Gracewell Healthcare Ltd

Amherst House Care Home

Inspection report

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Overall summary

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, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection.

Amherst House care home provides care and treatment for up to 60 people, some of whom may have dementia. The home, run by Gracewell Healthcare Ltd, opened in April 2014. On the day of our inspection the service had 17 people living in the home. This meant we are unable to rate this service as it was not providing care to a full compliment of people at the time of our visit.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People and their relatives told us they felt they were safe living at Amherst House. One person told us, "I feel very safe here" and a relative said, "I feel absolutely certain (my relative) is safe here." Staff had received safeguarding vulnerable adults training and were able to tell us what they would do if they had any concerns. Staff had also received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager had a good understanding of DoLS and we saw they had recently submitted an application in respect of one person.

The provider had robust recruitment processes which helped ensure they employed people who were suitable to work with vulnerable adults.

Care plans contained individual risk assessments in order to keep people safe at the service. For example, one person required assistance with feeding in a slow manner to avoid coughing. Staff told us they felt there were enough staff on duty each day. One member of staff said, "If we use agency staff it is always the same people." One relative said, "They seem to have plenty of staff here, they are always checking on (my relative) and others." Staff attended to people promptly and when an alarm bell went off two members of staff responded very quickly.

Staff had regular supervision with their line managers and they told us they felt supported. They said they were encouraged to progress professionally and attend training appropriate for their role.

People were encouraged or supported to make their own decisions about their food. There was a four-weekly menu which gave people choice and people could ask for an alternative if they wished. Meals consisted of a choice of appetising mains and puddings and all of those we

Summary of findings

spoke with on the day told us the food was good. One person told us, "They do ask if you would like changes to the menus." A relative told us, "(My relative) eats little and often but the food is good."

People had access to other health care professionals as and when required. We heard from one person who said, "They arranged for a doctor to visit me twice." Another person told us, "They would ask if I wanted to see the chiropodist."

During our visit we observed staff administer care to people with kindness, compassion and sensitivity. Staff knew all residents names and were aware of their needs. One person told us, "They give me everything I want" and another said, "I can assure you that I am very well looked after here." Everyone told us they felt staff treated them with respect and dignity and they could have privacy whenever they needed it.

Relatives told us they were involved in reviewing the care and treatment provided to their family member. One relative said, "They always tell us what is happening to (my relative)." Another told us, "The care plan was drawn up when they first came and a review was done last week. The manager said it would be done again in three months." This was reiterated by people who lived in the home. One said to us, "I was party to the drawing up of the care plan" and another told us, "There was a chat about my needs when I came here."

The service had an activity co-ordinator and two volunteers. In addition, the home had its own cinema and a craft room. There was a 'café' in the lobby, together with two computer terminals where people could 'Skype' or email family members or friends. People chose how they wished to spend their time. One person told us, "I like staying in my room and that's okay with them." Another told us, "I have my hair done weekly."

Information was available to people on how to make a complaint. Everyone told us they would know how to make a complaint. One person said, "I have not had reason to complain, but I would to the staff." The registered manager told us there had been no complaints since the home had opened. The service held an accident and incident log which recorded details of the incident, together with the outcome and action taken. There had been two accidents which had been dealt with appropriately.

People said the registered manager was "Very approachable and supportive." One relative told us, "They (the manager) is absolutely fantastic." As the home had recently opened a survey had not been carried out but staff carried out regular audits of the service which included a monthly organisational visit.

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?
We found the service was safe. People who lived at Amherst House felt safe living there.

Staff knew how to recognise and respond to abuse correctly and who to report concerns to.

The provider had followed correct recruitment processes which helped ensure only suitable staff worked at the service.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). This helped ensured people's rights were respected.

Is the service effective?
The service was effective. Staff received training and supervision and were encouraged to progress professionally. Registered nurses had provided evidence of their qualifications to show they were appropriately trained. This meant staff had the appropriate knowledge and skills they needed to carry out their roles.

People had a choice about the food they ate. There was a choice of meals and drinks were available throughout the day.

People were supported to maintain good health as they had access to external healthcare professionals, such as the GP or district nurse.

Is the service caring?
We found the service was caring because people were attended to by kind, caring staff in a timely manner. People and their relatives were positive about the care provided by staff.

Staff knew people well and provided support when people needed it. Relatives told us staff ensured they treated people with dignity and respect.

Is the service responsive?
The service was responsive because care plans we looked at showed the most up to date information on people's needs, preferences and risks to their care. Staff followed external healthcare professional guidance when appropriate.

People told us they were able to make individual and everyday choices and we observed this during our inspection.

People were made aware of the activities available to them. People were also made aware of how to make a complaint or give feedback.

