Amphion View Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was carried out on 21 and 22 January 2016 and was unannounced.

Amphion View provides accommodation and personal care for up to 35 people older people, some of whom live with dementia. There were 33 people living at the service on the day of our inspection. At their last inspection in September 2013, they were found to be meeting the standards we inspected.

There was a registered manager in post who had been registered since 2014. 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 and associated Regulations about how the service is run.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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 Mental Capacity Act (MCA). The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the service was working in accordance with MCA and had submitted DoLS applications which were pending an outcome.

People's needs were met in a way that they preferred and they felt they were listened to. Staff knew how to identify and monitor risks to people's health and welfare and respond appropriately. People had choice on how they spent their days and there were activities provided with ties to the local community. There was a good choice and variety of food and people's health was monitored with regular contact with health and social care professionals.

People's privacy and dignity was promoted and they were supported to maintain relationships which were important to them. Staff knew people well and they, along with the registered manager, had a people first approach. There were systems in place to monitor the quality of the service and address any issues that arose. Staff were recruited through a robust recruitment procedure and received regular training and supervision.

There were sufficient staff, with appropriate experience, training and skills to meet people's needs. The service was well managed and took appropriate action if
expected standards were not met. This ensured people received a safe service that promoted their rights

and independence.

Staff were well supported through a system of induction, training and professional development. There was a positive culture within the service which was demonstrated by the attitudes of staff when we spoke with them and their approach to supporting people to maintain their independence.

The service was not always well-led. Audits and quality systems were in place but were not always completed with regularity. There were other formal quality assurance processes in place. This meant that not all aspects of the service were frequently monitored to ensure good care was provided and planned improvements and changes could be implemented in a timely manner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The home did not always ensure the proper and safe management of medicines.

The home did not always fully assess the risks to the health and safety of people receiving care.

There were effective recruitment practices to safeguard people from unsuitable staff. Staffing levels were reviewed and based on the dependency of people.

The provider had safeguarding processes and had ensured staff understood these and were able to recognise and report any witnessed or reported abuse.

Is the service effective?

Good

The service was effective.

The manager was aware of the Mental Capacity Act 2005, and its Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected.

There were good systems in place to ensure that people received support from staff who had the training and skills to provide the care they needed.

Staff were well supported through a system of regular supervision and appraisal. This meant people were cared for by staff who felt valued and supported.

People told us they enjoyed the food and drinks provided at Amphion View.

Is the service caring?

Good

The service was caring.

Care staff respected people's privacy and dignity who knew

people's preferences.

People were cared for by staff who were caring, friendly and compassionate.

Relatives and friends were encouraged to visit and care staff made welcome during their visits.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans produced to guide staff how to care for people in a personalised way.

Activities took place.

People knew who to complain to and that they would be listened to.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Audits and quality systems were in place but were not always completed with regularity.

People who used the service and their families were asked for their views of the service and their comments were acted on.

There were systems in place for care staff or others to raise any concerns with the provider.

Amphion View Limited

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 20, 21 January 2016 and was unannounced. The inspection was carried out by an adult social care inspector and an Expert by Experience.
We spoke with three care staff, one cook, a nurse, the registered manager the deputy manager, one relative and a visiting healthcare professional. We asked six people who used the service for their views and experiences of the service and the staff who supported them.

We visited the service to look at records around how people were cared for and how the service was managed. We looked at the care records for seven people and also looked at records that related to how the service was managed.

Before the inspection we reviewed all of the information we held about the service. We looked for any notifications we had received from the service. Notifications are information about changes, events or incidents that the provider is legally obliged to send us within the required timescale.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe and that they trusted the staff at Amphion View that looked after them. One person said, "The staff always assist people and take good care. We never see anyone treated badly." Another person said, "I've a double hernia so I have to use a walking frame, the staff say I must use it to be safe. I've been well since I've been here." We observed that staff followed appropriate health and safety guidelines in order to keep people safe.

Policies were in place in relation to safeguarding and whistleblowing procedures. Staff files showed and staff confirmed they had received training in safeguarding as part of their mandatory training and this was regularly updated. Staff were knowledgeable and able to describe the various kinds of abuse. They knew how to report any suspicion of abuse to the management team and external agencies such as the local authority so that people in their care were always protected. Staff felt confident that any reports of abuse would be acted upon and investigated appropriately. The registered manager was very clear about when to report concerns and inform the local authority, Police and CQC.

