations and deaths. The registered manager had notified CQC about important events such as deaths, serious injuries and DoLS.

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. We found the provider had conspicuously displayed their rating for their last

inspection in the hallway. It was not displayed on their website following the last inspection. We took action against the provider. The provider removed their website offline whilst they took action.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider and registered manager had failed to operate effective quality monitoring systems. Regulation 17 (1)(2)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider and registered manager had failed to plan care and treatment to meet people's needs and preferences. Regulation 9 (1)(3)

The enforcement action we took:

We served the provider and the registered manager a warning notice and told them to meet Regulation 9 by the 03 September 2018.

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 effectively manage risks. Regulation 12 (1)(2)

The enforcement action we took:

We served the provider and the registered manager a warning notice and told them to meet Regulation 12 by the 03 September 2018.