Avante Partnership Limited

Amherst Court

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Overall summary

The inspection was carried out on 20 and 22 May 2015 and was unannounced. There were 105 people living in the home when we inspected.

Amherst Court provides high quality accommodation and personal care for older people some of whom may be living with dementia. The provider had built the home to an exceptionally good modern standard, specifically adapted for people living with dementia. The home provided accommodation over three floors arranged in six suites. All the rooms had en-suite shower and toilet facilities which promoted independence and facilitated individual personalised care. There was a sensory garden for people and their relatives to enjoy that stimulated the senses of smell and hearing. Recent donations from the community meant a 'crazy golf course' and herbs and vegetables were being grown by people, with the assistance of volunteers and staff for use in the kitchen.

People benefited from a fully accessible, well equipped and designed community café where they could meet relatives and friends. There was a truly open atmosphere on entering the premises. Direct dial telephones were available to people in their own bedrooms and people

Summary of findings

could access the internet if they wanted to. All areas within the home had been designed for the needs of people with dementia. Plenty of communal space, lounges, breakaway areas and dining areas were available to people, as were quiet areas where people could sit in peace. We observed that this was a very safe home with a well-designed system allowing staff and visitors to move freely within the home. All the corridors were flat and have hand rails. A relative said, "Although my mother is partially sighted she is able to negotiate her way with the help of the hand rails".

There was a registered manager employed at the home. 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 2008 and associated Regulations about how the home is run. People told us and we found the home to be extremely well led.

Peoples comments about the home and staff were very positive. Health and social care professionals were very enthusiastic about Amherst Court, and had many positive things to say. Relatives were very happy with the home and the care people received. A visitor to the café area noted, 'The place is kept spotless and the gardener is very good too.'

Peoples needs were assessed and reviewed by a dedicated Admiral dementia nurse, an expert in dementia care assisted by an experienced head of care. The Admiral nurse also supported relatives and staff in their understanding of dementia.

The registered manager involved people in planning their care by assessing their needs both before and when they first moved in. Assessments were underpinned by information about the challenges people faced living with dementia. The risk in the home was assessed and the steps to be taken to minimise them were understood by staff.

People and their relatives described a home that was welcoming and friendly. One relatives said, "My children think this is a wonderful home for their grandmother and said they are putting my name down in advance," and "My mother is very well cared for, she has her hair done and they even colour it for her which makes her very happy".

People told us they felt safe. The safety culture included people having regular private and confidential access to the visiting Police and Community Support Officers, (PCSO).Staff had received training in protecting people from abuse and showed a good understanding of their responsibilities in preventing abuse and how to spot the signs of abuse in people living with dementia.

The home had an exceptionally full activities programme for people which included a 'wishing well' to enable people to visit past experiences that were important to them. This was supported by the local community and fundraising events. People were encouraged and supported to remain involved in community life. The registered manager promoted partnership working with key stakeholders in the local community such as the police, the NHS, universities and private businesses to enhance the care being delivered to people.

Staff understood the ethos of the provider by providing care which was friendly and compassionate and people were encouraged to get involved in how their care was planned and delivered. One person said, "This is the first time I have visited my friend here. I am really impressed. I have been here about an hour and I have been made welcome, offered refreshments and have seen nothing but care, love and kindness from the staff".

People had access to GPs and other health and social care professionals with specialisms in dementia and mental ill health.

Staff received in depth training about dementia or other conditions people faced. Peoples needs were very well understood by staff who worked in partnership with the community nursing teams to deliver high quality care. Staff were very complimentary about their training and the opportunities they had to develop in their roles. Staff received regular supervision and annual appraisals. Staff embraced new concepts of care and were motivated for continuous improvement.

Summary of findings

Staff followed robust medicines policies and had been trained extensively over twelve weeks to administer medicines safely. The management team worked innovatively with peoples' GPs to minimise the use of anti-psychotic drugs.

The senior management team were working towards further enhancing the quality of home they provided by taking part in research projects. This included individual work around memory loss in dementia and activities that were designed to help improve this. Additional guidance and research was used to promote peoples' cognitive and physical health who were living with dementia through activity and engagement. This had a direct and positive impact on peoples lives in the home. Feedback included, “It is hard for some people (with dementia) to verbalise what they are experiencing but actually when they are engaged in the activity you could see that they were enjoying what they were doing, there was so much fun and laughter involved”.

All of the comments about the food were good. Staff supported people with dementia exceptionally well to maintain their health by ensuring people had enough to eat and drink. Innovative ways were used to encourage people to eat and drink who walked with purpose and who became distressed if they could not do this.

