

Mrs Jennifer Grego

# Amethyst Lodge

## 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?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Amethyst Lodge is a residential care home providing accommodation and personal care for adults with learning disabilities or autistic people. The service is registered to accommodate up to four people and there were four people living at the service at the time of the inspection.

People who used the service had their own bedrooms with a separate communal kitchen and lounge. There was also a shared garden area people had access to.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support:

Amethyst Lodge is based in a residential building. It is close to local facilities and externally, there was nothing to indicate it was a registered care home which helped to promote the concept of community living.

Improvements were required to ensure that the premises were designed and decorated in a way that supports autistic people and people with a learning disability, and we have made a recommendation about this.

Staffing levels had sometimes fallen short. There had been a high use of agency staff to cover some shortfalls, but people told us they preferred staff they knew well. The provider had recently recruited five new staff and hoped the use of agency staff would reduce as a result, meaning people will receive care from a consistent staff team. Recruitment processes needed to be more robust to ensure staff were suitable for their roles. The provider had begun implementing more detailed checks and were reviewing all previous recruitment files.

Care records did not always reflect what people's aspirations or longer-term goals were. Some goals were not person-centred. There was limited evidence that people had been involved in creating their care plans.

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 support this practice. However, documentation in relation to decisions that had been made in people's best interests required review to ensure that people continue to have maximum choice and control over their lives and that the least restrictive option was always considered.

### Right Care:

People were taking part in activities of their choosing, including in the community, and with family or friends. Staffing levels sometimes impacted on how long people could be out for as staff needed to return to attend to other clinical duties.

We observed caring interactions between staff and people. Staff told us they cared about the people at the home. The core staff team knew people well and had established positive relationships with them.

Although we observed staff to be effective in supporting people, some staff were overdue refresher training in several subjects.

People received their prescribed medicines by staff who had completed relevant training. People's hydration and nutritional needs were met, and people received a varied diet of their choosing.

### Right Culture:

More robust monitoring and auditing checks were required to ensure all aspects of people's care needs and their quality of life were being measured effectively. Several audits which monitored the quality and safety in the service had not been completed in the timeframes set by the provider.

The previous registered manager had left, and there was a new manager in post. However, they had been covering staffing shortfalls, impacting on their time to complete the usual quality checks. As a result, opportunities to identify shortfalls had been missed, such as infection control procedures. Staff told us they liked the new manager and considered that they would be good for the service going forward.

There was no formal feedback documented around people's views about the service they received. Improvements were needed to ensure that people were consistently supported to provide feedback and to ensure people were fully involved in shaping their support.

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 17 March 2020). 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 the provider remained in breach of regulations.

At our last inspection we recommended that the provider reviewed people's care records to ensure they reflected the principles of the Mental Capacity Act 2005. At this inspection we found that the provider had made improvements in this area. However, these were not always being reviewed in line with the provider's own guidance.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

### Why we inspected

This was a planned comprehensive inspection. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

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

The overall rating for the service remains requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

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

#### Enforcement and Recommendations

We have identified breaches in relation to infection control procedures, care record documentation, and governance at this inspection.

We have made a recommendation about improving the environment.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will also request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress, and 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Amethyst Lodge

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

Amethyst Lodge 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. Amethyst Lodge 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post since September 2022, but had not yet made an application to register.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

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 all this information to plan our inspection.

### During the inspection

We spoke with two people who lived at the service. We also observed staff supporting people in their day to day lives. We spoke with two senior support workers, and the operations manager. We reviewed three care plans, four medicines records, and documents relating to complaints and incidents in the service. Further records such as governance audits, rotas, and supervision records were sent to us electronically.

We received feedback from two relatives, the local authority quality monitoring officer, one social worker, and a learning disability nurse.

# 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. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe.

### Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some areas within the home were in need of a deep clean. This included within people's bedrooms.
- Clinical waste streams were not in place to ensure waste which may be contaminated was disposed of in line with guidance. Several waste bins were not foot operated posing a risk of cross contamination.
- We found some taps to contain limescale as these were not being cleaned regularly. This increased the risk of bacteria forming.
- Clinical waste bags were not in use for the disposal of personal protective equipment (PPE).
- PPE was not stored safely to ensure that the risk of cross contamination was reduced.
- The laundry arrangements in the home required review as this was located within a food preparation area.
- Some staff were overdue training in infection prevention and control.

This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the operations manager took action to ensure areas of the home were deep cleaned. Broken bins were replaced and appropriate waste bags were used.

### Visiting in care homes

- The service was following Government guidance in relation to visits to the home. Visits outside of the home, to see family or take part in activities, were facilitated well. One relative told us, "[Relative] is always looked after and staff always bring [relative] home if we ask."