Is the service well-led?
The service was well-led because the provider had systems in place for monitoring the quality of the service. The provider and registered manager regularly monitored the service for improvements.

During meetings, residents and staff were able to give their feedback and comments. This meant people were encouraged to feel involved in the running of the service.

Amherst House Care Home

Detailed findings

Background to this inspection

This was the first inspection for this service as it had recently opened. This unannounced inspection took place on 15 July 2014. We spoke with four people, four care staff (which included registered nurses), the registered manager and six relatives.

We observed care and support in communal areas and looked around the home. As part of our inspection we reviewed five care plans and four staff files. We also looked at the policies held by the service, together with general information and other relevant documentation about the service.

The inspection team consisted of one adult social care inspector and an expert by experience (ex by ex). An ex by ex is a person who has personal experience of using or caring for someone who uses this type of care service. Before our inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

Is the service safe?

Our findings

We asked people if they felt safe in the service. Everyone told us they did. One person told us, "I feel very safe here." A relative said, "I feel (my relative) is very safe here." We also asked people if they felt their freedom was supported and respected. One person told us, "I like staying in my room and that's okay with them."

We reviewed training records and saw all staff had received training in safeguarding vulnerable adults. Staff had a good understanding of the types of abuse which may take place and who they would report to should they have any suspicions or concerns. There was a safeguarding adult policy in place for staff. The safeguarding policy set out the guidance for staff and how to report it. One staff member said, "I would report any concerns straight to the manager." This showed us staff understood their responsibilities to keep people safe from abuse.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). Staff had training on the Mental Capacity Act 2005 and DoLS. The registered manager was aware of the requirements to make an application if a person was being restricted. They told us they had submitted one DoLS application in relation to a person leaving the building unsupervised, which was waiting for a decision. This showed us the registered manager had a good understanding of the legal requirements. Staff had received specific training for when people did not have the capacity to make a decision.

We observed people moving around the home freely during our visit and saw one person went out with their relative and another had gone to the café area on the ground floor. Other people sat in the lounge, garden area or their room.

The care files we reviewed had a number of risk assessments completed. The assessments detailed what the activity was and the associated risk. For example, in relation to mobility, accessing the community, risk of choking and specific health needs. We saw these assessments were up to date and provided clear guidance to staff. Staff were aware of these risk assessments, for example they knew one person needed to be fed slowly to avoid coughing. This showed us people were looked after by staff who had access to appropriate knowledge about their needs.

The home had 17 residents on the day of this inspection. The registered manager told us staffing levels were increased as more people moved into the home. At present agency staff were used during staff sickness or absence, but the registered manager was undertaking a recruitment drive and planned to stop using agency staff by September 2014.

Everyone told us they felt there was enough staff on duty. Relatives told us, "They seem to have plenty of staff here, there are always checking on (my relative) and others." and, "They do provide two staff when they move (my relative) about." One person said, "I had to use the call bell and they came very quickly." During the day we found sufficient numbers of staff on duty and some relatives told us they did not detect any difference to staffing levels at the weekend. Staff told us that they felt there were enough staff on duty. One staff member said, "There is a stable number of staff and agency staff cover if we have shortages." This meant the provider provided a consistent level of staff numbers to meet people's needs.

People said staff were prompt in responding to calls for help and we observed staff responding to call bells in a timely manner. The call bell log showed us in the majority of instances staff attended to people within one minute. The alarm bell went off during our visit and two members of staff responded very quickly. This showed us people were cared for by staff who acted efficiently in response to people's needs.

The registered manager explained one registered nurse (RGN) was on duty during each of the two day shifts and also at night. Staff undertook dementia training and the training records confirmed staff were up to date with this training. This showed us the provider had ensured suitably qualified and trained staff were on duty each day.

We read four staff files and saw they contained all the necessary information for safe recruitment. This included application forms, photographic identification, references and a full employment history. Each member of staff, as well as volunteers, had undergone a criminal records check

Is the service safe?

prior to commencing at the service. This showed us the provider took the necessary steps to help ensure they only employed staff who were suitable to work with vulnerable adults.

Is the service effective?

Our findings

Staff told us they received regular supervision but had yet to receive an appraisal as the service had only been open for four months. Staff told us they undertook mandatory training which included first aid, fire safety, manual handling and safeguarding. This training was undertaken by new staff before they started work at the service. Staff could progress professionally if they wished. For example, by taking the national diploma in healthcare or dementia training. In addition, some staff underwent specific training, for example in relation to diabetes. They would then cascade their learning to other staff.

People were involved in making their own decisions about the food they ate. The lobby and the dining rooms had a four-weekly menu displayed which offered a wide choice of meals and people could ask for an alternative if they wished. Meals consisted of a choice of appetising mains and puddings and all of those we spoke with told us the food was good. One person told us, "They do ask if you would like changes to the menus." A relative told us, "(My relative) eats little and often but the food is good."

