

Pages Homes Limited

Amherst Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on the 29 and 31 January 2018 and was unannounced. At the previous inspection of this service in October and November 2016 the overall rating was requires improvement. At that inspection we found Breaches of Regulation 18 and 19. This was because the provider had not ensured there were enough staff on duty to keep people safe and recruitment processes were not robust. People were not supported to be involved in their community and there was a risk that people may become isolated.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, responsive and well led to at least good. This inspection found improvements had been made and the breaches of regulation met.

Amherst Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It is registered to provide support to a maximum of 15 people and 12 people were using the service at the time of our inspection. People who used the service were younger and older adults with mental health needs. Some people may also have alcohol or substance misuse problems.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and to check that the provider had followed their action plan as stated in their provider information return (PIR), and confirm that the service now met legal requirements. We found improvements had been made in the required areas. The overall rating for Amherst Court has been changed to good. We will review the overall rating of good at the next comprehensive inspection, where we will look at all aspects of the service and to ensure the improvements have been sustained.

People were content and relaxed with staff. They said they felt safe and there were sufficient staff to support them. When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff. Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place. Staff had a good understanding of Equality, diversity and human rights. Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, including the care of people with specific mental health disorders, such as schizophrenia, bipolar and korsakoff disease. Formal personal development plans, including two monthly supervisions and annual appraisals were in place. Staff were supported to become 'champions' in areas of care delivery such as infection control, medicines and well-being. People were supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. Health care was accessible for people and appointments were made for regular check-ups as needed.

People felt well looked after and supported. We observed friendly and genuine relationships had developed between people and staff. Support plans described people's preferences and needs in relevant areas, including communication, and they were encouraged to be as independent as possible. People chose how to spend their day. Activities were mixed and people could choose either group activities or one to one. People told us that they enjoyed the theatre and going out to local venues. People were encouraged to stay in touch with their families and receive visitors. The provider had sent CQC notifications in a timely manner. Notifications are changes, events or incidents that the service must inform us about.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns. The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Amherst Court was safe and had met the legal breaches previously found.

Robust recruitment procedures ensured only suitable staff worked at the home. There were enough staff working in the home to meet people's needs.

Risk to people had been assessed. There was clear guidance for staff to follow to reduce the risk, ensure people were independent and made safe choices. Accident and incident were recorded and action was taken to reduce the risk of a re-occurrence.

Staff had attended safeguarding training and had a clear understanding of abuse, how to protect people and who to report to if they had any concerns.

Medicines were managed safely. Staff had attended relevant training, there were systems in place to ensure medicines were given as prescribed and records were accurate.

Good ●

Is the service effective?

Amherst Court was good.

People were supported to access healthcare support. People's individual needs were met by the adaptations made at the home? and the design of the service.

Staff had the relevant skills and knowledge to deliver care and support to people they supported. Training was provided regularly. Consent to care and treatment was sought in line with legislation

People were supported to eat and drink enough to maintain a balanced diet

Good ●

Is the service caring?

Good ●

Amherst Court was caring.

Staff provided the support people wanted, by respecting their choices and enabling people to make decisions about their care.

People's dignity was protected and staff offered assistance discretely when it was needed.

People were enabled and supported to access the community and maintain relationships with families and friends.

Is the service responsive?

Amherst Court was responsive.

Support plans provided staff with detailed information about people and their support needs.

People were involved in planning their own goals and identifying what support they needed to return to independent living.

Feedback from people was sought and their views were listened to and acted upon.

Good ●

Is the service well-led?

Amherst Court was well-led.

Good communication and teamwork was evident. Staff described an open culture where their views were valued.

There was clear leadership and staff understood their roles and responsibilities.

Systems and processes for monitoring quality were effective in driving improvements.

Good ●

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 29 and 31 January 2018 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications they had sent us. Notifications are information about significant events that the provider is legally obliged to send to the Care Quality Commission. We also reviewed the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection process we contacted the local authority with responsibility for commissioning care from the service to seek their views. We also spoke with and received correspondence from three visiting health or social care professionals.

During the inspection we spoke with four people that used the service and seven members of staff: registered manager, team leader, domestic and four care staff. We reviewed four sets of records relating to people including care plans, medical appointments and risk assessments. We looked at the staff recruitment and supervision records of four staff and the training records for all staff. We looked at medicines records of 12 people and minutes of various meetings. We checked some of the policies and procedures and examined the quality assurance systems at the service.

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on October and November 2016. At that inspection we found breaches of the legal requirements. This was because the provider had not ensured adequate staff checks had been undertaken prior to people being employed and staffing levels were insufficient to meet peoples' needs.

