Raj & Knoll Limited

Ami Court

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This inspection took place on 29 and 30 March 2016 and was unannounced.

Ami Court provides accommodation, support and nursing care for up to 38 older people. At the time of the inspection there were 36 people living at the service, which included ten people who were receiving rehabilitation and support as they had just come out of hospital.

The service is run by a registered manager who was present during our inspection. 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. The registered manager, who is also the registered provider, is supported by deputy managers and a clinical lead, who leads the team of nursing staff across the three services run by the provider.

We carried out an unannounced comprehensive inspection of this service on 23 and 24 April 2015. Breaches of legal requirements were found. After the comprehensive inspection the provider wrote an action plan to say what they would do to meet legal requirements in relation to the breaches. We undertook this inspection to check that they had followed their plan and confirmed that they now met legal requirements.

People told us that they felt safe living at the service. Staff understood the importance of keeping people safe. Staff knew how to protect people from the risk of abuse and how to raise any concerns they may have.

Risks to people's safety were identified, assessed and managed appropriately. People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. Accidents and incidents were recorded and analysed to reduce the risks of further events. This analysis was reviewed, used as a learning opportunity and discussed with staff to reduce the risk of further occurrences.

Recruitment processes were in place to check that staff were of good character. Information had been requested about staff's employment history, including gaps in employment. However, a full employment history and reasons for any gaps in employment had not been obtained for all staff. We have made a recommendation about this. There was a training programme in place to make sure staff had the skills and knowledge to carry out their roles effectively. Refresher training was provided regularly. People were consistently supported by sufficient numbers of staff.

People were provided with healthy food and drinks which ensured that their nutritional needs were met. People's health was monitored and people were referred to and supported to see healthcare professionals when they needed to.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. Applications for DoLS had been made in line with guidance and were kept under review.

People and their relatives were involved with the planning of their care. People's needs were assessed and care and support was planned and delivered in line with their individual care needs. People spoke positively about staff and told us they were supportive and caring.

People were supported by staff to keep occupied to reduce the risk of social isolation. People, their relatives, staff and health professionals were encouraged to provide feedback to the provider to continuously improve the quality of the service delivered. People knew how to raise any concerns and felt that they would be listened to and that actions would be taken.

Staff had an in-depth appreciation of people's individual needs around privacy and dignity. Staff were motivated to provide kind and compassionate care to people and felt it was very important to also support people's relatives.

The registered manager and management team coached and mentored staff through regular one to one supervision. Staff were clear about what was expected of them and their roles and responsibilities and felt supported by the management team. The management team were visible and worked with the staff team. People, their relatives and staff were positive about the leadership at the service. There was a clear management structure for decision making which provided guidance for staff.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

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 consistently safe.

People told us that they felt safe living at the service and were protected from the risks of avoidable harm and abuse. People received their medicines safely and were supported by enough suitably qualified, skilled and experienced staff to meet their needs.

Staff had guidance on potential risks and how to minimise risks to keep people as safe as possible. Accidents and incidents were recorded and analysed to identify any trends and reduce the risks of further events.

The provider had recruitment and selection processes in place to make sure that staff employed were of good character. However, we have made a recommendation about this.

Is the service effective?

Good

The service was effective.

People were supported to make their own decisions. Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff received sufficient training, supervision and appraisal to ensure they had updates with current care practice to effectively support people.

People were supported to maintain good health and had access to health care professionals when needed. People were provided with a choice of nutritious food that met their preferences and choices.

Is the service caring?

Good

The service was caring.

People told us that they were happy living at Ami Court. People and their relatives told us that staff treated them with dignity and respect.

Staff were kind, caring and understood people's preferences and different religious and cultural needs.

Staff spoke and communicated with people in a compassionate way. People's records were stored securely to protect their confidentiality.

Is the service responsive?

Good

The service was responsive

People received the support, encouragement and care they needed and the staff were responsive to their needs. Care plans were reviewed and kept up to date to reflect people's changing needs and choices.

Staff had a good understanding of people's needs and preferences. A range of meaningful activities were available.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on.

Is the service well-led?

Good

The service was well-led

Staff told us that teamwork was really important. Staff told us that there was good communication between the team and that they worked closely together to ensure they were able to support people and meet their needs.