People's medicines were not always managed safely. It was not always possible to account for medicines accurately because the quantity of medicines received into the home, and those carried over from the previous month, had not always been recorded. For example, one person's medication administration record (MAR) showed that 224 tablets had been received and 74 administered. However there was a stock remaining of 140 tablets and not the expected 150. Another person's MAR did not have any record of medication received or carried forward yet there were 176 tablets in stock. The assistant manager accepted that they had not met their responsibility of completing monthly carried forward records in a timely manner. Therefore the home did not always ensure the proper and safe management of medicines. This is a breach of Regulation 12 (1)(2)(g) of the HSCA Regulations 2014.

However the home did ensure the safe and proper management of medicines in other areas. We saw medicines were given to people in a safe way. Staff made sure medicine trolleys were always locked when they were not with them. They gave each person the time they needed to take their medicine, giving them appropriate
support, including reminding them of what their medicines was for. All limited life medicines, such as liquids, were dated on opening, to ensure they were not used after they had expired.

The provider followed safe and robust recruitment and selection processes to make sure staff were safe and suitable to work with people. We looked at the files for six staff including the most recently recruited. Appropriate checks were undertaken before staff started work. The staff files included evidence that pre-employment checks had been carried out, including written references, satisfactory Disclosure and Barring Service clearance (DBS), and evidence of the applicants' identity.

During the inspection, we saw there were enough staff to provide people with the care and support they needed. We did not see people having to wait for care and support. Staff responded promptly when people used the call bell system in their rooms. People told us that staffing levels were good. One of the people we

spoke with said, "I can't grumble, staff look after me. I've had a couple of falls and staff are very efficient and come, there's an alarm bell in the bedroom. Staff are kind." A member of care staff we spoke with told us, "We have enough staff and we all pull together."

Staff were aware of the procedures to follow in the event of a fire or a medical emergency. Staff told us, and we confirmed by reviewing records, that regular fire drills took place. Staff were aware of the fire assembly point and the evacuation process. During our inspection a person fell in the dining room. We observed that staff acted swiftly and in a calm and professional manner. Staff were aware of the incident reporting procedure and the use of body maps to identify and record skin breakages as well as monitoring to ensure no further deterioration occurred. We saw records of safety checks of the home's hot water and fire safety systems and service records for hoists, assisted baths and portable electrical equipment. All of the checks and service records we reviewed were up to date.

The provider assessed risks to people using the service and staff had access to guidance on managing identified risks. However we found conflicting information which could place people at risk. For example one person's care plan contained a nutritional risk assessment. The numerical value had been assessed as 9 in April 2015 and 13 in May 2015 however the care plan for this time period recorded as there being no change to the person's needs. We found other assessments for people where a level of risk or need had been assessed as changing but this was not detailed. For example one person's falls risk assessment identified a change in continence need between October 2015 and November 2015, again the care plan for this period recorded that there was no change to the persons care needs. This is a breach of Regulation 12 (1)(2)(a) of the HSCA Regulations 2014.

Good

Is the service effective?

Our findings

People were supported by staff who had the training and knowledge to do their jobs properly. New staff received induction training when they began work at Amphion View. New care staff then 'shadowed' a senior, experienced member of staff to ensure they had the knowledge and confidence to work on their own. The registered manager planned to introduce the Care Certificate (a nationally recognised tool in health and social care training) to support new staff in their induction period. Two care staff said the shadowing period was very useful and helped them to get to know people as individuals before giving them care or support unsupervised. One commented, "Training is good but I found the shadowing really useful."

Staff told us they had regular supervision meetings with a senior member of staff. This gave them the opportunity to talk about their work, training and development needs. One member of staff told us, "It's a supportive environment and we have a very good, close knit team. We meet regularly and senior staff and the manager are always available for advice and support." The six staff records we checked included details of individual supervision sessions. The files we reviewed showed all but one member of staff had met with a senior member of staff within the last three months. The one staff member identified had their supervision re-scheduled due to illness. The files also included details of an annual appraisal of each member of staff's performance.