At this inspection we found improvements had been made and that they now met the previous legal breaches.

People who used the service and their relatives told us they felt safe. One person who used the service told us, "Yes, I am safe here, they look out for us." Another person said, "If I go out they make sure I have everything I need."

This inspection found checks had been carried out to ensure that the staff who worked at the home were suitable to work with vulnerable people. These included references, identity checks and the completion of a disclosure and barring service (DBS) check. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and help prevent unsuitable people from working with vulnerable groups.

There was sufficient staff deployed to meet people's needs. Care staff told us they thought staffing levels were good and appropriate to meet the needs of the people currently living at Amherst Court. One care staff member told us, "We can meet people's needs, there is always someone we can ring if something happens." The registered manager completed staff rotas in advance to ensure that staff were available for each shift. There was an on-call rota so that staff could call the registered manager out of hours to discuss any issues arising. Feedback from people and our observations indicated that sufficient staff were deployed in the service to meet people's needs. Staff were available for people, they were not rushed and supported people in a calm manner. We saw staff sitting with people in communal areas and spending time with people. People also approached staff for support throughout the inspection process and were always engaged with promptly. As staff covered additional shifts in case of sickness no agency care staff were used, which meant people were cared for by staff who knew them.

Staff had received training in safeguarding adults and records confirmed this. Staff understood their roles and responsibilities in supporting people to keep safe from potential harm or abuse. Staff were knowledgeable about the different forms of abuse and how to recognise the signs of abuse taking place. Staff told us, they would not hesitate to report abuse to the registered manager and were confident they would take appropriate action. The registered manager understood their responsibilities in reporting any concerns about people's safety which included reporting incidents of potential harm or abuse. The registered manager told us, "The local authority provides us with training and we also discuss safeguarding in team meetings and one to ones." A staff member said "I would report any issues or safeguarding concerns to the manager or local authority." They also told us, "There are various kinds of abuse; physical, financial, emotional, sexual. If I come on shift and I am alerted to something I'd check the person to

make sure they're ok and then do an incident report and tell the manager. I'd also inform CQC." Policies and procedures were in place for whistleblowing and safeguarding, as well as policies in relation to emergencies, fire safety, medicines, bullying and harassment. Staff told us they felt protected to whistleblow. A whistleblower is a person who informs in confidence on a person or organisation seen to be engaging in an unlawful or immoral activity. A care staff member said, "I've never had to do it but I feel we are protected and safe to do so."

People were safe from the risk of emergencies. Robust fire procedures included individual Personal Emergency Evacuation Plan (PEEP) in place. PEEPs identify people's individual independence levels and provide staff with guidance about how to support people to safely evacuate the premises. The provider recorded when fire drills were completed and all staff received fire training. A business contingency plan addressed possible emergencies such as extreme weather, infectious diseases, damage to the premises, loss of utilities and computerised data. Procedures identified ensure people had continuity of the service in the event of adverse incidents.

Accidents and incidents were documented and recorded. We saw that incidents were responded to by updating people's risk assessments and any serious incidents were escalated to other organisations such as safeguarding teams and CQC. Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw specific details and follow up actions by staff to prevent a re-occurrence was documented. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns. This demonstrated that learning from incidents and accidents took place.

People told us they received their medicines safely and on time. One person told us, "I have no worries about how they give me my pills." People's medicines were securely stored in a locked cupboard and they were administered by senior care staff who had received appropriate training and regular competency checks. Most people were supported with their medicines by senior staff. Medicine records showed that each person had an individualised medicine administration sheet (MAR), which included a photograph of the person with a list of their known allergies. MAR charts indicated that medicines were administered appropriately and on time (MAR charts are a document to record when people received their medicines). Records confirmed medicines were received, disposed of, and administered correctly. There was clear advice on how to support people to take their medicines including 'as required' (PRN) medicines, such as paracetamol. There was a clear audit trail that defined what action was taken following errors, such as medicine retraining and competency tests. Where people were supported to manage their own medicines, appropriate risk assessments were undertaken and reviewed regularly to ensure risk was managed.

Risk assessments provided guidance about how to support people in a safe manner and mitigate any risks they faced, both health wise and socially. The registered manager told us, "Staff get training on identifying risk. We identify risks from people's life history, current problems and health conditions. It's about being capturing people's risks individually." Risk assessments we looked at, balanced safety with allowing people to make their choices and remain independent. Risk assessments were person specific and based around the individual risks people faced. For some people it was linked to a mental health illness, such as schizophrenia, for others the risk of exposure to alcohol or drugs. Staff and the individual discussed management strategies and how to measure their effectiveness. The registered manager said, "We ensure we know where they are going, we record the times people leave the premises and return and monitor their mood. This gives us trends, themes and we can monitor risk. When people are unwell or under the influence they are very vulnerable to financial and physical abuse." Staff said, "We don't want to stop them going out so we support them to keep safe and well, doctors appointments, health monitoring and mental health support."