There was a robust complaints policy. There were numerous forums and discussion meetings people could attend to express their views on the service.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Restrictions imposed on people were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) Code of Practice.

The registered manager understood when an application should be made. Decisions people made about their care or medical treatment were dealt with lawfully and fully recorded.

Robust recruitment policies were in place and followed by staff. Safe recruitment practices had been followed before staff started working at the home. The registered manager ensured that they employed enough staff to meet peoples' assessed needs. Staffing levels were kept under constant review as peoples' needs changed. Additional staff time was given to people if they became unwell. We found that staff treated people with dignity and respect, kindness and compassion.

The provider had outstanding quality audit systems that were independently verified. Health and safety risks were audited and actions were taken to minimise risk. An organisation not connected with the provider carried out annual surveys of peoples experiences of the home and the results were used to develop comprehensive business development plans. Peoples satisfaction with the home had improved to 93% compared to 88% last year.

The registered manager was experienced and well qualified to lead the home. They were supported by a very well organised and experienced management team who led from the front, working alongside staff to deliver care and monitor performance.

The local community and national and local business were heavily involved in assisting the registered manager with fund raising and through volunteering. The inspection team noted the openness within the home with the coffee shop open to members of the public. People in the home shared their experiences of dementia with the police. This promoted a very positive response for the police to encourage a better understanding of the challenges people living with dementia faced, both in the home and in the wider community.

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?

Good

The service was safe.

Staff knew what they should do to identify and raise safeguarding concerns. The registered manager acted on safeguarding concerns and notified the appropriate agencies.

There were sufficient staff to meet peoples' needs. The provider used safe recruitment procedures and risks were assessed. Medicines were managed and administered safely.

The premises and equipment were maintained to protected people from harm and minimise the risk of accidents.

Is the service effective?

Good

The service was effective.

The registered manager followed the Mental Capacity Act 2005 and the Deprivation of liberty safeguards.

People were enabled to maintain their health and wellbeing. Staff looked out for signs of people becoming unwell and sought help from health and social care professionals. People were encouraged to eat and drink enough.

Staff received an induction and on-going training when they started working in the home. Staff met with their supervisors to discuss their work performance.

Is the service caring?

Good

The service was caring.

People had forged good relationships with staff and they were comfortable and felt well treated.

People were treated as individuals and able to make choices about their care.

People had been involved in planning their care and their views were taken into account. Information about people was kept confidential.

Is the service responsive?

Outstanding

The service was very responsive.

People were provided with care when they needed it based on professional assessments and the development of a person centred care plan about them.

Activities were individualised and based on best practice and innovation for people living with dementia. Participation was stimulating and assisted people to maintain their mental health. People were supported to re visit their dreams and aspirations.

Information about people was updated by people who were experts in dementia and people and their relatives had been fully involved in this.

Summary of findings

People were encouraged to give their views about the home and raise any issues they were unhappy about with the registered manager. The registered manager resolved complaints to peoples' satisfaction.

Is the service well-led?

Outstanding 

The service was very well led.

In depth management structures were in place so that risks were monitored and reviewed regularly and audits were linked to learning and the promotion of safety.

Internal and independent quality audits in the home promoted openness and best practice. The registered manager looked outside of the home to gain knowledge from specialist to embrace best practice when meeting peoples needs.

The provider and registered manager promoted person centre values within the home. People were asked their views about the quality of all aspects of the care. Peoples experiences of care was shared with cutting edge NHS research partners to promote better outcomes for people in the future.

The home had become a community hub for people to meet. The registered manager recognised their shared responsibility of promoting a better understanding of the challenges people faced living with dementia or mental health issues.

Amherst Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the home, and to provide a rating for the home under the Care Act 2014.

This inspection took place on 20 and 22 May 2015 and was unannounced. The inspection team consisted of two inspectors and two experts by experience. The experts-by-experience had a background in caring for elderly people and understood how this type of home worked.

Before the inspection we looked at previous inspection reports and notifications about important events that had taken place at the home. The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

We spoke with 36 people and 29 relatives about their experience of the home. We spoke with 21 staff including 16 care workers, two team leaders, a suite manager, a night manager and the registered manager of the home to gain their views. We asked three health and social care professionals for their views about the home. We observed the care provided to people who were unable to tell us about their experiences.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at nine peoples care files, ten staff record files, the staff training programme, the staff rota and medicine records.

A previous inspection took place on 14 November 2013, and the home had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service safe?

Our findings

People commented, 'I do feel safe.' 'I am extremely safe here' and 'I'm very safe here. I've no complaints.'