People, their relatives and staff were positive about the leadership at the service. There was a clear management structure for decision making which provided guidance for staff.

Regular audits were completed on the quality of the service. These were analysed to identify any potential shortfalls and action was taken to address them.

Ami Court

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 was an unannounced inspection carried out on 29 and 30 March 2016. The inspection was carried out by three inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service and looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when a significant events happen, like a death or a serious injury.

We looked around all areas of the service. We met and spoke with more than ten people living at the service and four relatives. We spoke with six members of staff and the registered manager.

During our inspection we observed how staff spoke with and engaged with people. Some people were not able to explain their experiences of living at the service because of their health conditions so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at how people were supported throughout the inspection with their daily routines and activities and assessed if people's needs were being met. We reviewed four care plans and associated risk assessments. We looked at a range of other records, including safety checks, six staff files and records about how the quality of the service was monitored and managed.

We last inspected Ami Court in April 2015 when a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. At this inspection no breaches of regulation were identified, however we have made a recommendation.

Requires Improvement

Is the service safe?

Our findings

People felt safe living at the service. People told us that the staff looked after them well and the staff knew what to do to make sure they got everything they needed. One person said, "I'm happy here. I don't want to go home. I like the company here, can have a laugh and I feel safe". A relative told us, "[My loved one] is definitely safe here".

Staff understood the importance of keeping people safe. Restrictions were minimised so that people felt safe but also had as much freedom as possible regardless of disability or other needs. Staff made sure people had information about risks and supported them in their choices so that they had as much control and autonomy as possible.

At the last inspection in April 2015 the provider did not have sufficient guidance for staff to follow to show how risk were mitigated when moving people. At this inspection risk assessments identified possible hazards and explained to staff what to do to reduce risks. When people had difficulty in moving around the service there was guidance for staff about what each person could do independently. This included what support they needed, how many staff were needed to support them safely and any specialist equipment they needed to help them stay as independent as possible.

When allergies to foods or medicines were known these were highlighted at the front of people's care plans to make sure that all staff were aware. Some people were at risk of developing pressure ulcers. Actions were taken to prevent pressure ulcers by using barrier creams and providing people with air mattresses and profiling beds. Staff regularly repositioned people in bed to reduce the risk of them developing pressure ulcers. Staff we spoke with had a good knowledge of how to prevent pressure ulcers and how to recognise changes in people's skin. Staff took the appropriate action when they noticed any deterioration in people's skin. One person told us, "When I came here I had a pressure sore on my heel grade 4 and now it is completely healed. It has been healed for nearly two years now".

People were protected against the risks of potential abuse. People benefited from a safe service where staff understood their safeguarding responsibilities. Staff had the knowledge and confidence to identify safeguarding concerns and told us how they acted on these to keep people safe. The provider had a policy for safeguarding adults from harm and abuse. This gave staff information about preventing abuse, recognising signs of abuse and how to report it. Staff told us that they had received regular training on safeguarding people, which was confirmed by the records we looked at, and they were all able to identify the correct procedures to follow should they suspect abuse.

Staff were aware of the whistle blowing policy and how to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff told us they were confident that any concerns they raised would be listened to and fully investigated to ensure people were protected.

Staff understood how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff reported any accidents, incidents and near misses to the registered manager and the

registered manager raised concerns with the relevant authorities in line with guidance. At the last inspection in April 2015 the provider had not reviewed accidents / incidents to mitigate the risk of further occurrences. At this inspection the registered manager monitored and reviewed accidents / incidents and analysed them to identify any trends. When a pattern had been identified action was taken by the registered manager to refer people to other health professionals and minimise risks of further incidents and keep people safe. The registered manager discussed incidents with staff and used as a learning opportunity to reduce the risk of incidents recurring.

At the last inspection in April 2015 there was no emergency plan in place to significantly reduce the risk to people in the event of a major incident. At this inspection a business continuity plan was in place and there was guidance for staff in the event of an emergency, such as, a flood or a gas leak. Each person had a personal emergency evacuation plan (PEEP) in place. A PEEP sets out the specific physical and communication requirements that each person had to ensure that people could be safely evacuated from the service in the event of an emergency. These were being updated. The registered manager was aware that this was an area for improvement and advice from the local fire and rescue service had been sought to assist with ensuring the PEEPs contained sufficient information.

