

Amicus Care Home Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection was carried out on 18 July 2017.

Amicus Care Home Limited provides accommodation and personal care for up to 18 older people. Some were older people living with dementia, some people had mobility difficulties and sensory impairments. Accommodation is arranged over two floors. The top floor was not in use. There were 12 people living at the home on the day of our inspection.

The service had a registered manager. The registered manager was also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At our previous inspection on 26 January 2017 we found breaches of Regulations 9, 12, 15, 16, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We received a fortnightly action plan from the provider following the inspection, which detailed what action they had taken to address the breaches.

At this inspection we found that the provider had made improvements to the service, these improvements were still in progress. Further improvements were required to meet the regulations.

Relatives told us their family members received safe, effective, caring and responsive care and the service was well led. Health and social care professionals told us that they had seen improvements, but still had concerns in some areas.

Medicines were not always managed safely. Medicines were stored securely. Some people had not received their medicines as prescribed.

Risks to people's safety and wellbeing were not always managed to minimise the risks of harm. Risk assessments were not in place for each assessed risk. Risk assessments had not always been reviewed and updated frequently.

There were procedures and guidance in relation to the Mental Capacity Act 2005 (MCA), which included steps that staff should take to comply with legal requirements. Staff gave people choices throughout the day and helped them to make decisions by using pictures or the best method of communication for the individual. However, capacity assessments did not follow the principles of the MCA 2005.

Effective systems were not in place to enable the provider to assess, monitor and improve the quality and safety of the service. Records were not always complete or accurate. The provider had made some improvements to systems. However, these had not been fully embedded, which meant further

improvements were required.

People's care plans had been reviewed and updated to ensure that their care and support needs were clear and their preferences were known. One person's care plan had been reviewed but the reviewer had not identified that a nutrition care plan was not in place. We made a recommendation about this.

The provider had made some improvements to the environment such as redecorating the corridor and dining room and installing upgraded fire doors to the lounge. Further improvements were required such as replacing carpets in the main hallway.

Effective recruitment procedures were in place to check that potential staff employed were of good character and had the skills and experience needed to carry out their roles. Appropriate numbers of staff had been deployed to meet people's needs. Staff had received training relevant to their roles. Staff had received regular supervision.

The decoration and signage within the home had improved. The provider had followed good practice guidance in supporting people who live with dementia.

People were provided with meaningful activities to promote their wellbeing, some people said they were bored and would like more to keep them occupied.

People had choices of food at each meal time. People were offered more food if they wanted it and people that did not want to eat what had been cooked were offered alternatives.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority.

Staff knew and understood how to protect people from abuse and harm and keep them safe.

People were supported and helped to maintain their health and to access health services when they needed them.

Staff were cheerful, kind and patient in their approach and had a good rapport with people. The atmosphere in the service was calm and relaxed. Staff treated people with dignity and respect.

People were supported to maintain their relationships with people who mattered to them. Relatives and visitors were welcomed at the service at any reasonable time and were complimentary about the care their family member's received.

People had opportunities to provide feedback about the service they received. People and their relatives knew who to talk to if they were unhappy about the service. Complaints had been appropriately managed, investigated and responded to.

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

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the registered provider to take at the back of the full version of the report.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Risk assessments were not in place for each risk for all people, and some risks assessments had not been reviewed regularly.

People had not always received the medicines they had been prescribed. Records relating to medicines needed improvement.

There were enough staff deployed to meet people's needs. The provider had followed safe recruitment practices.

Staff knew what they should do to identify and raise safeguarding concerns.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Mental capacity assessments had been undertaken; however these assessments contained conflicting information. The provider had systems in place to monitor Deprivation of Liberty Safeguards.

The environment had been improved to meet the needs of those people living with dementia. A carpet was still waiting to be replaced.

People had choices of food and drink which met their needs.

Staff had received training to carry out their roles, further training had been planned. Staff received support to carry out their roles.

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

Is the service caring?

Good ●

The service was caring.

Staff knew people well and there was positive interaction between people and staff.

Staff treated people with kindness and understanding. Staff made time to talk with people whilst going about their day to day work.

Staff were careful to protect people's privacy and dignity. People's information was treated confidentially.

Is the service responsive?

Good ●

The service was responsive.

People had access to improved activities. Care plans had improved to detail people's assessed needs and what support staff needed to provide to meet this.

