

# Pages Homes Limited







# Amherst Court

## Inspection report

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### Ratings

Overall rating for this service	Requires improvement	
Is the service safe?	<b>Requires improvement</b>	
Is the service effective?	<b>Requires improvement</b>	
Is the service caring?	<b>Requires improvement</b>	
Is the service responsive?	<b>Requires improvement</b>	
Is the service well-led?	<b>Requires improvement</b>	

### Overall summary

This inspection took place on 8 and 10 September 2015 and was unannounced. Amherst Court provides accommodation and personal care for up to 15 who have mental health conditions. Some people may also have alcohol or substance misuse problems. There were 11 people living at the home at the time of our inspection.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider did not have clear processes in place for assessing and managing the risks to people's safety and the environment. People did not have suitable risk management plans in place and those that were in place were not regularly reviewed and updated. Appropriate

# Summary of findings

fire and legionella risk assessments had not been completed. Incidents and accidents were well recorded but not always well analysed to identify if action needed to be taken to prevent a recurrence.

People were not fully involved in making decisions about their care. People's plans did not demonstrate how they had been included in reviews of their care needs. Although people had regular one to one meetings with staff, changes to people's needs were not reflected in their care plan.

Staff knew how to recognise the signs abuse and that they should report any concerns they may have to the registered manager. However, staff were not clear what they should do if the registered manager were unavailable, and contact details for the local authority safeguarding were not easily available.

The provider's quality monitoring system was not always effective. Although the provider and registered manager were completing quality monitoring audits, they were not always identifying areas for improvement.

While care workers demonstrated they had the skills to meet people's needs on a day to day basis effectively, staff were not well supported with training, supervision and appraisal. Staff had not received additional training to help them meet the specific mental health needs of people who use the service. Most mandatory training needed refreshing and supervision and appraisals had not been completed regularly. The provider did not have a schedule in place for when this should happen.

There were some minor gaps in pre-employment checks, such as full employment history, but disclosure and barring service checks were completed for all staff before they began work. There were enough staff to keep people safe and meet their needs and people's medicines were managed safely.

The registered manager and staff had a good understanding of the Mental Capacity Act (2015) and understood that all of the people living in the home had the capacity to make their own decisions about their care.

People were well supported to eat and drink enough. Food was homemade and nutritious and people were involved in making decisions about menus. People were supported with healthy eating and to maintain a healthy weight. Everyone was supported to maintain good health and all of the appropriate referrals were made to health care professionals when required.

Staff were caring and had a good understanding of the care and support needs of people living in the home. People had developed positive relationships with staff and there was a friendly and relaxed atmosphere in the home. People were well supported to remain independent and do the things that were important to them, such as going on holiday or to the shops.

The provider asked for feedback about the service from people and staff. Any feedback received was acted on where possible. There was a complaints procedure in place and the registered manager and staff knew what they should do if anyone made a complaint.

There was an open culture in the home, and the registered manager was described as "The best manager we've ever had". Staff felt confident to discuss any concerns they might have and said the registered manager would act on them. Staff said they were well supported and were well motivated to provide good care.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not always supported to make decisions about their care, appropriate risk assessments had not been completed and staff did not receive appropriate training, supervision and appraisal. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## 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. Staff knew how to recognise the signs of abuse, but were not always clear about what they should do if they thought someone was at risk

Risks to individuals and the environment were not well assessed or managed. Incidents and accidents were well reported, but not always investigated and managed appropriately.

Not all of the required recruitment checks were completed before staff began work. There were enough staff to meet people's needs and medicines were mostly managed safely.

Requires improvement



### Is the service effective?

The service was not always effective. The provider did not ensure that staff were properly supported with training, supervisions and appraisal.

The registered manager and staff understood their responsibilities under the Mental Capacity Act (2005) and people were asked for their consent in line with legislation.

People were well supported to have enough to eat and drink maintain good health.

Requires improvement



### Is the service caring?

The service was not always caring. People did not always have their privacy and dignity protected.