People told us that they thought there were enough staff to meet their needs. The provider employed suitable numbers of staff to care for people safely. Staffing was planned around people's needs and the support they needed at different times of the day. Staffing levels were reviewed regularly and when people's needs changed. A core group of staff worked at Ami Court and knew people well. Other staff worked flexibly at the three services the provided owned locally, to make sure that there were always enough staff with the right skills and knowledge to provide the care and treatment people needed.

Catering, housekeeping and maintenance staff were employed so nurses and care staff could concentrate on caring for people. All the staff said they had time to spend with people. A registered nurse worked on each shift to provide the nursing care and treatment people required.

Staff shifts were planned in advance. Cover for staff sickness and holidays were provided by other staff who knew the service and the people there. An on call system was in place and management and maintenance cover was provided at the weekends and in the evenings, so staff had support when they needed it. The duty rota showed that there were consistent numbers of staff available throughout the day and night to make sure people received the support they needed. Staff were not rushed and call bells were answered promptly.

Recruitment checks were completed to make sure staff were honest, trustworthy and reliable. Information had been requested about staff's employment history, including gaps in employment. However, a full employment history or the reasons for any gaps in employment had not been obtained or recorded in three of the six staff files we checked. We fed back this shortfall to the registered manager who acted on this straight away. Information about staff's conduct in previous care roles had been obtained.

We recommend that the provider review their recruitment procedures in line with Schedule 3, Regulations 4 to 7 and 19(3) of the Health and Social Care Act 2008 (Regulated Activities) 2014, to ensure they know staff's full employment history and the reasons for any gaps in their employment.

People were involved in the recruitment process and met candidates. Their feedback was used as part of the selection process. Disclosure and Barring Service (DBS) criminal records checks had been completed for all staff before they began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support

services. Checks on the identity of staff and the qualifications of nurses had been completed. Nurses PIN numbers were checked to make sure they were registered with the Nursing and Midwifery Council and a note of the expiry date was kept to prompt the registered manager to check the PIN was kept in date. Information about candidate's physical and mental health had been obtained.

People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. Only staff who had completed medicines management training and had their competency assessed supported people with their medicines. The medicine trolleys were securely locked in the clinical rooms when not in use. There were procedures which were followed in practice. Some medicines had specific procedures which were required to be followed with regards to their storage, recording and administration. These medicines were stored in a cupboard which met legal requirements, and records for these were clear and in order. Medicines were checked by two staff before they were given and two staff signed for the medicines after they were taken. Room temperatures were checked and when medicines were stored in the fridge the temperature was taken daily to make sure they would work as they were supposed to.

Regular checks were completed on medicines stocks and records to ensure that medicines were administered as instructed by the person's doctor. Some people were prescribed medicines they needed only now and again. Guidelines were in place for staff to refer to about when to give this occasional medicine.

Standards of hygiene and cleanliness were appropriate. Protective personal equipment, such as, gloves and aprons were available and staff wore these as necessary. Alcohol gel dispensers were located throughout the service. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. Bathrooms that had moving and handling equipment in them were maintained so that they remained safe and the equipment was clean. People's rooms were clean and tidy and well maintained. Clinical waste was disposed of using the correct yellow bags and placed in a clinical bin.

Good

Is the service effective?

Our findings

People spoke positively about staff and told us they were supportive, caring and skilled to meet their needs. People said that they were able to talk to staff about any issues, concerns or feelings that they had. One person commented, "It's a good home. The owner is very charming and personable and rules the staff with a rod of iron."

Staff had received an induction when they started work at the service to get to know people, the care and support they needed and to understand their roles and responsibilities, including shadowing more experienced staff. A training programme was in operation and new staff quickly obtained the basic skills they needed to complete their role. Other staff completed this training to keep their skills and knowledge up to date.

Staff had completed the training they needed to perform their duties, including moving and handling, health and safety and fire safety training. They had also completed special training to support people's individual care and treatment needs. Some staff had acquired level 2 or 3 qualifications in social care. Other staff were working towards these qualifications or the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life. A programme of development sessions had begun to help staff further develop their skills and keep up to date with new guidance and best practice.