People each had a jug of water in their room and during the morning we saw everyone was offered some fruit and a drink. During lunch time people sat in groups eating at their own pace and staff sat and spoke with them. Those who were being supported to eat were being helped in an unhurried manner. Some individuals had specific dietary requirements and we saw those people had been served appropriate food during the lunch time. For example, someone required a soft diet. Pureed food was arranged on the plate in an appetising way and we saw meals were served directly from a hot trolley which meant people's food was served at an appropriate temperature.

There was a jovial atmosphere in the dining area we observed, with conversation and laughter between staff and the residents. People seemed relaxed and happy in each other's company. This meant people were provided with a varied diet and mealtimes were pleasurable for people. Staff routinely asked people after meals whether or not they had enjoyed the food. We saw staff do this during our visit. Comments and feedback were recorded on a daily sheet and fed back to the chef so they knew of people's preferences, likes and dislikes. We looked at the comments people had left and on the whole people were happy with the food and had requested little change.

Staff told us how they supported people to maintain good health. They told us they had access to external healthcare professionals, such as the GP, district nurse, a skin specialist nurse, or dietician. People said staff would make appointments for them when required. For example people told us, "They arranged for a doctor to visit me twice", "I could have my feet done if I wanted" and, "They would ask if I wanted to see the chiropodist." One relative said, "They changed (my relatives) GP to the local one very easily." One care plan we looked at included guidance for staff from the TVN. This showed us people were able to discuss their individual health needs and preferences with staff. It also showed us people had access to healthcare professionals when needed and staff were provided with guidance when appropriate.

Is the service caring?

Our findings

We asked people if they felt their needs, preferences and choices for care and support were met by the service. People told us "They give me everything I want" and, "I can assure you that I am very well looked after here." A relative told us, "Every member of staff here is superb. Staff have quality and whatever my family member wants they do for them. Nothing seems too much trouble." Relatives told us, "We would recommend the home to others", "This is a great place, it's the best thing we've done for our relative" and, "Fantastic care here."

We observed staff quietly interacting and offering care in a kind and compassionate and timely manner. Staff knocked on people's doors before entering and greeted people properly. When personal care was being given to someone in their room, the door was shut. One relative told us, "(My relative) is treated with dignity and respect as they talk to them and always knock on their door before coming in." Another relative said, "They treat (my relative) as a person, they have choice with the clothes they wear." A further relative added, "They treat them like adults and give them the respect they need."

Staff members were able to give examples of how they treated people with respect and dignity. One said it was about, "Talking and communicating with people all the time." Another said, "I respect their rights. I let them choose what they want to wear and tell them all the time what is going on." Everyone thought the staff were lovely and the care given was excellent. This showed us staff treated people with care, respect and dignity.

People were given the opportunity to decide whether or not they wished to move to Amherst House as the service provided a 'holiday' trial period. This meant someone could stay at the home for a short period of time before making a decision to move in on a permanent basis. In addition, relatives had the opportunity to stay in a separate room at the same time. We heard from one relative how their family member preferred to spend most of their time in their room and staff respected this. In the care plans we read we saw people had expressed their preference on how often they were checked during the night and whether or not they wished staff to wake them. We read the notes from the night shifts and saw people's wishes had been recognised.

A 'coffee morning' was held in one of the lounges when a new volunteer was introduced to people. The conversation was relaxed and everyone was given the opportunity to participate. The activity co-ordinator involved people in to the conversation by mentioning specific information (history) about them individually. It was evident staff knew them each well.

Is the service responsive?

Our findings

Staff described people and their needs and it was evident to us they knew them well. One person told us, "The staff know me and know exactly what I want." During the 'coffee morning' the activity co-ordinator encouraged people to express their views on what they would like to do. One relative told us, "My family member isn't eating properly. Staff encourage them and always make sure there are drinks available." Another relative said, "They have developed a routine for my family member which is what they need and recognise." Everyone had a choice of a male or female care worker and their preference was recorded in their care plan. One relative told us staff respected this. This demonstrated people were encouraged to share their views in what was important to them. It also demonstrated people were able to make individual and everyday choices.

People's care plans were drawn up and reviewed to reflect any changing needs of a person. Relatives told us they were involved in reviewing the care and treatment provided to their family member when appropriate. One relative said, "They always tell us what is happening to (my relative)." Another relative told us, "The care plan was drawn up when they first came and a review was done last week. The manager said it would be done again in three months." This showed us staff ensured the information contained in a care plan reflected the most recent needs of the person.