Relatives spoke about their peace of mind as they felt that their family members were well cared for and safe. One relative said, "I know when I leave Amherst after visiting my mother that she is safe and I need not worry about her".

A health and social care professional said, "They are good with safeguarding issues here".

Staff were trained and had access to information so they understood how abuse could occur. A new member of staff confirmed that they understood safeguarding issues which had been covered in their first two days. Staff understood how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place.

Staff were aware of the signs of abuse in people living with dementia who may not always be able to recognise risk or communicate their needs. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. The registered manager knew who to contact and how to report abuse in line with the local authority safeguarding policy. People could independently discuss issues about safety with police community support officers who visited the home every two weeks. People could be confident that staff would protect them from abuse because they were aware of their roles and responsibilities.

The registered manager had ensured that risks had been assessed and that safe working practices were followed by staff. People had been individually assessed in many areas which included if they were at any risk from falls or not eating and drinking enough. Every person had care records that included individual risk assessments specific to their condition. For example, we saw a risk assessment for glaucoma for a person who was diabetic, and a risk assessment for self-harm for a person who suffered from depression. When risks had been identified, the steps staff needed to follow to keep people safe were documented in care files. Staff understood the risks people faced and made sure that they intervened when needed.

Staff checked for patterns of risk. For example, incidents and accidents forms were checked by the management team to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again.

The provider had policies about protecting people from the risk of home failure due to foreseeable emergencies, for example fire or flood. This meant staff could respond to emergency situations whenever they happened so that people still receive the care they needed. Each person had an emergency evacuation plan written to meet their needs. For example, if they had poor mobility. Staff received training in how to respond to emergencies and fire practice drills had taken place.

Equipment was available to assist people with their daily living tasks and staff were trained how to use it. The premises were designed for peoples' needs, with signage that was easy to understand. The premises were maintained to protect peoples' safety. Access to the suites and the premises were secure, but allowed people to move around if they wanted to as they had key fob access. For example, lots of people went to the coffee shop on the ground floor to meet loved ones and friends. One person said, "I've been here a long time, so I've got the key here". The fob system of secure outside doors was popular with visitors to the home. Another person was pleased to demonstrate how it worked. The reception was staffed during the day and these staff monitored the main entrance to the home.

There were adaptations within the premises like ramps and wet room showers to reduce the risk of people falling or tripping. When staff needed to use equipment like a hoist to safely move people from bed to chair, this had been individually risk assessed. Staff told us they had received training to use equipment safely and we observed safe practices happening during our visit. People could be cared for in a safe environment and those who could not walk unaided could be moved safely.

Staff told us that they had been through an interview and selection process before they started working at the home. The registered manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Staff records showed that applicants for jobs had completed applications and been interviewed for roles within the home. Health questionnaires were in place to check if staff were fit to carry out the job. New staff could

Good

Is the service safe?

not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. The registered manager had made checks to ensure that people were eligible to work in the UK. All new staff had been checked against the disclosure and barring home records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

Staffing levels were planned to meet peoples' needs. Each suite had its own staffing structure based on peoples individual needs. In addition to the registered manager, the general manager, care manager and three suite managers there were 22 care workers managed by three team leaders between 7 am and 9:30 pm. At night there was a night manager, team leader and up to ten care staff available to deliver care. There was a system in place to link peoples' needs with the number of staff required in the home. The system included an in depth assessment of peoples' needs and how much staff support they needed. The rota showed that staffing levels were consistent and there was a system to cover staff absences. Cleaning, maintenance, cooking and organising activities were carried out by other staff so that staff employed in delivering care were always available to people.

The provider had a policy set out how medicines should be administered safely by staff. The registered manager checked staff competence ensuring staff followed the policy. Medicines were stored safely. There was lockable storage available for stocks of medicines and access was restricted to trained staff. Medicine's in storage and ready for administration in the lockable medicine trolleys was accounted for and recorded. Staff knew how to respond when a person did not wish to take their medicine. It would be offered again according to guidance from the persons' GP. Staff understood how to keep people safe when administering medicines.

The medication administration record (MAR) sheets were comprehensive included photographs of the person and images of the medication. This helped ensure that staff could check they were giving the correct medicines to the correct person, reducing the risk of errors. Staff only signed to say medicines had been given when they had seen the person take it.

The medicines administration record (MAR) showed that people received their medicines at the right times. Medicines were correctly booked in to the homes by staff and this was done in line with the home procedures. Medicines were available to administer to people as prescribed by their doctor.

Good

Is the service effective?