People knew how to complain. Complaints had been dealt with appropriately.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Systems to monitor the quality of the service were not always effective. Records were not always accurate or complete.

The provider had reported incidents to CQC. The provider had displayed the rating from the last inspection in the home.

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

Staff were positive about the support they received from the management team.

Amicus Care Home Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 was carried out on 18 July 2017. Our inspection was unannounced.

The inspection team included two inspectors. The team also included an expert-by-experience who had personal experience of caring for older people and people living with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete 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. The provider had returned the PIR, within the set time scale. We also reviewed notifications we had received, the provider's action plans and previous inspection reports. A notification is information about important events which the service is required to send us by law. We also reviewed reports and information from the local authority.

During our inspection we observed care in communal areas. We examined records including staff rotas; management records, care records for four people, medicines records for all 12 people and four staff files. We gained feedback from local authority care managers and Healthwatch.

We looked around the premises and spoke with eight people, six staff including the deputy manager and the provider (who was also the registered manager). We also spoke with one relative. We received positive information from a relative using the CQC website before the inspection and during the inspection.

We asked the provider to send us training records, policies and follow up information in relation to people's health. The information was sent through in a timely manner.

Is the service safe?

Our findings

At the last inspection on 26 January 2017, we identified breaches of Regulation 12 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not properly managed people's medicines. Risk assessments were not effectively minimising risks to people's safety. The provider had failed to deploy enough staff to meet people's needs. We also recommended the provider continued to improve the environment to ensure that people were safe.

At this inspection there had been improvements, but we found that further improvements were required to medicines practice and managing risks.

People told us they felt safe with the care they received from the staff. Comments included, "I'm quite happy"; "I don't have to wait for care when I need it"; "Well looked after" and "Quite happy". We observed staff provide reassurance to people who were upset or anxious. This helped people to calm down and feel at ease.

A relative told us their family member was safe. They said, "Before she came into the home, she was always at the hospital. She has not been to hospital since she came in". A health and social care professional told that there was room for improvement in providing safe and effective care. They gave examples of how the home could do this by keeping paperwork including risk assessments updated.

At the last inspection the provider had not properly managed people's medicines. At this inspection the medicines round was carried out by a staff member who had undergone relevant training. We checked the medicines administration records (MAR) for the month and found that people had not always received the medicines they had been prescribed. Each person's MAR included a photograph which helped staff identify that they were giving medicines to the correct person. Staff only signed the MAR once the medicine had been administered. However, some MAR charts contained gaps. For example, two people's medicines had not been signed for on the 17 July 2017. Another person's MAR had not been signed for on 11 July 2017. It had been signed for on 12 July 2017. We checked the pharmacy filled compliance aid for this person and found the medicine still in stock for the 11 and 12 July 2017. Staff had not recorded the reasons why the person had not received their medicines as prescribed.

One person's Citalopram medicine had been stopped by their GP on 04 July 2017. The MAR showed that the GP had requested this to be stopped for two weeks. The Citalopram had not been added to the new MAR chart for the person that had started since the medicine had been stopped. The deputy manager told us that the GP had stopped the medicine altogether. We showed the deputy manager the MAR chart with the message from the GP. They agreed that there had been an error and this medicine should be listed on the MAR chart. The person was due to restart their medicine on 19 July 2017. The deputy manager made arrangements to add this to the MAR straight away so that the person received their medicine from the GP as prescribed. Some medicine stock records had not been updated on the MAR to show additional medicines had been received. For example, one person was prescribed Gliclazide tablets, additional tablets had been received when the person's prescription had increased, however the additional medicines had not

been recorded on the stock received section of the MAR, which made it very difficult to accurately check if the person had received all their prescribed medicines.

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

Protocols were in place to provide information and guidance for staff in relation to 'as and when required' (PRN) medicines. This guidance detailed how each person communicated pain, why PRN medicines were needed, the reason for administration, the frequency, and the maximum dose that could be given over a set period of time. Medicines were stored securely and were within their expiry dates. The medicines storage areas had been temperature checked by staff twice daily to check that medicines were stored within suitable temperatures. Medicines requiring refrigeration were not kept at the time of the inspection.