Staff told us that they felt supported by the registered manager and deputy managers. Members of the management team reviewed the effectiveness of the training by observing staff providing care and treatment to people. Staff received feedback from their observations immediately afterwards and at regular one to one meetings with their supervisor. Any changes needed to staff practice were discussed at these meetings and managers supported and coached staff to provide good care.

The one to one meetings were planned in advance so that staff could prepare and enabled their supervisor to track the progress towards the staff member's objectives. Staff's achievements were recognised and they were praised. One staff member's one to one meeting records stated, 'Really good at encouraging staff to improve skills and works hard to support them'. Staff progress towards changing their practice following any concerns was also discussed and the registered manager quickly identified staff who were not able to provide the service to the stand she required.

Nurses met with managers to discuss their clinical practice. The management team kept up to date with changes in clinical and best practice during regular meetings with health care professionals including matrons and clinical nurse specialists. Staff had an appraisal process to review their practice and development over the previous year and set goals for the next year.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. Staff knew people well and chatted with people in a cheerful manner, communicating in a way that was suited to people's needs, and allowed time for them to respond. Staff adapted the way they approached and communicated with people in accordance with their individual personalities and

needs. Staff told us that they all worked closely as a team and that if they had any worries or concerns they would speak to the manager at the time and not wait for a formal meeting. The management team worked with the staff team each day and told us that there was an open culture where people and staff could speak their minds without any fear of reprisal.

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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff had good knowledge of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and were aware of their responsibilities in relation to these. The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. The Care Quality Commission monitors the operation of the DoLS which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. DoLS authorisations had been made in line with guidance. DoLS checklists had been completed for people and were regularly reviewed to ensure they were still needed.

When people were unable to give valid consent to their care and support, staff acted in people's best interest and in accordance with the requirements of the MCA. Staff had received training on the MCA. Staff understood and had a good working knowledge of the key requirements of the MCA and how it impacted on the people they supported. They put these into practice effectively, and ensured that people's human and legal rights were protected.

If people did not have the capacity to make complex decisions meetings were held with the person and their representatives to ensure that any decisions were made in people's best interest. People and their relatives or advocates were involved in making complex decisions about their care. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf. Some people had made advanced decisions, such as Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), this was documented and noted on the front page of people's care plans so that the person's wishes could be acted on.

At the last inspection in April 2015 there was no evidence to show how people had consented to the use of equipment, such as bed rails. At this inspection there were assessments in place which showed that consent had been given by the person / or their loved one that special equipment was to be used to keep people safe in the least restrictive way. Care plans also noted people's involvement when the care plans were reviewed.

During the inspection we saw people being supported to make day to day decisions, such as, where they wished to go, what food and drinks they would like and whether they wanted to be involved in activities. People told us that they got up and went to bed when they chose to. People said, "You can choose where to eat. I usually prefer to eat in the lounge", You can choose to have breakfast in bed" and "I like to have a cup of tea in bed and come down for breakfast".

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People's care records showed relevant health and social care professionals were involved with their care. Care plans were in place to meet people's needs in these areas and were regularly reviewed. People's changing needs were monitored to make sure their health needs were responded to promptly. Some people were at Ami Court for rehabilitation and received input from specialist health professionals, such as, physiotherapists and occupational therapists.

People were supported to have sufficient to eat and drink and to maintain a balanced diet to make sure they were as healthy as possible. People and their relatives were offered choices of hot and cold drinks throughout the day. People told us that they enjoyed their meals. One person told us, "I can have a full cooked breakfast" and another person commented, "The food is excellent – it's spot on". Throughout lunch staff were observant, attentive and supported people in a way that did not compromise their independence or dignity. Staff took their time when supporting people and focussed on the person's experience. The food looked appetising; people ate well and took the time they wanted to.

When needed, staff recorded people's food and fluid intake. People's weight was monitored to make sure it was increasing or stable. Staff positively supported people to manage their diets and drinks to make sure they were safe and as healthy as possible. When people had lost weight they had been seen by their doctor and dietician. Advice had been given to supplement their foods with full fat milk, cheese and other high fat products and staff followed this guidance.