The registered manager told us people who had capacity had been involved in developing their own care plan. This was reiterated by people we spoke with. One said to us, "I was party to the drawing up of the care plan" and another told us, "There was a chat about my needs when I came here." The care plans we looked at were up to date and had been written in a personalised way, outlining people's preferences, likes/dislikes and how they wished to be supported. Staff explained that care plans were developed through reports from care workers and their (staff) continuous assessment. Staff said they worked together well as a team. They ensured during handovers and with the use of the communications book, everyone aware of any changes to a person's needs. For example, we saw one person had received a visit from the skin specialist nurse who had revised their guidance to staff. We saw this had been updated in the care plan. This meant staff worked to the most up to date information about a person.

People were able to spend time how they wished. For example, one person told us, "I prefer not to take part in things; I've never been a mixer." A relative said, "They enjoy one to ones (meeting a member of staff on an individual basis) and they (staff) do it in their room." Another relative told us, "The registered manager contacted a local Catholic church for our family member as they wanted to attend church." The building contained a cinema in which people could choose their own film. There was a beauty/ hairdressing 'parlour' where people had access to various treatments. This meant the service supported peoples' diverse and support needs. During our visit we saw several relatives visited and one person was taken out to lunch. This showed us people were enabled to maintain relationships with friends and relatives.

Complaint information was displayed in the lobby. Everyone told us they felt listened to and if they were not happy about something they would feel comfortable raising the issue and would know how to make a complaint. One person said, "I have not had reason to complain, but I would to the staff." A relative told us, "There is no need for any complaints, but I would do so on behalf of my family member." The registered manager told us they had not received any formal complaints since the service opened. We saw the service held a policy for staff to show them how they should respond to a complaint. This meant the provider ensured people had been given information on how to make a complaint.

People told us they were aware of the residents and relatives meetings held every two months. One person said, "I am aware there is a meeting for residents and relatives." Another told us, "My sons would attend a meeting if changes are needed." We read the minutes of the last meeting which included discussions on all aspects of the service. The registered manager said they had a 'time capsule' which they planned to bury in the garden and people had been included in what was put into it. This showed us the provider involved people in the running of the service.

Is the service well-led?

Our findings

Everyone we asked said the service was very well-led. We saw the registered manager knew people and their relatives well as they knew relatives first names and chatted to them in a friendly manner. One relative said, "The manager is fantastic – you can go to them for anything." Another relative said, "There is calmness about the place which must be how the manager works." A further relative added, "The staff are very well led." The registered manager interacted with staff in a friendly, but professional way which showed us they were 'hands-on' and involved in the service.

There was a clear vision and set of values displayed in the lobby area of the home and staff had signed the Gracewell Healthcare charter to 'support vulnerable people so they can continue their lives with dignity and independence and be participating members of their own communities'. The registered manager told us the chief executive officer annually reported to the staff forum and staff had access to an 'e-cloud' where they could leave feedback and comments. Staff had access to a whistleblowing policy which gave guidance on what to do if they suspected wrongdoing at work. We saw the service held safeguarding, accidents and incidents logs. Records showed there had been three recent accidents/incidents and these had been dealt with appropriately. This meant there were clear expectations of staff. Staff said there was an open culture within the service in which staff were supported to express their views or concerns. They had regular staff meetings and they felt able to speak freely.

Amherst House took part in the recent national care home open day initiative and the registered manager had formed a Horley dementia friends group which was attended by staff from the nearby supermarket. The local clinical commissioning group of GP practices held their meetings in the home and were in regular communication with staff.

The purpose of these initiatives were to raise people's awareness of the service and to encourage the local community to be involved. For example, volunteers visiting the service, or people being accompanied to shop in the supermarket. This showed us the registered manager and staff were motivated and encouraged to work in partnership with others.

A senior manager carried out quarterly inspections and monthly audits were undertaken by the registered manager. These included observations, staff interaction, staff interviews, training or medication reviews. Action plans were developed as a result of audits and we saw actions had been completed. For example, we saw staff who had not received supervision had a date booked in. This meant the service checked staff carried out their role appropriately.

Staff were encouraged to develop professional, for example to undertake national qualifications and in health and social care. This would ensure staff were trained to implement best practice.

The service employed an in-house maintenance person who carried out health and safety checks on a daily and weekly basis. For example, the fire alarms and water temperatures. We saw from records staff reported repairs or maintenance requirements and these were acted upon quickly. This showed us the provider had systems in place to regularly review the safety and quality of the service provided. It also showed any actions identified were acted on.

The service had not yet sent out a formal satisfaction survey, however the registered manager had received compliments from relatives, which included: "So happy with the care he's getting" and, "My relative was just laying in bed, but now to see them out of bed in a wheelchair talking and eating is priceless."