At the last inspection we found that people's safety had not always been suitably assessed. At this inspection we found that risk assessments had improved for some people. However, risk assessments were not in place for all of the assessed risks detailed in people's care plans. This meant that staff did not have relevant and up to date information to provide care and support in a safe way. One person only had one risk assessment in place which related to risks of their bedroom environment. The person had been identified at risk of malnutrition and had been placed on to weekly weight checks due to recent weight loss. We asked to see the risk assessment in relation to actions staff should take to mitigate the risks to the person. A staff member told us that they had just updated the person's care file. The risk assessment was not available and could not be found. The provider took action after the inspection to ensure a risk assessment was in place.

Risk assessments that had been scored to evidence that people had been assessed at medium risk of harm had not always been reviewed on a monthly basis as planned. For example, one person had a catheter fitted. Their risk assessment dated 13 December 2016 showed they required a monthly review. The risk assessment had last been reviewed on 04 April 2017. They also had a risk assessment in place in relation to the risks of scalding. This also required a monthly review. This had last been reviewed on 03 April 2017. Another person had a risk assessment in place which had not been completed fully to detail what the risk level was. The person had been diagnosed with cellulitis. The risk assessment was due to be reviewed fortnightly; it had not been reviewed and updated since 07 December 2016.

The failure to ensure care was delivered in a safe way was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The ground floor corridor of the home had been redecorated. Further improvements were still required such as replacing carpets in the main hallway which were worn. The provider had booked the flooring to be replaced for the 17 August 2017. The flooring should have been replaced on the 05 July 2017 but this had been rescheduled. The provider had plans to decorate bedrooms and make improvements to the garden area.

Adequate systems continued to be in place to manage the premises. Records showed that regular checks were made on the gas safety within the home, water, electrical equipment, portable appliances tests, fire alarm systems, moving and handling equipment and fire extinguishers.

Staff knew how to evacuate people in an emergency. Personal emergency evacuation plans (PEEPs) were in place for all people and these were within an easy to reach 'Fire grab file'. We found that fire escapes were clear and suitable changes had been made to aid evacuation in the case of an emergency. Regular fire tests had been carried out, action had been taken to address where these had picked up concerns and issues. A

new warning system had been fitted to a fire door, this automatically sounded when the door was opened. Staff came quickly when this was activated. The provider had carried out further works to ensure they met The Regulatory Reform (Fire Safety) Order 2005; such as removing the rail of the stair lift from the stair well and replacing a glazed area to the lounge to improve fire resistance. The fire doors to the lounge area still required automatic door closures to be fitted to improve fire safety measures in the home.

At this inspection we found that all of the staff recruitment records contained photographs of staff. References had been received by the provider for all new employees. Any gaps in people's employment had been discussed at the interview stage if they had not been recorded on their application form. Other checks on potential employees included obtaining a person's work and character references, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People continued to be protected from abuse and mistreatment. Staff told us that they had completed safeguarding adults training. The staff we spoke with had a good understanding of their responsibilities in helping to keep people safe. Staff told us they would have no hesitation raising concerns with the appropriate people if they needed to. Staff were confident the provider would deal with any issues taken to them for their attention. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse.

The home was clean and tidy and smelt pleasant. Effective cleaning had taken place to manage infection and odours. Staff were observed using appropriate personal protective equipment (PPE) such as gloves and aprons when they supported people with their personal care or meals. This meant effective arrangements were in place to manage and control infection.

Is the service effective?

Our findings

At the last inspection on 26 January 2017, we identified breaches of Regulation 15 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to provide training and support for staff relating to people's needs. The provider had failed to ensure the premises were suitable for the needs of people living with dementia.

At this inspection we found improvements had been made to the signage in the home to help people orientate to their surroundings and improvements had been made to staff training and support.

The Mental Capacity Act 2005 (MCA 2005) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were followed.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Four DoLS applications had been made to the local authority for people who lived in the home. Two had been authorised and two were awaiting authorisation. We were told by the deputy manager that these applications were made because the people were living with dementia. However, an assessment on their ability to make specific decisions or consent to actions had not been carried out.