The design and layout of the service was suitable for people's needs. The premises were well maintained and adapted so that people could move around and be as independent as possible. Rooms were clean and spacious and the service was free from offensive odours. Lounge areas were comfortable and of a good size and were suitable for people to take part in social, therapeutic, cultural and daily living activities.

Good

Is the service caring?

Our findings

People told us that they were happy and content living at Ami Court. There was a relaxed and friendly atmosphere and people chatted and laughed with each other and with staff. One person commented, "The staff are pleasant, helpful and efficient" and another said, "All carers are really nice". A visiting health professional had noted on a quality survey, 'All of the care staff were friendly and helpful. The lead carer treated the resident as though they were their own. Fantastic to see. Lead carer seemed to consider everything possible to keep the patient as comfortable as they could'.

Throughout the inspection staff interacted with people in a caring and compassionate way which was supportive of people's individual choices. It was clear from our observations that staff knew people very well and they understood and responded to people's diverse cultural, spiritual and health needs in an empathetic way. Staff told us that they enjoyed their work and wanted to 'make a difference'. A relative said that their loved one was "Well cared for at Ami Court".

During our inspection staff spoke with and supported people in a sensitive, respectful and professional manner that included checking that people were happy and having their needs met. Staff checked that people were warm and comfortable and that they had a drink within reach. Staff understood people's individual needs and responded to each person to meet their needs in a caring way. Staff spent time with people, listened to them and were patient. One person said, "The nurses will come in and have a few minutes chat and make you feel more than just a thing that lays in a bed. Will give you a bit of time. The nurses are nice here".

Staff were discreet and sensitive when supporting people with their personal care needs and protected their dignity. People were asked if they preferred to be supported by a male or female carer and this was written in their care plan and adhered to as far as possible. On person told us that staff were "Always polite" when supporting them with their personal care. Staff understood and respected people's privacy and dignity. Staff knocked on people's bedroom doors and waited for signs that they were welcome before entering people's rooms. They announced themselves when they walked in, and explained why they were there. We observed staff speak softly to one person and they woke up and smiled. They had a sip of drink through a straw when it was offered by the staff.

Staff made sure people understood before they continued with any support. People were not rushed and staff made sure they were given the time they needed. People were clean and smartly dressed. People's personal hygiene and oral care needs were being met. People's nails were trimmed and gentlemen were supported to shave. This promoted people's personal dignity.

People moved freely around the service and could choose where they wanted to spend time. Staff knew that some people preferred to have their own space and this was respected. Staff supported people to develop and maintain friendships and relationships. During our inspection there were a number of visitors who called in to see their loved ones. Relatives told us that there were no restrictions in place, that they visited when they wanted to and that they always felt welcome. Staff had got to know people's relatives and

had developed positive relationships with them.

Staff ensured that people were involved with the day to day running of the service and, as far as possible, in the planning of their care and support. People told us that they were involved in making decisions about their care. One person told us that they had discussed preferences, such as, whether they preferred carers to be the same gender. Staff made sure that kindness, respect, compassion, dignity and respect were a priority. People said that they felt listened to and that their views were taken into account. A relative commented, "I'm confident I would be listened to and would definitely say something to the staff if I wasn't happy".

People were relaxed in the company of each other and staff and there was a homely atmosphere. People said that the staff knew them well and understood their individual needs and preferences. Staff knew people well. If people were unable to communicate using speech staff were able to recognise signs through behaviours and body language. A relative told us that if their loved one was upset, unhappy or needed support that staff knew the changes in their body language and were able to give them the support they needed.

Care plans and associated risk assessments were kept securely in a locked office to protect confidentiality and were located promptly when we asked to see them. Staff understood that it was their responsibility to ensure that confidential information was treated appropriately and with respect to retain people's trust and confidence.

Good

Is the service responsive?

Our findings

People received the care and support they needed and the staff were responsive to their needs. The staff knew people and their relatives well. People were relaxed in the company of each other and staff. Staff had developed positive relationships with people and their friends and families. Staff kept relatives up to date with any changes in their loved one's health. People or their relatives were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. Staff had guidance to follow and were able to tell us how they followed this closely because they knew people so well.