### Assessing risk, safety monitoring and management

- Risk assessments were in place for people such as safety in the community, diet and nutrition, self-harming, and leaving home without safe staff support. However, we found that some were overdue review to ensure they were still accurate.
- Some risk assessments required more detail, for example, where people experienced constipation. It was not always clear when staff should seek advice for individuals. This was important as some people were prescribed medicines which increased the risk of constipation and associated health concerns.
- We also found some risk assessments needed to be expanded to include other areas of risk affecting people. On day two of our inspection, we found that the senior support worker had taken action and begun



updating the risk assessments to ensure they were accurate and still relevant.

- The operations manager told us that gas safety checks had taken place in January 2022, but the home were unable to obtain a certificate which we could review. They had however booked another service for the end of November 2022. The electrical safety certificate had recently expired, but we were advised that works had been planned for November 2022.
- Fire safety equipment checks were in place, and fire drills were carried out. People had plans on how to support them in the event of an emergency or a fire.

#### Staffing and recruitment

- Due to staffing shortfalls, there had been a high use of agency staff to ensure shifts were covered with the correct number of staff. Rotas showed this had not always been possible, and at times the shift ran below safe numbers. The provider had recently recruited five new staff and told us the use of agency staff should decrease.
- Senior staff told us they had to return from days out with people by 4pm, so they could start the medicines round, and that this sometimes impacted on people, as they had to return early.
- Staff told us that staffing levels had been an issue but were starting to improve. One staff member said, "I'll be honest it's not been ideal, but we have recruited recently on nights, and I know we continue to recruit. It's not great having agency staff as people prefer staff they know well."
- We found some discrepancies within staff recruitment files. For example, where one person had two application forms, the employment history dates differed. Where references were documented, it was not always clear which employer they related to.
- Where one staff member had previously been charged for an historical offence, a full risk assessment was not in place to show it was properly considered in the context of their potential role as a support worker. Where a staff member had been dismissed from a previous employer, the reasons for this were not fully explored.
- Disclosure and Barring Service (DBS) checks were in place. These provide information including details about convictions and cautions held on the Police National Computer. We did however, find an error when one staff member had left the service then returned to be employed, a new DBS was not requested which it should have been. The service took immediate action to rectify this.
- The provider had been supported by the local authority to review all staff recruitment files, and we could see there were more robust systems in place going forward.

#### Using medicines safely

- People received their medicines as prescribed. Medicine administration records were up to date and well completed.
- Instructions were in place to support staff when they were offering people 'as and when required' medicines.
- Staff had received training in the management of medicines, but refresher training was overdue for four staff. As part of the training, staff were observed several times to ensure they were competent with administering people's medicines.
- Medicine audits were being completed by senior staff, but there was not always management oversight to check these and ensure the quality of completion.
- Medicines that required refrigeration were kept securely in the domestic fridge. We advised to ensure these are always kept on a separate shelf and away from any food or drinks.

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

- The provider had a safeguarding policy and staff had received training in safeguarding procedures. However, three staff were overdue refresher training.

- We found that safeguarding concerns had been reported to the local authority and notifications made to the CQC, as appropriate.
- People told us they felt safe when being supported by staff. One person told us, "The staff are kind to me." Another told us, "I do feel safe with staff yes."
- Staff were aware of the need to report any safeguarding concerns. During the inspection we observed senior staff communicating with the operations manager about a concern that was raised by a person living at the service.

#### Learning lessons when things go wrong

- Systems were in place to record accidents and incidents. They were reviewed by the manager to look for any trends and identify whether future incidents could be prevented. However, we saw these had not always been completed fully to describe actions taken and outcomes.

# 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 remained requires improvement. This meant people's support and treatment was inconsistent, and documentation required review.

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.

At our last inspection we recommended the provider reviewed care records to ensure they reflected the principles of the Mental Capacity Act 2005. The provider had made improvements.

- MCA and best interests documentation were in place for various decisions relating to people's day to day lives. Each decision was individually assessed under one MCA in line with guidance.
- However, we found that many of these were overdue review. Most MCA's had a review date of every six months, or if people's needs changed. Some we reviewed were completed in 2021 and had not since been reviewed to ensure they were still relevant. Regular reviews are important to ensure that people have maximum choice and control over their lives and that the least restrictive option is always considered.
- DoLS referrals had been made to reduce the risks of unlawful deprivation of liberty. Two DoLS were still in the application stage, but the service had made contact with relevant professionals to seek an update on progress. We advised an MCA and best interest decision should be in place whilst awaiting completion of these.

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

- Improvements were required to ensure that the premises were designed and decorated in a way that

supports autistic people and people with a learning disability. The corridor leading to people's bedrooms was painted white with no stencils or pictures that would make it feel more homely.