Where mental capacity assessment for less complex decisions had been carried out, DoLS applications were not made for other people when the assessment clearly stated 'Does not have capacity to make this particular decision' for specific needs that might require a DoLS authorisation. For example, in one person's care file, the capacity assessment carried out stated '[person] is confused in time and place and tends to forget when [person] needs to take his prescribed medication. Does not have capacity to make this particular decision' dated 01 July 2017. In another, it stated, 'Washing and dressing, short term memory loss causing [person] to forget when they want to have. Does not have capacity to make this particular decision' dated 26 October 2016. When capacity assessments determined that a person 'Does not have capacity to make this particular decision'; this had not been followed up with best interest meetings and possible DoLS application. MCA assessments for some people had been completed incorrectly. For example, one person who was living with advanced dementia and was disorientated to time and place had been assessed as having capacity to administer their own medicines. We checked the assessment with the deputy manager. They told us that the assessment had been completed incorrectly and the person definitely did not have capacity to make such a decision. Our observations of this person also concluded this. Steps taken by the provider did not follow the principles of the Mental Capacity Act (MCA) 2005.

This failure to follow the principles of the Mental Capacity Act 2005 is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were happy with the food, the choice and quantity. Comments included, "The young girl who is the cook comes round with a list. She's very good. I feel that I could ask for what I want"; "The food's alright. I'm happy with the choices"; "The food's not too bad" and "I'm happy with whatever comes".

A relative told us before we inspected that their family member was refusing to drink and was getting quite dehydrated. However, staff were making their family member jellies, milkshakes, ice cream and, "Had even been out and bought a water melon to try and encourage fluids".

We observed that the cook went around and personally spoke with people about the choices on the menu and asked what they would like, they used photographs of food to help people make choices. The provider said this happened each day. They found it worked better as people could remember what they had ordered. After making their choice, their meal was served quickly after that. Staff served the food and recorded what people had and how much they had eaten. This showed that the meal time practice was person centred taking into account people's wishes. The cook told us, "I always discuss dietary needs with the registered manager at initial stage/meeting. If needs change, they would let me know or if I spot any change in people, we raise the issue with staff". The cook was fully aware of people's dietary requirements and any preferences. They had a white board which informed them of any person who was diabetic and the requirements they had not to take too much sugar. The cook told us that they did not do any special cakes or desserts for people with diabetes. They would ensure they used recipes appropriate for all people and also a sugar alternative where needed.

The kitchen was clean and we noted that there were sufficient quantities of food available. We checked a sample of food stored in the kitchen and found that food was stored safely and was still within the expiry date. Food in packaging that had been opened was appropriately labelled with the date it was opened so that staff were able to ensure food was suitable for consumption.

The risks to people from dehydration and malnutrition were assessed so they were supported to eat and drink enough to meet their needs. People who had been identified as at risk had their fluid and food intakes monitored and recorded. Staff responded to concerns about people's weight or fluid intake by seeking advice and additional support from people's general practitioner (GP), specialist nurses and dieticians. Hot and cool beverages and snacks were offered to people by staff throughout the day.

We observed that meal times were calm and relaxed, people were supported by staff if they needed it. We observed that staff sat at the same level as the person they supported and offered gentle encouragement to eat. Each time they checked that the person had finished their previous mouthful before helping them to have another.

At the last inspection we found that the environment did not meet the needs of people living with dementia. At this inspection we found that the provider had researched good practice guidance in relation to decoration and signage. Each person's room had a number, picture and their name on their door. Signs had been added to doors in communal rooms such as the dining room, bathrooms and toilets. Directional signs were in place to help people find their way. We spoke with the quality assurance staff member during the inspection to suggest that a directional sign should be placed outside the lounge doors to show people which way the toilets were. This was because on a number of occasions we observed people needing to find the toilet quickly and shouting out to staff, "Where is it, which way, I need the toilet". The hallway carpet was still patterned, which staff had reported previously had caused people confusion when walking on this.

However, the provider had made arrangements to have the flooring changed on the 18 August 2017.

Staff interacted well with people, and asked them where they wanted to go and what they wanted to do. They obtained people's verbal consent to assist them with personal care such as helping them with their meals, or taking them to the toilet. Staff were aware of how to treat people with respect and that they allowed people to express their consent to different tasks.

People continued to be supported to maintain good health. Staff ensured people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist health needs. People's individual health action plans set out for staff how their specific healthcare needs should be met. Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively. For example, a district nurse visited one person during our inspection to attend to their needs. Management and staff had a good rapport with the district nurses, therapists and GP's. Referrals to healthcare professionals had been made to support improving and maintaining good health.