People were treated with kindness and compassion and staff were respectful and caring. People's needs were understood by staff and they were met in a caring way.

Requires improvement



### Is the service responsive?

The service was not always responsive. People were not fully supported to make decisions about their care and people's care plans were not properly reviewed and updated.

People and staff were able to give feedback about the quality of the service and these were acted on where possible. The provider had an appropriate complaints procedure in place. there had been no recent complaints.

Requires improvement



### Is the service well-led?

The service was not always well led. The provider did not have a robust quality monitoring process in place and had not ensured they fully supported the registered manager in their role.

Requires improvement



# Summary of findings

There was a positive culture at the service and the registered manager was well regarded. The registered manager had an understanding of their role and responsibilities and was taking action to make improvements to the quality of service.

All of the registration requirements were met.

# Amherst 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 inspection took place on 8 and 10 September 2015 and was unannounced. The inspection team consisted of one inspector and a specialist mental health advisor.

Prior to our inspection we looked at and reviewed all the current information we held about the service. This included notifications that we had received. Notifications are events that the provider is required by law to inform us of. We also looked at information we hold about the service

including previous reports, safeguarding notifications and investigations, and other information that was shared with us. We spoke with the local authority quality monitoring team and safeguarding team.

A Provider Information Return (PIR) had not been requested as this inspection had been bought forward due to information received. The PIR 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 spoke with seven people who use the service, four members of staff, the registered manager and the provider. We reviewed the care records and risk assessments for five people who use the service, the medicines administration records (MAR) for six people, recruitment records for four staff, and the training and supervision records for all staff currently employed at the service. We reviewed quality monitoring records, policies and other records relating to the management of the service.

# Is the service safe?

## Our findings

People said they felt safe and if they had any concerns about their safety they would be confident to report this to staff. They thought their concerns would be listened to and taken seriously. Staff had a good understanding of how to recognise the signs of abuse. They said they would report any concerns to the registered manager. However, staff were less clear what they should do if the registered manager was not available. Although a safeguarding policy was available for staff to refer to, it did not contain information to advise staff about reporting safeguarding concerns to the local authority safeguarding team. We did not see any information around the home to advise staff and others what they should do if they thought someone was at risk.

Investigations into safeguarding incidents were mixed. One incident had been reported to the local authority safeguarding team. The incident was thoroughly investigated and the appropriate action was taken. However, another incident we saw recorded in the incident log had not been reported to the relevant authority or properly investigated when it should have been. These are areas of practice that require improvement.

There were no clear processes in place for assessing risks to people's safety or developing risk management plans, for example, risk of self neglect or risk of harm to others. Whilst the registered manager and staff were able to identify some of the risks to people's safety they did not make the link between identifying the risk and putting plans in place to minimise the risk as much as possible.

Care records included some risk assessments that had been completed in 2012. Although there were more recent dates entered to say the risk assessments had been reviewed, there were no changes in the management plans. Risk assessments and management plans should be regularly updated and reviewed as part of the overall care plan. Levels of risk can change depending on people's mental health status. Risk assessment and management plans were not person-centred and there was little evidence of how the person or relevant health care professionals were involved.

Risks to the environment were not always well managed. A legionella risk assessment had not been completed.

Although the provider sent a water sample to be tested once a year for legionella bacteria, they did not have an appropriate system in place to manage the risk of legionella bacteria.

The provider had not completed a fire risk assessment. The home had recently been extended and new sheds had been built in the garden. One shed contained washing machines and tumble driers, with linen and duvets stored on shelves above. Another shed contained fridges and freezer. The provider commented they had put fans into the sheds as they were getting hot due to the electrical equipment. The provider had not considered the risk of fire in the sheds.

We found one fire exit which did not close properly and could be opened from the outside which put people's security at risk. Other fire doors situated on upper floors of the building were easily opened by a push bar. The provider had not considered the risk of this type of fire door in the home. People who may be at risk of self harm could easily access the outside stairs on the upper floors of the home.