People received consistent, personalised care, treatment and support in the way that they had chosen. When they were considering moving into the service people and their loved ones had been involved in identifying their needs, choices and preferences and how these should be met. A pre-assessment was completed when a person was thinking about using the service. This information was used so that the provider could check whether they could meet people's needs or not.

At the last inspection in April 2015 care plans did not have clear details for staff to follow to ensure people's needs were being fully met and to show what involvement people had in developing their care. At this inspection people told us that they and their relatives were encouraged by staff to participate in and contribute to the planning of their care. Each person had a detailed, descriptive care plan which had been written with them and / or their loved ones and, when possible, had been signed by them. Care plans contained information that was important to the person, such as their life history, likes and dislikes, what they could do independently and current and past interests. Plans included details about people's personal care needs, communication, physical health and mobility needs. Risk assessments were in place and applicable for the individual person. Person centred care plans documented guidance for staff on people's everyday support needs and how these should be met in a way that suited them best, for example, clear guidance for staff on how to communicate using pictures and objects to support speech. One person commented, "I tell the staff what I want and they listen and they care for me in the way I want."

Changes in people's care and support needs were identified promptly and kept under regular review. When people's needs changed the care plans and risk assessments were updated to reflect this so that staff had up to date guidance on how to provide the right support, treatment and care. Referrals to health professionals were made when needed, for example, to speech and language therapists, dieticians and physiotherapists. When guidance or advice had been given staff followed this in practice. People's needs were met because staff were aware of the content of people's care and support plans and provided support in line with them.

People and their relatives we spoke with during the inspection told us they were confident to raise concerns about the service, felt that they would be listened to and that their concerns would be acted on. People said, "If I have any concerns I do talk to the owner and she does listen" and "If I have a concern about the staff I talk to them directly and it usually gets sorted out". The complaints procedure was discussed with people when they moved into the service. The provider had a policy which gave staff guidance on how to

handle complaints and complaints received. Complaint investigations had been completed looking at what had caused the issue that was being complained about. Feedback had been provided to the complainant about the action taken to prevent the issue happening again. Staff listened to concerns they had and took action to resolve them.

Information about how to make a complaint was available to people and their representatives. 'See Something, Say Something' posters were displayed throughout the service and invited people to raise any concerns they had with staff or the registered manager. When compliments were received the registered manager made sure that all the staff were aware.

The registered manager and staff had identified that there was a potential problem with some staff not having a clear command of the English language. Deputy managers had organised small learning groups to ensure staff were able to communicate effectively with people. One person told us, "The main problem is the language. The staff are kind. The care is good but some of the staff have difficulty understanding and expressing what they want to say in English and sometimes it is too much for people if they are in pain or hard of hearing – it's too much of a struggle" and another person said, "I just get a bit annoyed when carers talk to each other in their own language so I tell them. I know they're not allowed to do it so I remind them of that!" A deputy manager explained that they were also using one to one supervision with staff to address these concerns and were monitoring the level of understanding. This was an area for improvement.

People were supported to keep occupied and there was a range of meaningful social and educational activities available, on a one to one and a group basis, to reduce the risk of social isolation. An activities co-ordinator was employed and provided activities across the three services owned by the provider. People were asked during regular 'residents meetings' about activities in the service. One person was noted in the minutes saying, 'X wished to congratulate the activities coordinator and described the pleasure they had got learning to a fold books into a hedgehog which they were able to give to their great grandson as a gift and also the bunch of paper roses made by residents that they were able to give to their daughter'.

The provider had enrolled with the 'Ladder to the moon' programme for activities. This provided the service with a monthly activities box which was usually themed to a particular style or event, such as 'Hollywood Glamour'. Photographs of such activities were displayed in the service. This person centred activities programme was used on a one to one basis and with small or large groups of people. The activities co-ordinator explained that the activities box "Provides opportunities for reflection, reminiscence and engagement – encouraging social engagement, in a meaningful manner, and the enjoyment of our residents". They also explained that the box is designed to be used by any staff member, and can be used for any time period. For example some people with communication problems can enjoy the sensory experience of items in the box for a shorter period of time, whereas a group might use the contents of the box and create new ideas as a result, leading to a more extended use and the planning of further social activities.