Staff had received appropriate training to carry out their roles. This included statutory mandatory training, infection prevention and control, first aid and moving and handling people. Some staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the competence to carry out their job to the required standard. This allowed management to ensure that all staff were working to the expected standards, caring for people effectively. Staff received refresher training in a variety of topics, which included health and safety, fire safety, safeguarding and food hygiene. The provider had made links with two local residential homes and had booked staff to attend moving and handling training at one of them on the 24 July 2017.

Staff were being supported through individual one to one supervision meetings. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. The staff supervision folder we looked at showed that all staff had received at least one supervision November 2016 and June 2017. A member of staff also confirmed training needs were discussed as part of supervision and she could ask for training that would be of benefit to her in her role. They said, "I feel supported by the manager".

Yearly staff appraisals were being carried out and reviewed. The registered manager told us that an annual appraisal was planned and currently being carried out with all staff. Out of 12 staff, three appraisals had been completed. A member of staff started within the last six months hence would not have had an appraisal. We saw records to confirm that annual appraisals were planned as on going and taking place. The last time this took place July 2017, development & training needs were identified. For example, a member of staff indicated that they would like to complete a level 3 vocational qualifications in health and social care. This was put into tasks to be carried out, which would be reviewed within the supervision.

Is the service caring?

Our findings

People told us that staff were kind and caring. Comments included, "The carers [staff] are kind"; "The care is alright"; "She [staff member] is a poppet" and "I am well cared for". A relative told us, 'My mother has severe vascular dementia and the staff have supported her to maintain her independence where possible and lead a happy and contented life' and 'As a family we are very impressed with the care, they are so kind to her'.

A health and social care professional told us they had reviewed a person and spoken with a relative who had told them that they were happy for their family member to remain at the home. They visited very often and had no concerns to raise.

People told us they were supported to be as independent as possible and they were able to make decision about the help they needed and when they wanted to do things.

People told us that they liked living at the home and everyone was friendly. One person told us, "I am quite happy". Another person told us staff are "Very good".

People told us that staff talked with them in a polite and respectful manner. One person told us, "I am treated with dignity and respect". Another person said, "The staff treat me with respect and dignity". We observed a staff member support one person to maintain their dignity. The person was being helped to get out of a chair, their dress had become tucked into their underwear. The staff member discreetly pulled the dress out and straightened it up to protect their dignity.

We saw many examples of staff understanding people's individual needs and attending to them with a caring attitude. People were treated with dignity and respect and staff clearly knew people well. Some staff had worked at Amicus care home for many years so knew people very well as well as their relatives. We saw staff chatting and having a joke with people and their relatives when they were visiting their family members.

We observed staff knocking on people's doors to check it was ok to enter. People told us that staff respected their privacy and would always knock on their bedroom door before entering.

A detailed family history was included in each person's care plan including who and what was important to them. This was important information for staff to be aware of to assist in having a greater understanding of the person and the relationships with family and friends.

As part of the care planning process the provider had discussed advanced planning with people around their wishes when they became ill and how they would like their funeral to be. This included supporting people to set up a funeral plan to pay for their funeral if this was their wish. This meant that people had the opportunity to ensure their wishes towards and at the end of their life were followed. For example, some people preferred to be cremated and some people preferred a burial in a specific place.

People's religious and cultural needs were highlighted within their care plan to ensure any support required could be addressed.

People's bedrooms were personalised and individual to each person with items of personal interest and bedrooms were spacious which meant they had plenty of space to move around.

Relatives were able to visit their family members at any reasonable time, they were always made to feel welcome and there was a nice atmosphere. Relatives visited through the day. Care plans included the contact people had with their families and if they lived locally or a distance away. Where relatives were not living locally, information was recorded about how to support people to stay in contact.

People's information was treated confidentially. Personal records such as care plans and health information was stored in locked cabinets within the office. Staff were aware of the need for confidentiality. We observed they were careful when discussing personal information. They evidenced that they followed the confidentiality policy.

Is the service responsive?

Our findings

At the last inspection on 26 January 2017, we identified breaches of Regulation 09 and Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to record, action and investigate complaints effectively. The provider had failed to provide activities to meet people's needs in a responsive or person centred way.

At this inspection we found that improvements had been made to complaints processes. Activities had improved.