Although other maintenance had been completed, including PAT testing and gas and electrical safety, the provider did not have an appropriate schedule in place to ensure essential maintenance was kept up to date in the future.

While incidents and accidents were well recorded the registered manager did not always analyse the incident and take action if it were needed. The provider used a method of recording incidents which noted what happened immediately prior to the incident, what behaviour the people involved demonstrated and what the consequences were. However, the registered manager did not assess what the possible causes of the incidents were or make changes to people's individual risk assessments or care plans, if they were needed.

There was a risk that people would not receive care in a safe way because the provider did not properly assess the risks to people's safety or do all that was reasonably practicable to mitigate such risk. These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service safe?

Most of the appropriate pre-employment checks were completed before staff started working for the provider. All of the records contained evidence of a disclosure and barring service (DBS) check. This is completed before staff begin work to help employers make safer recruitment decisions and prevent unsuitable people from working with at the home. There were minor omissions in some of recruitment checks. Three staff records showed gaps in employment history. The registered manager said they would take action to ensure all of the relevant information was included in the records. This is an area that requires improvement.

People's medicines were generally managed so they received them safely. Medicines administration records

(MAR) showed people received their medicines as prescribed. There was a safe procedure for storing, handling and disposing of medicines. There were some minor areas that required improvement, including dating bottles of medicines when they were opened and monitoring temperatures in a cabinet used for storing extra stock of medicines.

There were enough staff to meet people's needs and keep them safe. We observed that staff had time to sit and chat with people and staff were not rushed or hurried. Care workers said they thought there were enough staff and they had the time they needed to support people.

# Is the service effective?

## Our findings

While we observed care workers had the skills to meet people's needs the provider had not ensured that all appropriate training, supervision and appraisals were up to date. The registered manager told us mandatory training in areas such as medicines administration, safeguarding adults and first aid should be completed annually. Records showed the majority of staff had not received refresher training in these mandatory subjects within the required time frame. Most of the staff and the registered manager had not completed refresher training in administering medicines, or had their competency to administer medicines safely assessed. There was no schedule in place for when this training would be completed. However, the registered manager had identified this as an area for improvement prior to the inspection and was meeting with an external training company to discuss the service's training needs.

None of the staff or the registered manager had received additional training to help them meet the specific needs of people they cared for. This included mental health awareness and supporting people with drug and alcohol problems. The provider's training policy stated that staff would be supported with additional training in understanding and managing mental health. However, this training was not included on the training matrix the registered manager used to monitor when staff training was due.

Supervision and appraisals had not been completed on a regular basis. Records we were given by the registered manager showed only three staff had an appraisal and supervision in August 2015. At the time of the inspection, the provider did not have a schedule in place to ensure appraisals and supervisions were completed. It is important to provide staff with regular opportunities for reflective supervision and appraisal of their work. It enables staff to ensure they provide effective care to people who use the service. Staff told us they felt well supported and that they had enough training to enable them to meet people's needs. The majority of staff had also been able to complete a national vocational qualification (NVQ) in health and social care. People felt staff were well trained. One person said: "staff are a team, competent and confident."

The provider did not ensure that staff were properly supported with training, supervision and appraisal. These were breaches of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

All of the staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. All of the people who use the service had full capacity to make decisions about their care and treatment and this was understood by staff. We observed staff asking for people's permission when they supported them, for example, when administering medicines. However, two people commented that care workers did not always ask for their consent to enter their rooms when staff were cleaning.

People were supported to have enough to eat and drink and to maintain a balanced diet. Food was homemade and nutritious. People gave us positive feedback about the food including "the food is very good" and "if there is nothing I like they will make something else for me". People were asked what their preferences were, and where people had a specific dietary requirement these were met. Drinks were available at all times and people had access to a fridge where they could keep their own food and drink if they wanted to.