Our findings

Peoples comments included, 'There's plenty of food, some I don't like, but it is good food.' And 'Our favourite dishes, they are superb'. A relative said, "I eat here regularly, Sunday lunch dad seems to love the food here and he's seen the dietician as well".

Other relatives said, "They always get a doctor if she falls". "She sees a doctor regularly and a district nurse as well, to look at her leg". And "When the Team leader phones the district nurses; they come in virtually straight away".

At this inspection we found that the registered manager had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). They had reviewed peoples care in relation to the MCA and DoLS. For example, if people were restricted by bed rails for their safety, or their movement within the home was restricted. Decisions about this were recorded and the DoLS team in the local authority were involved in the process. Applications had been made to the DoLS supervisory body when appropriate for any restrictions that would enable people to keep safe, but without unlawfully restricting their human rights. There was an up to date policy in place covering mental capacity. Staff training had been updated around the mental capacity act and best interest decisions were recorded. This protected people from unlawful decisions being made on their behalf and gave people the opportunity to change decisions they may have made before.

Staff gained consent from people before care was delivered. Do not attempt resuscitation forms were in place in line with nationally recognised best practice. People were supported to review these decisions with a health and social care professional.

If people had accidents or staff had concerns about peoples health, the emergency services were called or staff sought advice from other health and social care professionals such a GP, occupational therapist and dieticians. Handover meetings took place at each change of shift so that staff coming on shift were aware of how each person had been that day. This ensured that staff were kept updated about peoples' needs.

People who displayed behaviours that others may find challenging benefited from behavioural management plans which informed staff of how to keep them and others calm and safe. This prevented anxieties and behaviours escalating. Staff spoke confidently about how they approached people who may be distressed or unsettled. Staff received training and guidance in relation to managing challenging behaviour. Staff told us they were improving their knowledge in this area as part of their work with a psychologist specialising in caring for people living with dementia.

Food was prepared in the main kitchen and sent to each suite on heated trolleys. There was a small kitchen on each suite from which food was served. Food was temperature checked before it was served. People were able to make their own drinks when they wanted to. Fruit, water and juices were available all day. People told us they liked the food. The meals served looked appetising. People who needed help to eat enough were provided with additional staff support at meal times.

There was a focus on encouraging hydration and nutrition for people. One member of staff on each floor was appointed as a nutrition advocate and had responsibility for recording peoples weights, referring people to dietician homes and implementing food and fluid intake monitoring. A dietician told us that the 'Staffing is brilliant.' She listed food charts, recording, the fortifying of foods, referring residents, weighing them and calculating their MUST scores as things that the staff were especially good with. (Malnutrition Universal Screening Tool or MUST is used to identify adults who are or could be at risk of malnutrition or obesity and includes a management plan to prevent this happening.)

People with more complex dementia who preferred not to sit and eat, but who walked with purpose were kept calm as staff offered snacks and finger food to them throughout the day. A variety of drinks and snacks were seen on offer, including fresh fruit and popcorn. The dietician commented on the range of snacks available, noting that there were pureed foods on offer for those that needed them. This helped people with more complex conditions to maintain their health through eating and drinking enough.

The amounts people ate and drank had been recorded so that staff could check peoples health was protected. People at risk of losing weight were monitored and referrals were made to dieticians or the GP when necessary. Special dietary requests were catered for and staff were aware of

Good

Is the service effective?

people that needed a diet that supported their health and wellbeing due to a medical condition, such as diabetes. Action was taken to maintain peoples' health and wellbeing.

Staff received supervision and appraisal. Staff met with a member off the management team to discuss their work, as supervisions. When managers met with staff they asked them questions about their performance, about work issues and about their development needs. Staff were asked by the registered manager how training they had undertaken had improved their skills.

Managers met with staff to discuss their training needs and kept a training plan for staff to follow so that they could keep up to date with developments in social care. The staff had training from dieticians and district nurses in pressure ulcer and malnutrition awareness. Additional specialist training was provided for people if they had specific conditions. For example staff had just attended training in a rare degenerative condition so that they understood the needs of a person with the condition they provided care for. Staff confirmed that they have all the necessary training to give them the knowledge to care for people living with dementia and to keep them as well as possible. This gave staff a practical knowledge of caring for people as individuals.

Staff spoke about the training they received and how it equipped them with the skills to deliver care effectively. New staff confirmed that their induction gave them a full understanding of what was expected of them in order to meet peoples' needs and keep them safe and happy. New staff completed their social care training in line with nationally recognised standards in social care. New staff also received training that related specifically to the needs of people with dementia. Records confirmed that staff had followed common induction standards and received on-going training. This gave staff the skills and development opportunities to provide effective care and make improvements where appropriate.