We received mixed feedback from people in relation to activities and stimulation. People told us, "I'm quite happy just watching TV. If I want a particular programme, I can put it on in the living room"; "I have family to visit me. I have a friend who comes every Tuesday"; "We don't seem to have as much [activities] as when I first came in. I've been here five years"; "On Friday afternoons, [Volunteer] brings a big bag of music things and plays my kind of music"; "Another lady comes in once a month and does exercises"; "I like to watch sport"; "I'm a bit lonely. I've got no friends here at all. All my friends are in various places". Another person also told us they get a bit bored.

One relative visited the home and took their family member out for the day, they did this on a regular basis. They told us their family member was "Not one for joining in [activities] and she's always been like that", explaining they preferred to spend time in their room.

Since the last inspection the provider had employed an activities staff member, unfortunately they were off work when we inspected and had been for several weeks. An activity file had been put together which had an activity profile in place for each person. The activity profile listed the types of activities and hobbies the person had now and what they had enjoyed doing in the past. The activity file contained records of activities each person had completed such as music, trips out with relatives, exercises, quizzes, board games, discussions, looking through photographs and flower arranging. The provider shared how some people had really enjoyed arranging fresh flowers picked from the garden, they had made small arrangements which had been used to decorate the dining tables in the home. The provider also detailed that one person had recently enjoyed sorting out their knitting bag. The person had lost some dexterity in their hands and fingers and no longer knitted, the knitting bag had got into a bit of a mess so the provider and the person spent time together laughing and chatting and sorting out the balls of wool. The provider told us how happy the person was and they smiled and laughed whilst they sorted out the bag. A staff member told us, "Activities have improved, however there needs to be more".

During the inspection no activities took place in the morning. However, in the afternoon a motivation activity took place which was led by an external activity person. They confirmed they visited the home every four weeks to run the activity. They knew everyone present and greeted each person in turn. People were encouraged to join in and some people chose to participate for the whole activity whilst others chose to stay a short time before taking themselves back to their rooms. One person told us how much they looked forward the activity. Staff also carried out a quiz activity in the afternoon which people enjoyed.

We observed staff were responsive to people's needs. When people used their call bell, staff attended quickly. The weather was hot during the inspection and fans were used to cool people down. One person who was sat in the lounge complained that they were cold because of the draught from the fan. Staff supported this person to get a cardigan and explained that others in the room were hot and were enjoying the breeze. Staff moved the fan so it did not blow directly on the person, which resolved the issue.

Care plans were in place and were more person centred, up to date and gave good information about the person, their family and how the person communicated. Care plans clearly detailed how staff needed to support each person. Care plans had been reviewed regularly. Where people's needs had changed the care plans had been amended to reflect this. Sometimes this was confusing as the care plans had been typed originally and when changes had occurred these had been written on with pen and comments were found which related to other parts of the person's care plan. One person's care file was missing a nutritional care plan, despite the person being at risk of malnutrition, receiving weekly weight checks and having been referred to the dietician for advice on 07 July 2017. After this inspection the provider sent us a copy of this care plan which was undated detailing that a plan had been in place which had been reviewed in July 2017.

We recommend that the provider seeks guidance to ensure that care plans are in place to meet people's assessed needs.

At the last inspection we found that systems to record, respond to and learn from complaints were not in place. At this inspection we found that the provider had redesigned and improved the complaints and compliments processes. People and their relatives knew who to complain to if they were unhappy about the service they received. A health and social care professional fed back to us that a relative had confirmed with them that they were aware of how to make a complaint and to raise concerns if they felt it was required. Eleven complaints had been received in 2017; these had been dealt with appropriately and in accordance with the complaints procedure. Some complaints had lessons learned detailed to show what action the provider had taken to address the issue and ensure it did not happen again. For example, one complaint had been from a relative about their family member's drinking glass in their bedroom being dirty. This had been rectified and the procedure put in place to ensure all water jugs and glasses are changed at least daily. The complaints procedure was on display and gave information about who to if a person was not happy with the complaint from the provider, which included the local authority and Local Government Ombudsman (LGO) and detailed the timescales for acknowledgement and investigation.

The provider explained that they had not yet set up the annual meeting to meet with relatives. They planned to arrange a meeting for October 2017. Surveys had been sent out to relatives and professionals. One professional had responded and two relatives completed their feedback, all of which were positive. One 'residents' meeting had been held since the last inspection which gave people opportunities to feedback about the home and the care provided.

Compliments had been received from people and their relatives. One person had complimented the cleaning staff for the professional way in which they cleaned their room and how quickly they responded to a request to clean their curtains.