People were supported to maintain good health and had access to healthcare services. People were supported to see their GP or mental health professional if their mental health needs changed. People with other ongoing health conditions not connected to their mental health were monitored and encouraged to independently manage their own conditions where possible. People told us they were supported to attend other appointments such as the dentist or GP.

We observed one person who became unwell on the first day of the inspection. The GP was called promptly and visited in the afternoon. When we spoke with the person on the second day of the inspection they said they were feeling much better as the registered manager had organised the GP visit so quickly.



# Is the service caring?

## Our findings

People said they did not have a copy of their care plan and were not involved in the plans other than having one to one meetings with the registered manager and staff. Although there was some evidence that people were involved in making decisions about their care in the past, recent reviews of care plans did not demonstrate how people were involved. People had regular one to one meetings with staff to discuss their choices and preferences. However, although these discussions were recorded, no action was taken to update people's care plans when they needed to be. This is an area of practice that requires improvement.

Although people's care plans did not always reflect people's individual needs the approach of staff did support people's well-being and staff had a general understanding of people's likes and dislikes. For example, staff knew when people liked to get up in the morning or how to support people with personal care. People were able to make decisions about their day to day care such as when to go out or what activities they would like to take part in.

People's privacy and dignity was not always maintained. One person said they did not have a key to their room so they could not lock it. Another person said they did have a key to their room, however, staff had at times left the door to their room open when they cleaned. We reviewed two rooms where the person did not have keys to lock their doors. We found these rooms had fire exit doors so the main door could not be locked due to safety reasons. We discussed this with the provider. They had not considered the lack of privacy this offered to people who lived in rooms with fire exits. This is an area of practice that requires improvement.

On the second day of the inspection, the provider told us an external contractor would be visiting the following week.

This was to review the type of fire exits in use, so everyone would be able to lock their door when they wanted to maintain their privacy. We saw other examples where staff did maintain people's privacy and dignity, such as when administering medicines and helping people with their personal care needs.

All of the people we spoke with were positive about the care they received from staff. One person said: "it is so nice here, nothing needs improving" and another said: "I think the world of them" when talking about staff. People were treated with kindness and compassion. We observed staff supporting people in a caring, respectful and inclusive way. Staff showed concern for people's wellbeing and responded in a timely and caring way if a person became anxious or unwell.

There was a welcoming and friendly atmosphere in the home and people were happy and relaxed. People were treated with kindness by all members of staff. People's needs were understood by staff and they were met in a caring way. Staff listened to people and spoke to them in an appropriate way. Staff showed a genuine concern for people's wellbeing and made sure the care and support they provided met people's needs. It was clear that people had developed positive relationships with staff. Staff understood people's preferences and knew their personal histories. Staff described how they would support people in a person centred way to make day to day choices.

People were able to have visitors when they wanted to. However, the only place people could go to meet their visitors in private was their bedroom. People were supported to be as independent as they wanted to be. People were free to come and go from the home as they chose, but staff were available for support as and when needed. For example, helping a person attend a medical appointment or go shopping.

# Is the service responsive?

## Our findings

People were not fully supported to be involved in the assessment and care planning process as much as possible. Some people could find this difficult at times due to their mental health condition, and staff did not always ensure people were as involved as they were able, or wanted to be. People's care plans did not contain all of the information about how they would like to receive their support, individual preferences and personal histories. Care plans were not always individual to the person or address all of their complex needs. They did not always include goals and where a person had identified a goal it was not always clear how the goal would be achieved and what support the person required to help them achieve their goals.

The care plan system used by the provider was not designed specifically for people with mental health problems. It was a generic system more suitable for use in a home that supported people who were older or frail. This meant the registered manager was sometimes assessing needs and writing plans for elements of care that were not appropriate for the people who use the service. Areas included oral hygiene and a log of personal care completed. There were no areas in the care plan which detailed the specific needs people with mental health conditions may have, such as support with behavioural needs or managing their mental health condition.