Good

Is the service caring?

Our findings

People said, “It’s a lovely place to live”. “The staff are kind and care for me”. “I have a lovely room and have a shower every night before I go to bed”.

People told us they liked the staff and said they were well cared for. One person said, “It is all nice and if you have a problem, you can always ask, they help me”. Another said, “They (Staff) are all friendly and nice, they bring me out for a smoke”. They also said, of staff, “He (staff) puts music on for me in the evening. I love music”.

All the visitors said there were no restrictions on when they could come to visit and we observed visitors were made welcome. Relatives had found the staff caring. They said, “We are very welcome, we get our key fob, there’s no problems”. And “Without exception, the staff are very kind and caring, they go the extra mile to make my husband safe and comfortable, I know it is where he gets the best possible care”.

The staff were polite and cheerful. Staff took the time to understand how dementia or other conditions affected people and to get to know people as individuals so that people felt comfortable with staff they knew well. Staff were aware of peoples' preferences when providing care. The records we reviewed contained detailed information about peoples likes and dislikes, such as how many pillows they liked to sleep with and whether they preferred to sit near a window at meal times.

People were able to personalise their rooms as they wished. They were able to choose the décor for their rooms and could bring personal items with them. One person told us that they had chosen the colour of the paint for their room and showed us the ornaments and pictures they had brought in to the home.

We observed that staff knocked on peoples doors before entering to give care. Staff described the steps they took to preserve peoples' privacy and dignity in the home. People were able to state whether they preferred to be cared for by all male or all female staff and this was recorded in their care plans and respected by staff.

Staff operated a key worker system. Each member of staff was key worker for three or four people. They took responsibility for ensuring that people for whom they were a key worker had sufficient toiletries, clothes and other supplies and liaised with their families if necessary. This enabled people to build relationships and trust with familiar staff.

People had choices in relation to their care. A relative told us, ‘They (Staff) always respect what she wants, if she doesn’t want to wash, they respect that, but they try.’ And ‘She can stay in her room if she wants, but I like it that she can eat in the dining room too.’ At lunch time people chose where they wanted to sit and eat in the dining areas, with others choosing to eat in their bedrooms. Staff told us that they respected the choices people made.

People described staff that were attentive to their needs. The atmosphere in the home was relaxed. There were quiet areas people could go to if they wished to sit away from others.

One person told us staff came quickly when they called them. We observed staff speaking to people with a soft tone, they did not try rush people. Two people were seen joking with the staff and another person said the staff were, ‘Nice and helpful.’

People indicated that, where appropriate, staff encouraged them to do things for themselves and stay independent. For example, when bathing, care plans described what areas people would wash themselves and which areas staff needed to help with. For one person we observed that their family had put instructions for staff in the person's bedroom of things they could do for themselves. Staff closed curtains and bedroom doors before giving care to protect privacy. People told us that staff were good at respecting their privacy and dignity. Staff we spoke with understood their responsibilities for preserving privacy and dignity and could describe the steps they would take to do this.

People and their relatives had been asked about their views and experiences of using the home. Changes had been made to the meal times and catering arrangement had been changed. A new chef had been recruited as a result of feedback. Information about the home was shared via a magazine which was displayed in the hall of the home. This kept people up to date with developments and events.

Information about people was kept securely in the office and the access was restricted to senior staff. When staff completed paperwork they kept this confidential.

Outstanding ☆

Is the service responsive?

Our findings

People were very impressed with the activities they were offered which added to their positive experiences of the home. People said, “I like living here, they look after me so well”. And “The girls (staff) are lovely and so kind sometimes they take me out shopping, I like that”. “Today we made cakes”. Some people had been brought out of themselves by taking part in specialised activities for people living with dementia. One person said of these activities, “I love this and can’t wait for next time”.

Relatives described how responsive staff were. They told us staff always contacted them if there were any problems and how they had been involved in peoples care planning. Peoples preferred routines and interest had been recorded as was their preferred communication methods. We observed staff used peoples' body language and behaviours to respond to people who did not verbalise. Information about people evidenced the involvement of family members when appropriate. Relatives said, “We came in to visit unannounced several times. We’ve always felt welcome. In fact, they all go out of their way to talk to us. These are friendly, happy staff which is very reassuring”.

Other relatives were impressed about the amount of information available to them about dementia. There were posters, leaflets, meetings and contact numbers for the specialist Admiral dementia nurse who could respond to request for information about dementia. The Admiral dementia nurse was available at Amherst Court on a regular basis publicising his specialism to families and offering advice on specific cases to staff. The registered manager told us, the Admiral nurse role had proved invaluable in providing assessment, guidance and training for staff teams and families on understanding behaviours and recommending support strategies for people with dementias.