Care staff received on-going training to keep their skills and experience up to date. This included: health and safety, medicines, safe moving and handling and protection of vulnerable adults. They also undertook training in specialised areas such as diabetes, dementia and prevention of skin damage. Care staff training was up to date and updates were planned to start in April 2016 where needed. The training provider had recently retired and the registered manager was undertaking a programme of competence evaluations with staff until a new training provider was appointed.

Care staff knew which people lacked capacity and how they could be supported to make decisions for themselves. They were aware of the Mental Capacity Act (2005) and how it applied to their practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Not all care staff had
undertaken specific training on the MCA but the registered manager had planned for this to take place in the very near future.

People, where appropriate, had been assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the MCA. DoLS provides legal protection for those
vulnerable people who are, or may become, deprived of their liberty. The registered manager had a good knowledge of their responsibilities under the legislation. Care records showed people's capacity had been assessed where necessary and DoLS applications had been made to the local authority for those people who required it.

People were fully involved in decisions about the way their support was delivered. We observed staff talking to people about the task they were undertaking with them, asking what they wanted and explaining what

they were doing, constantly reassuring people if needed. We observed when relatives were visiting there was an open and friendly dialogue between staff and relatives.

People told us they enjoyed the food and drinks provided at Amphion View. People told us, "The food is good, especially the curry." "One word for the food, excellent. You can choose and if you want more you can have it's the same with drinks. I can have a cup of tea whenever I like." We observed the lunchtime meal being taken. The room was clean and bright and the chairs were comfortable. People had chosen either lamb curry and rice or chicken and vegetables. Juice or water was served. Immediately before serving the main course the people were shown two plates with a sample of the meals on offer so that they could choose what they wanted to eat. This was an effective way of providing choice for people with dementia as there was minimal time lapse between them choosing what they would like and getting their meal. Staff were very attentive and there were plenty on duty ensuring that nobody was left waiting for help to eat. Staff were cheerful and encouraged residents who seemed disinterested in eating to try something. Staff showed concern and were kind and very courteous when serving the meals.

The provider arranged for and supported people to access the healthcare services they needed. The care plans we looked at included details of people's health care needs and details of how staff met these. We saw staff supported people to attend appointments with their GP, dentist, chiropodist and hospital appointments. One person told us, "It was arranged for me to see my own GP. I take tablets and the staff make sure I get them. If I need anything the staff will help me straight away."

Good

Is the service caring?

Our findings

Without exception, people, relatives and health care professionals spoke highly of the quality of care and support given by care staff.

People and staff said they were very happy at Amphion View. The atmosphere throughout the day of the inspection was warm and friendly with a lot of laughter. People received their care and support from a staff team who treated everyone with respect, kindness and compassion. People told us that Amphion View felt like a home from home.

People were treated with respect and consideration. We observed all staff working at the pace of the individual they were supporting. One person said "I'm very satisfied with the care I receive here." A different person said, "Privacy is important, staff knock before they come in my room." A person's relative said staff were, "Considerate and professional." And, "I'm happy and my relative is happy." People appeared well dressed and clean with their hair done and nails manicured. On the day of the visit the hairdresser was doing residents hair in the in house salon. We noted on a noticeboard that the hairdresser attended three times a week and it was clearly a popular activity.

Staff recognised the importance of maintaining people's relationships with family and friends who mattered to them. Care staff always involved families and friends as
much as possible. They were made to feel welcome at any time. People enjoyed taking part in meals, refreshments and snacks with their relatives. One relative commented, "I visit regularly and I am so happy with the way they (family member) are looked after."

Care staff were knowledgeable about the care and support people required and what was important to them individually. They had formed caring and positive relationships with people they looked after. For example, care staff knew how people liked their personal care given, who liked to stay in their rooms and which television
programmes people were interested in.

People using the service chose where to spend their time. We saw there was a daily programme of activities provided and many people chose to take part. Activities included quizzes, games and group discussions. Other people spent time in their rooms when they wanted privacy or spent time in the lounges when they wanted to be with other people. During our inspection we saw one person who clearly enjoyed music. Staff ensured that the asked the person regularly which type of music or singer they wanted to listen to.