It was not clear how people were involved in regular reviews of their care. Care plans had a date entered when they were reviewed but no changes were made to the care plan itself. Some of the care plans had not changed in over two years. Although people met with staff regularly for one to one meetings and these were well recorded, any changes to people's needs were not reflected in their care plan.

People were not supported to participate fully in making decisions about their care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had recently developed a questionnaire to seek the views from people who use the service and staff about the quality of service. We reviewed the responses, which were mostly positive, and discussed the questionnaire with the registered manager. The registered manager acknowledged the questionnaire needed developing further to ensure people were supported to participate in giving feedback in a way that was meaningful for them. One person told us they were not asked their views and "I wouldn't mind being asked". The registered manager had yet to fully analyse the responses or developed an action plan to address any areas of improvement that were identified.

People and staff had other opportunities to provide feedback about the service. Regular meetings were held where people could discuss issues they may have with the staff team. Minutes of the meetings showed types of activities and meal choices were discussed. Where action points had been noted these were acted on. For example, people said they would like to help in the kitchen more and this had been organised. People and staff said the registered manager had an open door policy and they could give feedback or raise any concerns at any time. They were confident the registered manager would take any feedback seriously and act on it where possible.

The provider had a complaints policy and procedure in place which was available for people to read in a communal area. People said they would be happy to raise a complaint with staff or the registered manager if they needed to. There had been no recent complaints made to the provider.

# Is the service well-led?

## Our findings

The registered manager said they felt well supported by the provider and if they needed help the provider was always available. However, the registered manager had not been supported with additional training in caring for people with mental health conditions and completing risk assessments and care plans appropriately.

Although the registered manager ensured identified risks and incidents were well recorded, they did not have the knowledge to understand that information needed to be analysed to determine possible causes or action that needed to be taken. Appropriate risk management plans were not in place and the registered manager had not been supported by the provider with these activities.

The provider visited the home weekly and completed a quality monitoring audit monthly. The audits we reviewed contained basic information about areas such as cleanliness and health and safety. No issues had been highlighted in the audits and none of the areas for improvement identified at this inspection had been noted by the provider.

The registered manager was developing the quality monitoring system within the home. It had been identified that cleaning practices needed improvement so the registered manager had set up a cleaning rota and was auditing the cleanliness of the home to try and ensure standards were maintained. Some of the audits we reviewed did not contain enough detail about what areas needed checking. There was a risk that the registered manager might not identify areas where improvement was needed. These were areas of practice that require improvement.

Records were kept confidentially but were not always fully completed, for example, cleaning schedules. Most of the homes policies including, safeguarding adults and whistleblowing were out of date and needed reviewing. The registered manager had noted this and was in the process of seeking support from an outside company to ensure policies were up to date and met with the fundamental standards expected. The above were areas of practice that require improvement.

Although the registered manager had only been in post since April 2015 they were clear about what their responsibilities were. They had taken action to identify some areas for improvement at the service and were motivated to make changes to improve the quality of service people received. They had completed a 'continuous quality improvement plan' to help them achieve this. This included areas such as gas and electrical safety testing, and updating policies. The registered manager was also working on developing a set of values for the service to ensure staff understood and promoted people's wellbeing and independence.

There was a positive and open culture at the home. People and staff communicated well and the atmosphere was calm and relaxed. Staff said they felt comfortable to raise any concerns they had about the service or other staff with the registered manager and these would be acted on. Where such concerns had been raised, the registered manager investigated and took appropriate action.

Feedback from people and staff about the registered manager was positive. Comments included "this is the best manager we've had" and the manager "goes above and beyond". Staff commented on how much they enjoyed working at the home and they felt well motivated in their roles.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

**People were not enabled to make decisions about their care to the maximum extent possible.**

Regulation 9(3)(d).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**The provider did not properly assess the risks to the health and safety of service users or do all that was reasonably practicable to mitigate such risk.**

Regulation 12 (1)(2)(a)(b).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**Staff did not receive appropriate training, supervision and appraisal.**

Regulation 18(2)(a)