People were encouraged to discuss issues they may have about their care. During our inspection two police community support officers (PCSO) visited people and spoke to them, they sat in the coffee shop and visited people in the suites. For example, one person living with dementia often made calls to the police as they became disoriented or they believed their possessions were been stolen. The PCSO’s understood how important it was to reassure the person about where they are and that their possessions were safe. This promoted openness in the home and safety awareness for people who may need safeguarding.

Comments from health and social care professionals about the home were very positive. A visiting community nurse from the NHS mental health team we spoke with said, “Staff are quick at noticing when people may need equipment and referring them to the Physiotherapist”.

Staff knew people very well and were in tune with peoples' needs by adjusting the care they provided. For example, we observed a member of staff supporting a lady with dementia to eat very well. The member of staff spoke to her and adjusted her speed well to accommodate the person. The member of staff was so cheerful, praising the lady and calling her by her name. With staff encouragement the lady ate well and was offered drink regularly between mouthfuls. The staff member understood when the person wanted a drink noting that the lady’s eyes changed, and she was sensitive to other signs from her. There were also two other ladies in the lounge; other staff brought them more sandwiches and other food as they wanted it, always clearly saying what each item was. All people were encouraged to eat well.

With peoples' consent, the registered manager had sought to involve people living with dementia, staff and their relatives in the planning of their care by people taking part in a study programme with a university psychiatry division. People with memory problems had been able to tell researchers about their experiences of the home and what makes their memory better or worse in a care setting. This provided a framework for understanding peoples' needs and the processes by which staff should intervene to prevent isolation and memory loss.

In response to another research project about the overuse of psychotic drugs for people living with dementia. When people are referred to the home, staff work with people, their GP and families to reduce the use of these controlling medicines within the home. The registered manager told us that people admitted to the home who are on these medicines are often uncommunicative, lethargic and disinterested. Weaning people off of the medicines helped people start living again, they had become engaged, chatty and involved. Medicines were replaced with activities and meaningful engagement with people to reduce anxiety and challenging behaviours.

Outstanding ☆

Is the service responsive?

People were able to participate in person centred activities designed to promote their health and wellbeing. For example, people in the home were part of a project to encourage participation in activities called Energise-Dance-Nourish-Arts (EDNA). This was funded by a grant the registered manager had secured, was delivered by external specialist and was making a real difference to peoples' lives in the home. The activities encouraged people to test their physical and mental dexterity as individuals and groups and enabled people to share their life skills and experiences. Peoples comments included, "It's amazing, just lovely". There had been a positive improvement for people from EDNA. Participants in the project had entries in the activity diary; care plans and weekly updates on the project how they enjoyed it. Conclusions showed increased confidence and self-esteem of participants, opportunities for self-expression, improved mood and concentration, improved skills and higher levels of wellbeing.

Understanding peoples' interest and hobbies was key to providing person centred care in the home. One person has been involved in teaching other people how to paint as teaching was their background. Encouraging people to learn new skills and to maintain existing skills had improved peoples' feelings of self-worth and achievement. People involved were proud of their achievements. In some cases being involved in art projects had changed peoples' behaviours, by reducing frustration and feelings of aggression.

A range of other activities were offered. The registered manager told us that there was also an allotment nearby, where people, supported by staff and volunteers could grow produce that was then used in the kitchens for people to eat. People were very positive about this. People said, "I do the watering here," "There are things to do, I did start to do painting, I do the gardening, I grow stuff". "I like music and my bingo and the dog comes to see us". A visitor mentioned 'Special links with a local business', who had contributed to the raised flower beds. Another had seen 'A lot of interaction and activities, including cake making' which we observed.

People were helped to live fulfilled lives with the Amherst wishing well fund raising initiative. People could put wishes forward about things they would like to do or have always dreamt of doing. The Amherst fund raising team raise money to grant people their wishes. People have been to the Royal Albert Hall, Kew Gardens and have been to see strictly come dancing. In one case a person was reunited with her sister whom she had not seen for ten years. These experiences had given people life long memories and links to their past.

The care people received met their most up to date needs. Comprehensive monthly reviews of care plans were completed and these were recorded in people's notes. The dedicated Admiral nurse was able to assist and speed up the re-assessment process when peoples' needs changed. Family members were impressed with the communication they got about any changes to their relatives needs. Changes in peoples' needs were recorded and care plans and followed by staff.