The programme also provided quarterly training sessions and telephone support on a monthly basis. During these conference calls (held with other services on the programme) staff discussed how the activity boxes have been used, what worked well or did not work well in their particular service, and shared ideas.

Staff were aware that people who were restricted to their rooms, either out of choice or due to their health, and made sure they were regularly checked and had everything they needed. For example, in one room the call bell was in reach and a drink with a straw was nearby. Magazines and newspaper were on the bed at an angle that the person could read when they were awake. A side table was within reach with a large telephone with large buttons, an open packet of colouring pencils, some biscuits on a plate and a jug of

water. One person told us, "I see enough people and there's enough going on so I feel fine."

Good

Is the service well-led?

Our findings

People knew the staff and management team by name. People and their relatives told us that they would speak to staff if they had any concerns or worries and knew that they would be supported. There was an open and transparent culture where people, relatives and staff could contribute ideas for the service. People and their relatives told us that they felt the service was well-led and that they could rely on the staff to help and support them.

At the last inspection in April 2015 the provider did not have systems in place to seek the views of a wide range of stakeholders about their experience and views of the service. There was a lack of auditing to assess and monitor the quality of care being provided. At this inspection the provider had regularly been seeking feedback from stakeholders including GP surgeries and visiting health professionals. There were regular residents meetings and people told us that they took part and that changes were made when they made suggestions. One person said, "We had a meeting in the lounge to discuss the care in the home and give our feedback. I said I don't like my meals served on cold plates. There were some other things discussed and they have listened and things have changed as a result. The plates are warmed for one thing".

At the last inspection in April 2015 the provider had failed to ensure that records were accurate or completed and it was not clear which staff were on duty in each of the three services run by the provider. At this inspection the staff rotas identified the staff allocation to each service. Staff did not sign in and out of the service but a deputy manager noted who was working on each shift to ensure that staff were paid for the correct number of hours. The management team knew which staff were on duty in each service on each shift.

Staff were encouraged to question practice and to suggest ideas to improve the quality of the service delivered. The registered manager held regular staff meetings. Staff told us that they were able to give honest views and the staff were invited to discuss and issues or concerns that they had and that the management listened and responded. Staff told us that they felt valued and the provider thanked them at the beginning of a recent staff meeting for their hard work.

Staff understood the culture and values of the service. Staff told us that teamwork was really important. Staff told us that there was good communication between the team and that they worked closely together to make sure people received the support they wanted and needed. Our observations showed that staff worked well together and were friendly and helpful and responded quickly to people's individual needs.

The management team were aware of, and kept under review, the day to day culture in the service. This included the attitudes and behaviours of staff. When staff values fell below the expected standard this was addressed and, when necessary, additional training, mentoring or disciplinary action was taken. For example, there had been a recent concerns raised with the provider about uncaring behaviour at one of the three services in the Ami Group. A staff meeting was held to discuss the concerns raised. The minutes of the meeting noted that staff had discussed the 'Six C's' which were central to the values and behaviours which underpin the care being delivered – Care, Compassion, Competence, Communication, Courage and

Commitment. The provider had reiterated to staff the importance of ensuring that people were kept at the heart of the care they received. The provider was noted as saying, 'How can we, as health and care practitioners, develop a culture of compassion and re-focus on caring in our day to day work? One way is to always have at the front of your mind the question - would I be happy to be cared for in this way? Would it be good enough for one of my family members? If the answer to these questions is no – then really reflect on what you are doing, and change how you are doing it'. The provider and management team were closely monitoring the quality of care being delivered and this included speaking with people about their experiences and completing survey. The meeting also noted, 'We will listen harder to what people who use our services tell us about the reality of care you provide. We will consider both the positive and negative comments on what is being said about the way care is being delivered and make improvements. We will continue to seek feedback to help monitor for improvements'.

Staff were clear about what was expected of them and their roles and responsibilities. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. Records were in good order and kept up to date. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality. The management team monitored staff on an informal basis every day and ensured they were visible because they worked with them as a cohesive team to ensure that they maintained oversight of the day to day running of the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

There was a system in place to monitor the quality of service people received. Regular quality checks were completed on key things, such as, fire safety equipment, medicines and infection control. When shortfalls were identified these were addressed with staff and action was taken. Environmental audits were carried out to identify and manage risks. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action.