

Raj & Knoll Limited

Ami Group - The Knoll Unit and Ami Court Unit

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ami Group is a residential care home comprising of The Knoll and Ami Court Units providing personal and nursing care to up to 67 people. The service provides support to adults who require nursing care. At the time of our inspection there were 64 people living at the service.

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

People told us they felt safe living at the service, relatives confirmed they thought their relatives were safe and safe knew how to support them.

The visiting protocols at the service had not always followed government guidance, not all people were given the option to receive visitors in their room. Before the inspection, people who could leave their room were required to see their visitors outside in sheds or a summerhouse. During the inspection, the registered manager contacted relatives to inform them they could visit in their loved one's room. We confirmed with relatives after the inspection, they had been admitted to the service for their visits.

Practices within the service did not always promote good infection control or support people's privacy. During the inspection, the podiatrist completed treatments in the communal lounge, where meals were served and surrounded by other people.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service and website where a rating has been given. The provider had developed their first website but had not displayed the rating for the service. The provider told us they did not know they had to do this. During the inspection, the rating was put on the provider website.

There was enough staff to meet people's needs who had been recruited safely. Potential risks to people's health and welfare had been assessed and there was guidance in place for staff to reduce risks. Accidents and incidents had been recorded and analysed to identify patterns and trends, the action taken had been effective in reducing the risk of them happening again.

People received their medicines as prescribed, however, records were not always accurate. The registered manager had reported safeguarding concerns appropriately and staff knew when to report concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had attended meetings to express their opinions of the service and make suggestions about activities and the menu, which had been acted on.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 18 December 2019).

Why we inspected

We received concerns in relation to visiting arrangements. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

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

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ami Group on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to Good Governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was completed by one inspector.

Service and service type

Ami Group is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ami Group is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people and five relatives about their experience of the service. We observed staff interactions with people in the communal areas. We spoke with seven members of staff including the registered manager, clinical lead, clinical area lead, training manager, general manager, senior carer and a carer.

We reviewed a range of records. This included seven people's care plans and all the medication records. We looked at three staff files in relation to recruitment and a variety of records relating to the management of the service, including checks and audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. During the inspection we observed the podiatrist completing treatments on people's feet in the main communal lounge, surrounded by other people. The communal lounge is where people also eat their meals. This practice is not promoting infection control following best practice guidance. The registered manager told us they would ask the podiatrist to treat people in their rooms. There were cleaning schedules in place and the service and people's rooms were clean.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

Before the inspection, we had received information that the service was not allowing everyone to have visits in their rooms. At the inspection we found, some people were only allowed to have visitors in the summerhouse and sheds outside in the car park. This did not follow government guidance.

People who were nursed in bed or receiving end of life care had visitors in their rooms. This was confirmed during the inspection by relatives who visited their relatives daily in their room. However, if people were able to go outside in a wheelchair, they had not been given the option to have visits inside the service. This was confirmed with people and visitors we spoke with visiting in the outside facilities during the inspection.

The registered manager told us, visitors had been able to book the outside facilities for as long and as often as they wanted. However, there was only one large summerhouse available, the other two facilities were small sheds, in which there was room for only two people. This limited how many visitors the person could have.

During the inspection the registered manager contacted relatives to inform them of the new visiting arrangements of visiting their loved ones in their rooms if they wanted. Following the inspection, relatives

confirmed they had been able to visit their loved ones in their room.