Information about peoples' conditions was placed in people's care plans, for example published guidance about Alzheimer's, other types of dementia and information about medicines side effects. These gave staff additional knowledge and information about peoples' care needs. People could also access a mental health nurse if their condition required this so that staff could develop care plans and personalised needs assessments based on professional guidance and advice if people developed mental illness.

Peoples' health and wellbeing was protected. Two health and social care professionals told us staff had been 'Very responsive' to changes in peoples' needs. Staff had implemented weight management plans based on advice from a dietician. We cross checked this against the care plans and found they were kept under review. Staff monitored people to ensure that they could identify any problems that may affect peoples' health and they contacted the persons GP or the district nursing team to resolve issues. Relatives commented, 'They are aware of his diabetes and there is a doctor who calls in. I'm sure they keep a keen eye on what is going on.' Another noted, 'She had a fall recently: as a precaution they took her to hospital and scanned her.'

District nurses visited people to change dressings and provide staff with guidance about peoples' care. A dementia support nurse commented that 'The staff here are all keen to learn, we support them when they phone for advice and we give them care plans to deal with physical aggression.' The nurse visits the home regularly and noted that her support for the staff was working really well. This evidenced that the staff had access to external specialist to assist them to deliver care to individual people.

Outstanding ☆

Is the service responsive?

There was a robust and comprehensive policy about dealing with complaints that staff and registered manager followed. This ensured that complaints were responded to. If they could not be resolved to peoples' satisfaction, there was a mechanism for people in the organisation who were not based at the home to get involved to try and resolve the issues.

People told us that they were listened to and changes were made in response to their concerns raised. Meetings were attended by people and their relatives where they could express their views about the home. Relatives said they enjoyed attending the relatives meetings which are held monthly. They said that it was like, “Meeting together as a large family”. These were useful for bringing to the attention of the registered manager any problems which may arise. This influenced decisions made about the home by the registered manager or the provider.

Outstanding ☆

Is the service well-led?

Our findings

Every aspect of peoples' experiences in the home were delivered to the advertised care philosophy of being Supportive, Personal, Attentive, Relationship Centred, Kind, Listening and Enabling or SPARKLE.

Peoples experience of the home was enhanced by proactive, innovative leadership, openness and communication. People said, "I love it here". And, "I don't want to move, I can do what I like here". Also, "I would give this Home 99.5%". One relative mentioned what a good idea the 'Relatives forum' was, every 6 weeks. Another commented that the Forum was 'Advertised in the lift'. One relative said, "I was very impressed with the way the home is divided up, and there are team leaders and a floor manager". (On each unit.)

A visitor noted 'Having the café open seven days a week really makes this part of the community', others said, 'We have looked at several care homes and this is by far the best, I could see my (relative) here.' They were also pleased because there was some familiarity due to the dementia café scheme. (The dementia café scheme was on the ground floor of the home; it was well designed and used a social meeting place and community hub.) People told us they used the café to meet friend and relatives.

The registered manager had been in post since June 2012. They were well known by people and passionate about delivering high quality, person centred care to people living with dementia. The registered manager was proactive in securing funding for projects in the home that benefited people and promoting the understanding of dementia in the wider community.

The registered manager was supported by a clearly structured management team who worked alongside staff delivering care. Each accommodation suite had a suite manager and team leader, with a head of care overseeing admissions and assessments. Suites were homely and designed for the people who would use them. People told us that the way the management of the home was structured worked well.

Staff told us that the registered manager and senior staff were approachable. Staff told us that they were invited to meetings where they could express their views and put forward suggestions about how the home was run. Staff communicated well with each other. They had handover meetings at the start of each shift and team leaders briefed staff during a shift if needed. Staff told us they enjoyed their jobs. One said, "I cannot fault Avante (Provider), I couldn't ask for more from an employer".

There was a heavy emphasis on community involvement in the home. The ground floor coffee shop was open to the public. The coffee shop was modern and professionally run for peoples' benefit. The home offered placements to trainee police officers and health and social care students to help them to understand the needs of older people, some of whom may have dementia. All of the comments from the police officers involved demonstrated how their work with people at the home had improved their knowledge and understanding. Police officers had used their association with Amherst court and their knowledge of dementia to assist staff to successfully and compassionately defuse incidents of challenging behaviours in the home. For example, walking and talking with people and using distraction and calming techniques. This promoted dementia awareness for those working in key front line community services.

Promoting dementia friendly awareness had an impact outside of the home too. For example, a person living with dementia at Amherst Court was enabled to leave the home and return to their own home in the community. This only happened after extensive joint working between the staff at the home and local community health teams. It provided a truly positive outcome for the person to go back to live at home, but also provided an example of the importance of the work the staff had been doing with the community policing teams.