Is the service well-led?

Our findings

At the last inspection on 26 January 2017, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to embed and operate effective quality assurance systems.

At this inspection we found that the provider had made some improvement but further improvements were required to make records and audits fit for purpose.

The provider told us, "I'm getting happier with the improvements to the home". We found that quality audits had improved. These were used to review the quality of service. Staff completed weekly, monthly and quarterly audits of all aspects of the service. Infection control and emergency lights were audited weekly. Medicines, maintenance, care plans, health and safety were audited monthly and accidents and incidents were audited quarterly. The provider shared how they audited the handover records on a daily basis to check on people's health and wellbeing. However, the audits had not identified gaps we had identified regarding the mental capacity assessments, care plans, medicines and risk assessments. One of the medicines audits seen dated 17 July 2017 did not evidence which person's medicines had been checked. A health and social care professional told us improvements were required 'For the home to update risk assessments/care plans and also to update past and present medical history'.

Records relating to people's care and the management of the home were not consistent, which could cause confusion. In one person's care plan, it stated, 'washing and dressing, short term memory loss causing him to forget when he wants to have. Does not have capacity'. However, their care plan stated 'At this time, I am able to make some decisions about what I eat, when I get up, what I want to wear and when I go to bed'. The examples here showed that the care records contained conflicting information that might be confusing to staff, which might not enable them to meet people's needs.

Records were not always clear and robust. In one person's care file, we noted that their use of catheter was investigated by the urology team at Medway Hospital in March 2017. They suggested that the district nurse inserted a bigger lumen. This was to be done when the district nurse received the letter from the hospital. There was no update seen on file. We spoke to the provider about this but they could not give us an update on whether it was carried out or there was a plan to carry this out on a specific date. They checked back through the nursing records which had been completed by the community nursing team and they were not able to find any information. The provider made contact with the community nursing team after the inspection to follow this up.

Some records had not been fully dated when they had been made or amended. For example, records showed that they had been reviewed in June 2017. We spoke with the provider and suggested that the full date be completed on records. This would enable them to track changes to people's health better.

The examples above demonstrate that the provider has failed to operate an effective quality assurance system and failed to maintain accurate records. This is a continued breach of Regulation 17 of The Health

and Social Care Act (Regulated Activities) Regulations 2014.

Our observation showed that people knew who the provider was. People engaged with the provider in a relaxed and comfortable manner. The provider gave people assistance they needed at key times. For example, helping people at meal times to eat their meal. People told us they would speak to the provider if they had concerns or issues. One person said, "She [the provider] is very good. She makes sure everyone is fit and happy. Overall I feel very lucky".

A relative told us that the home had been improved recently through redecoration and work completed on the building. The relative shared that home was well run and that the provider was responsive to requests. They said, "If I want something, she'll [the provider] do it". A health and social care professional told us, 'When I have contacted the home I have always found the manager to be responsive and informative about our customer'.

There continued to be a management team at Amicus Care Home. This included the provider who was also the registered manager and there was a deputy manager. Support was provided to the deputy manager by the provider in order to support the service and the staff. The provider was in the service daily or as and when necessary to support the deputy manager.

Staff told us that the management team encouraged a culture of openness. Staff told us that the deputy manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. Members of staff said that the deputy manager was approachable, appreciated them and supported team work. We observed this practice during our inspection. The deputy manager said, "Staff come to me and I talk to them. I think the staff work as a team". The provider told us, "Staff have been really receptive to the changes. We take time to talk about how we're doing".

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating by the front door to the service for visitors to see and in the corridor for people to see.

The provider was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the provider understood their legal obligations.

Staff understood their roles and responsibilities and told us they worked well as a team. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

Communication within the home was facilitated through monthly management meetings. This provided a forum where clinical, maintenance, catering, activities and administration lead staff shared information and reviewed events across the home. Staff told us there was good communication between staff and the management team.

The service had a comprehensive range of policies and procedures necessary for the running of the service to ensure that staff were provided with appropriate guidance. Staff we spoke with were confident about being able to access these policies and procedures. Some policies and procedures were still being reviewed and revised. Once they had been through this process, staff had been asked to read and sign the policy to

confirm they had read it.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider had not ensured that capacity assessments followed the principles of the Mental Capacity Act 2005. Regulation 11 (1)(2)(3)