We saw staff interacted well with people. Whenever staff helped people they ensured they discussed and explained what was going to happen. For example, we saw two staff assisting a person to transfer from the lounge to the dining room. Staff gave reassurance and were patient throughout the transfer explaining what they were going to do, and why they needed to do it. They advised the person that they should take all the time they required in order to ensure their comfort and confidence. This meant that people experienced staff supporting them in a reassuring and transparent manner, which met their needs.

We spoke to a visiting district nurse who told us, "I visit regularly and always find people to be well cared for. I have no concerns about the care being provided."

Good

Is the service responsive?

Our findings

All staff, the manager and the provider had taken time to get to know the people in their care. They spoke fondly of the people they cared for and demonstrated their
knowledge of people's care needs and individual personalities. There was warmth displayed between the staff and people living in the home. One person said "I have everything I need here."

Assessments were carried out before people moved into the home and any potential risks identified. Each person had a personalised care plan in place which, in most cases, was accurate and had been regularly reviewed. However we found some instances of conflicting information. For example, one person's falls risk assessment stated that they were unable to use the nurse call system yet the night-time care plan stated that they were able.

Another person had a fall recorded at two am. The fall had been appropriately recorded however the night-time checks recorded that the person was asleep at two am. Care plans are a tool used to inform and direct staff about people's health and social care needs. Care plans were held securely in each person's bedroom where care staff could easily access them. Care plans detailed people's likes and dislikes, their preferences and their choices, such as how they liked their personal care given.

People said they could raise concerns or complaints if they needed to. The complaints procedure was displayed in the reception area. A person said "Yes I'd tell the manager if I was worried." A person's relative said, "I have never had cause to make a complaint but I have made suggestions and found the manager and staff to be very responsive."

We saw activities were clearly advertised. The activities in February included; motivation class, church service, dog visits, pub afternoon and lunch out. We did see photographs on display of a trip to a wildlife park and one person said, "I enjoy reading and we went to the Great Yorkshire Show on a trip. We went in a coach and had a picnic". Another person told us that they enjoyed it most when, "Staff often sit and chat."

Requires Improvement

Is the service well-led?

Our findings

People gave us positive comments about the home. One person said, "All the staff and Mangers are nice, they have residents meetings and ask us what we think. Everyone is brilliant. They come and talk to you." Another person told us, "The manager is very accessible. Anyone can walk in to see him."

The registered manager worked alongside other staff to provide hands on care and support to people. They led by example to provide a service which was tailored to each person's individual needs and wishes. Staff felt the registered manager was relaxed yet professional. They felt the registered manager listened to them and that they could speak freely with them about any aspect of the service. One member of staff said, "We have a great team who are always supportive of each other." Another staff member said, "The senior staff know their jobs and are always available for advice and support." A visiting relative told us, "The manager is very good and easy to talk to, but so are all the staff."

The provider had established systems for reviewing the quality of care provided. However they were not always completed with the frequency or efficiency required to
identify relevant matters. For example controlled drugs (CD) had last been audited on 14 January 2016. That audit had been on only one CD kept and not the entire stock. The last CD audit prior to January was recorded as September 2015. Previous medication audits in August and September 2015 highlighted issues of medication stocks not being carried forward and medication stocks not tallying with MAR's These issues were still apparent at this inspection. Other audits including bathing, cleaning, the environment and emergency equipment had been undertaken regularly.

The registered manager understood their responsibilities in relation to the registration with the Care Quality Commission (CQC). Staff had submitted notifications to us,
about any events or incidents they were required by law to tell us about. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.

There were plans in place to deal with unexpected emergencies such as fire. These plans included detailed personal evacuation plans for each person living in the home as well as contingency plans should the home become uninhabitable due to an event.

People were supported to express their views about the home, in particular what they felt the service did well and what they might do better. Records showed that people's views and ideas were well documented and the actions taken by staff in response were recorded. This meant staff ensured people's views influenced how the service was developed so that it met their needs and wishes. For example the home had developed a café styled area.

Staff were asked for their views about the home. They told us there were regular team meetings where they were able to discuss their opinions openly and receive feedback about any issues or incidents that had

adversely affected the service and the people who lived there. Staff also told us they felt able to speak with any of the home's managers if they were concerned about how the service was being run and were confident they would be taken seriously and listened to.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The home did not always ensure the proper and safe management of medicines The home did not always effectively assess the risks to the health and safety of service users of receiving the care or treatment