Using medicines safely

- Medicines were not always managed safely. The service used an electronic management system for recording stock and administration of medicines. The number of tablets available were checked against the amount on the electronic system, the two amounts did not always match. There were two people's medicines where there was one less tablet than recorded on the system. The electronic system showed all the medicines had been signed as administered but the count was not correct. The registered manager told us they had spoken to the system provider about the fault but there had been no outcome so far.
- Some medicines were not kept in their original boxes in line with best practice guidance. One person had been prescribed medicine for constipation, which can be prescribed under two names. The prescription had been changed from Movicol to Laxido, staff had put Laxido sachets into the Movicol box. Staff did not have the original box to confirm the prescription, there was a risk people would not receive the correct medicine. This is an area for improvement.
- Medicines with specific storage and administration requirements had been managed following best practice guidance. Medicines were stored at the correct temperature to make sure they remained effective.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from abuse and discrimination. Staff had received training on how to report safeguarding concerns, they described the types of abuse and the signs they would look for. Staff told us they were confident the management team would take appropriate action. They knew how to report concerns to outside agencies if their concerns had not been acted upon.
- The registered manager understood their responsibility to report concerns to the local safeguarding authority. They had reported concerns as appropriate and had worked with the local authority to keep people safe.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Potential risks to people's health and welfare had been assessed and there was guidance in place for staff to mitigate the risks. Some people were living with diabetes, there was information about how people would present if they became unwell and the action staff should take. Staff were able to describe how they supported people with their diabetes.
- When people were living with epilepsy there was information about how people presented when they had a seizure. There was guidance about how staff should support people following a seizure and when to call for medical support.
- When people were at risk of skin damage, specialist equipment such as pressure relieving mattresses and cushions were used. Staff knew the signs of skin damage and how to support people to reduce the risk.
- Checks had been completed on the building and equipment used by staff to keep people as safe as possible. Fire equipment had been checked regularly and water temperatures had been checked to make sure they were within safe levels to reduce the risk of scalding.
- Accidents and incidents had been recorded and analysed to identify patterns and trends. When people had more than one fall, action had been taken such as introducing bedrails or lowering the bed as appropriate.
- People told us they felt safe living at the service and were confident the staff knew how to support them safely. Relatives confirmed they felt their loved ones were safe living at the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Staff had been recruited safely. Checks had been made before staff started work at the service. New staff had a full employment history, references and Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to support people safely and meet their needs. People told us, staff were always there to assist them when they needed them. We observed staff spending time with people and supporting them in an unhurried way.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The management team did not always follow government guidance. The registered manager had not followed the government guidance regarding allowing everyone to have visitors in their rooms. The registered manager told us they had not seen it as an issue as there were other visitors in the service for people who were in bed. The registered manager had not continued the improvements made at the last inspection. The experiences of some people around visiting had not been person centred or supporting positive outcomes for them.
- The registered manager told us they operated an 'open door' policy. The feedback from relatives varied, some relatives told us how helpful the registered manager had been with the care of their loved one. However, other relatives told us, they had not always felt welcome by the staff and the service, especially when they had not been able to visit in the service.
- The registered manager had not recognised that podiatry treatments being performed in the communal lounge was an infection control risk. People's privacy and the feelings of other people within the communal area had not been considered. People had been asked if they were happy to have their treatment in the lounge but had not been given the option of going to another room.
- The management team were not always aware of their regulatory responsibilities. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service and website where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The provider had developed their first website but had not displayed the rating for the service. The provider told us they did not know they had to do this. During the inspection, the rating was put on the provider website.

The registered person had failed to assess, monitor and improve the quality of the service and mitigate the risks to the health and welfare of people. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had been open with relatives when things had gone wrong. Relatives told us they had been kept informed of any changes in their loved one's care. During the pandemic relatives had been

kept informed if there had been COVID-19 outbreaks within the service.

- People attended regular meetings where they were asked their opinions on different subjects including the menus and activities. People suggested ideas for celebrating Easter and the Jubilee. The menu suggestions had been acted upon including more Chinese food as people said this was a favourite.
- Quality assurance surveys were due to be sent out this summer. Last year people, staff and stakeholders had completed quality assurance surveys. The response from all the groups was positive, the results had been analysed and an action plan was put in place to act on suggestions.

Working in partnership with others

- The registered manager had continued to work with other agencies to access professional services for people.
- The registered manager was part of local groups comprising of other registered manager and local authority representatives to keep up to date with local changes.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered person had failed to assess, monitor and improve the quality of the service and mitigate the risks to the health and welfare of people.