- People we spoke with also told us that improvements were needed. One person told us, "I'd like to see more on the walls, I'd like sea and sand type effect. The walls need something, It is very white." Another said, "The lounge needs more colour, it needs more, it's very plain."
- People's bedrooms were personalised with their own possessions, however, redecoration and maintenance was needed due to wear and tear.

We recommend that the provider uses best practice guidance, in consultation with people, to enhance the visual environment throughout the home.

#### Staff support: induction, training, skills and experience

- Staff received relevant training for their role. However, the training matrix showed that several staff were overdue refresher training in various subjects, such as infection control, Mental Capacity Act, and medicines. The operations manager told us this was due to staff being unable to access a computer at the service but they were purchasing hand held computers so staff could complete training in a timely manner.
- Systems used to monitor staff training and competence needed to be improved as it was difficult to ascertain which staff had completed which training and how often this was required for each staff member.
- Staff completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme
- New staff were subject to an induction process.

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

- People's nutritional needs were catered for. People's food and fluid intake were monitored, and action taken if there were concerns about weight or diet. However, fluid intake was not always totalled at the end of the day to ensure robust clinical oversight of a person's intake by the staff team.
- Where people required their weight to be monitored monthly, we found some records contained gaps. The senior staff member updated these once brought to their attention.
- People told us they were involved in choosing weekly menus and could have different meals if they wanted to on the day. One person said, "The food is good, but it needs more colour I think. Maybe more vegetables." Another said, "The food is good and there is choice. If I don't want what is being cooked I can have something else instead."

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

- The service had received support from external professionals to advise on the most effective way to support people. One social care professional told us, "The staff are doing really well supporting [person] they are following the guidance given." We also saw recorded within people's care records, feedback from external professionals about people's physical and mental health.
- Care plans were written in line with professional's guidance.
- The core staff team knew the people they supported well and were able to tell us about people's specific needs and how these could be met.

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

- Reference to the support people needed in relation to their oral health was documented. However, oral health assessments were overdue, so we could not be assured that a visual examination had been completed to identify any potential dental concerns people may have.

- Where people required access to healthcare services, this was organised, and staff followed any guidance provided.
- The service worked well with other agencies, such as GPs, behaviour specialists, and dietitians. People received annual health checks in line with guidance.

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to requires improvement. People's feedback about their care and treatment was limited.

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

- There was a lack of formal documented feedback from people. Improvements were needed to ensure people's views about their care and lifestyle were maximised.
- Goals that people wanted to achieve needed to be more regularly reviewed and assessed to see how they were progressing and if they remained achievable.
- People's care records were not always reviewed in consultation with people. Two people told us they weren't sure what was in their care plans, and both wanted a one to one meeting with their keyworkers.

Respecting and promoting people's privacy, dignity and independence

- Care plans made some reference to tasks people could do independently, and we did see these tasks were encouraged by staff. However, care plans needed to be more detailed to show that further opportunities and goals were identified to promote people's independence and help them achieve good outcomes.
- People had keys to their bedrooms and were able to lock them when they went out, therefore enabling people to have privacy in their personal space and to secure their belongings. Staff were aware of the importance of allowing people to have time alone in their own personal space.
- Systems were in place to ensure that confidentiality was maintained, and care records were securely stored.

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

- We observed staff interacting with people throughout the day in a kind and respectful manner. People were comfortable approaching staff to ask questions, receive their medicines, and ask about food choices for the day.
- People liked the continuity of the core staff team but knew this was not always possible due to staffing shortages. One person said, "The staff are very kind, but I'm not so keen on agency staff. Staff here know me better."
- Staff received training in equality and diversity (although some were overdue refresher training). This helped staff to understand people's rights and were able to recognise, respect and value differences in people. Staff spoke respectfully about people when they were handing over information to different staff members.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This was because people's records did not always contain updated or accurate information.

At our last inspection the provider had not ensured that people's care records contained relevant information. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and the provider remained in breach of regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- 'Monthly progress summaries' were in place, and the aim was to complete these monthly with people to review progress and achievements with goals. However, these were not always person centred or appropriate. For example, one person's goal was to get to places independently, but staff told us they would not be safe to go out alone so were unsure why the goal was set.
- One person's goal was the same for the last three months and these were not descriptive enough to explore how these goals would be met or how this was progressing. Reviews should make sure that people's goals or plans are being met and are still relevant. We raised this with the operations manager who told us they were aware they all needed to be updated.
- Part of the form asked for people's views, we noted that these always said that people had 'not raised any concerns'. There was no meaningful feedback to ascertain people's views about their care and daily lives.
- People we spoke with told us they wanted more involvement with their care plans. One person said, "I know I have a care plan but I'm not sure what's in it, and I haven't seen it recently. I would like a one to one sit down talk with [my worker]." Another said, "I haven't been asked about my care plan." We brought this to the attention of the senior support worker, and they agreed to discuss with people's key workers.
- People's care records were found to be overdue review in relation to risk assessments, care planning and mental capacity documentation.
- The quality of records made it difficult to track progress for people's set goals, and there was a lack of evidence to show involvement with people.