Fifteen volunteers from a major high street bank had assisted the registered manager to set up an allotment for the home. Staff from a local store of a large national retailer had come to the home to help plant the garden, and other local companies had contributed money and goods. These steps helped to ensure that the home was integrated into the local community and people benefited from the work of volunteers.

People and visitors could see how the registered manager and the provider approached the care they would provide for them and the standards they set out to achieve. They made people aware of this by displaying large posters about their philosophy and there was a customer charter, vision and values. Staff we spoke with were aware of the vision and could describe the aims and objectives of the

Outstanding ☆

Is the service well-led?

home. Leaders in the home promoted person centred values. Middle managers, such as team leaders and care staff were well informed about their roles and they described in detail how they provided support to new staff so that they understood the homes values and how to care for people. This included making sure that new staff could develop their understanding of good practice.

Records and information about peoples health and care was recorded correctly. The registered manager had regularly audited peoples' care plans to ensure they accurately reflected peoples' care. For example, where follow up appointments with health and social care professionals were required, these were clearly recorded with the outcome of any GP consultations. Staff had received training about recording of peoples' care. Peoples health and wellbeing was protected through accurate record keeping.

Where accidents or incidents occurred, these were recorded on a central system. Monthly reports were produced which were reviewed by the registered manager and the providers director of quality to analyse trends and identify causes. For example, the lighting systems were being changed in the toilets after a person fell when the external light switch was turned off and left them in the dark. Changing the lighting required support and authorisation of the expenditure at director level, which had happened.

The registered manager understood the challenges they faced in the home and worked on resolving issues by developing business solutions. For example, recruitment was a major challenge so the registered manager had drawn up a business proposal to reduce the number of agency hours being used in the home. Doing this would promote consistency of staff, but was also a recognition that the provider would need to review their ability to attract new staff to roles within the home.

There were a range of policies and procedures governing how the home needed to be run. They were kept up to date and current. We observed that the registered manager and others in the management team as they worked. They spoke to people with compassion and knowledge. This showed us that leaders in the home were very experienced and passionate about the people they cared for.

People had the opportunity to live in modernised rooms that were spacious and self-contained. The rooms we looked at were personalised to the people who lived there. The premises had been designed with the people in mind who would use the home, for example people living with dementia. There were colour changes to floors and walls, pictorial signage and personalised front doors to assist people to recognise where they were. We observed people moving between the communal areas and their bedrooms with ease. This gave a personalised feel to the premises and assisted people to identify their own rooms.

People were protected from environmental risks and faulty equipment. Maintenance staff ensured that repairs were carried out quickly and safely and these were signed off as completed. Other environmental matters were monitored to protect peoples health and wellbeing. These included legionella risk assessments and water temperatures checks, ensuring that people were protected from water borne illnesses. The maintenance team kept records of checks they made to ensure the safety of people's bedframes, other equipment and that peoples mattresses were suitable.

The provider promoted an outward looking culture that gave leaders in the home the opportunity to develop their knowledge and skills in social care practice. The management team and staff were exploring new ways of working with people living with dementia to provide better experiences to them. For example, they were working with a university to research memory problems people faced when they were older and the strategies needed to help reduce the impact of this on people.

The home was also partnered with a research organisation which is part of the NHS. The registered manager was working with other professionals to provide outstanding outcomes for people, especially those living with dementia. Feedback from these projects was being used to change the way care was delivered and staff were trained within the home.

Quality was a key driver for home improvement. The audit systems and management of the home had achieved recognition of high standards by independent audit against an accredited internationally recognised standard. Audits within the home were very robust, regular and responsive. For example, unhygienic carpets had been identified on a health and safety audit carried out by the registered manager. The carpets had quickly been replaced to reduce risk to people.

Outstanding ☆

Is the service well-led?

The registered manager carried out a range of audits covering care plans to cleaning and staff performance. Also, directors from head office carried out checks which looked at the quality and the performance of the home against the standards within the providers' policies. The findings were reported and discussed with the registered manager and where improvements had been identified, action plans were produced. A pharmacist carried out audits of medicines. All of the areas of risk in the home were covered. The systems were reviewed and tested to reduce risk.

An independent organisation called IPSOS MORI was used to ask people for their feedback about the home more formally by questionnaire/survey. The results showed that peoples experiences had improved since the last survey. Peoples comments had driven changes, for example food quality and meal times. Peoples comments underpinned the longer term positive experience people had of the home.