This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- On day two of our inspection, the senior support worker had taken action to begin updating people's care records.
- There were 'Grab sheets' which gave a good overview of each person's key needs, triggers, and likes and dislikes. These were also shared with agency staff so they were familiar with people's needs.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- All the people living at the service were able to verbalise their needs and views. Care plans referred to how people communicated and how best they processed information. For example, giving people time to absorb what was being discussed.
- There was relevant information in pictorial form, and easy read documents were also available when needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's activity logs showed regular access to the community, and we also observed staff asking people where they would like to go on both days that we visited.
- Due to staffing shortages and senior staff responsibilities, this sometimes impacted on the time people returned home from being out. One staff member said, "We have to be back by 4pm to do medicines so this does sometimes cut short people's day's out."
- People were supported to maintain contact with family and friends.

### Improving care quality in response to complaints or concerns

- There was a log of complaints in place. This showed there had been two complaints in 2022 and described the actions which were taken to address the concerns. These showed that people and relatives comments had been listened and responded to.
- People told us they were confident to raise concerns with staff. One person said, "I would raise concerns to the manager or the operations manager." Another said, "I would tell the manager, I do think I would be listened to."

### End of life care and support

- There was nobody receiving end of life care at the time of the inspection.
- Care plans did not contain people's end of life wishes, but the operations manager informed us that this would be an area they will discuss with people going forward.
- Staff received training in end of life care.



# 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 remained requires improvement. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had not ensured there were sufficient quality assurance systems in place to safeguard people and to assure people received a good quality of service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- There was not a registered manager in post. The previous registered manager and deputy manager had left the service in August 2022. A new manager started in September 2022, but had not yet registered. Their time had mostly been spent at one of the providers other locations covering staffing shortfalls. This impacted on their ability to complete regular quality checks at the service.
- The provider had failed to ensure sufficient improvements were made and remains in breach of regulation 17. This is also the third consecutive inspection where well-led has been rated as requires improvement.
- Audits which monitored the quality and safety of the service had not been completed consistently. This meant that some areas requiring improvement, such as infection control procedures and care documentation, had not been identified.
- The views of people using the service were not formally recorded to ensure people's care and treatment remained effective and that people were happy with the service they received.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The operations manager supported the inspection and was helpful and responsive to our feedback taking steps to rectify areas requiring improvement and developing an action plan.

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

- People took part in activities of their choosing, but further work should be considered around longer-term goals and aspirations. There was no formal feedback to show that regular and meaningful discussions took place with people.
- People were generally supported by at least one permanent staff on each shift which provided people

with consistency. However, the high use of agency staff did sometimes unsettle people and they told us they preferred being supported by staff they knew well.

- Staff spoke respectfully about people, and said they enjoyed supporting people and spending time with them. They were positive about the new manager.

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 had worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.

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

- People generally declined the option of formal 'resident meetings'. It was therefore important to ensure other means of obtaining people's views were in place. People's feedback needed to be more formally recorded to evidence their views were sought on a regular basis. People told us they felt well cared for, but two people told us that they would like a one to one discussion with staff about how they were feeling and what could be better.
- Staff we spoke with told us that they liked working at Amethyst Lodge, but some senior staff members had been given additional duties, such as rotas and audits, which at times were difficult to complete due to their other duties.
- Team meetings had not been completed since July 2022, due to staff shortages. This meant there were missed opportunities for staff to provide feedback to management about how they felt the service was being run and discuss potential areas of concern.
- Care records did not always show that people had been involved regularly and in a meaningful way. For example, people helping to create the content within care plans, and signing them to show their involvement.

Working in partnership with others; Continuous learning and improving care

- Hospital passports were in place in the event people needed to be admitted to hospital. These provided information to other professionals about how to communicate effectively with the person as well as their likes and dislikes in terms of physical contact, food and drink.
- The service liaised with specialist teams for reviews and advice about people's care.
- More robust oversight in relation to staff training was required to ensure staff remained skilled and up to date with their learning.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Reviews had not always taken place to ensure care documentation was updated and accurate.</p> <p>Goals were not always person-centred or reviewed to ensure they were being met and were still relevant.</p> <p>9 (1) (3) (a) (b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Infection control procedures had not ensured that the service was kept clean and hygienic.</p> <p>12 (1) (2) (h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Audits which monitored the quality and safety of the service had not been completed consistently. Some areas requiring improvement, such as infection control procedures and care documentation, had not been identified.</p> <p>17 (1) (2) (a) (c)</p>