Risks associated with the safety of the environment were identified and managed appropriately. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances and legionella. Maintenance and servicing of equipment such as fire alarm, portable appliance testing (PAT), lift, and boiler were seen to be routinely undertaken. The provider used the services of a maintenance worker who carried out routine checks and oversaw aspects of environmental safety such as checks on mobility aids.

Is the service effective?

Our findings

People told us that staff understood them and knew how to manage their health and social needs. One person told us, "They understand me, I can talk to them about anything." Another person said, "I think they are very good." Staff told us they were required to attend all the training and were supported by management with regular supervision.

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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We found the service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service and we were made aware of people subject to DoLS authorisations. All staff had received MCA training. At the time of inspection the registered manager informed us that only one person had been referred for a DoLS authorisation. The service had completed appropriate assessments in partnership with the local authority and any restriction on the person's liberty was within the legal framework. We found that the service had submitted notifications to the CQC about the decisions of applications submitted for DoLS for people who used the service.

People received care from staff who had the knowledge, skills and experience to support them effectively. There was a robust induction for staff when they started work at the service. This included an introduction to the day-to-day routines, policies and procedures. They shadowed other staff to get to know people and the support they needed. Staff who were new to care completed the care certificate. The care certificate is a set of 15 standards that health and social care workers follow. The care certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. During this time, staff received on-going training and competency assessments. This included moving and handling, safeguarding and mental capacity.

All staff completed a rolling programme of essential training and competency assessments. Regular audits were completed to ensure staff received the relevant training. The registered manager told us they were continually looking at different ways to provide and access training. Following feedback from staff the provider had moved away from e-learning and now accessed face to face training from the Local Authority. For example, staff had received safeguarding training and had their competencies assessed. The registered manager and two senior care staff had received training to be medicine assessors this has enabled them to support staff effectively and ensured staff competency.

The introduction of champions in safeguarding, well-being, medicine, infection control had been supported

by training and underpinned by a role description. This had proved beneficial to consistently drive improvement. There was a clear emphasis on improving staff knowledge and competencies. The registered manager had developed a competency framework for support staff. This was to develop their skills.

Staff received regular supervision from the registered manager. Supervision included an opportunity to discuss training, development opportunities, and review practice. Staff told us they felt supported by the registered manager and they would be happy to discuss concerns with any senior staff.

People told us their health was monitored and when required external health care professionals were involved to make sure they remained as healthy as possible. People's health needs were supported by a local GP surgery. The community psychiatric team was involved and advice sought when required. One person told us, "I have seen the nurse and the doctor regularly, nothings too much trouble." Another said, "Doctor is coming to see me today for my medication before I go home." Where required people were referred to external healthcare professionals, this included the dietician and the diabetic team. People were regularly asked about their health and services such as the chiropodist, optician and dentist were offered. Visiting healthcare professionals told us people were referred to them appropriately. One health professional said, "Really good team of staff, they know their residents well."

People's nutritional needs were met. They told us they enjoyed the food and had enough to eat and drink throughout the day. One person said, "Food is very good, good choices and plenty to eat, too much." Other comments included, "The food is absolutely excellent, better than a five star hotel, there's good choices as well," and "There's plenty to eat, more than enough and lots of choice of drinks." Nutritional assessments were in place and identified if anyone was at risk of malnutrition, dehydration or required a specialised diet. Information about people's dietary requirements were in their support plans and in the kitchen, for the cook. Information for the cook was updated daily so they were aware of people's individual requirements. A choice of meals was offered and alternatives were available.

Most people chose to eat their meals in the dining room and the menu for the meal was displayed on a blackboard. The table was laid with condiments and cutlery. People were able to sit where they wanted to and we observed people felt comfortable eating at their own pace and in their own time. This made mealtimes a sociable occasion. Meals were homemade, well presented and looked nutritious. People's individual preferences were taken into account. When people had finished their meal staff checked they had eaten enough and second helpings were offered. There was a choice of hot and cold drinks available throughout the day and fresh fruit was available in the dining room. Homemade cakes were available in the afternoons. Everyone we spoke with said they enjoyed their meals. People's weight was monitored monthly and staff sought advice as required.

Is the service caring?

Our findings

People were supported by staff that were kind and caring. One person told us, "Very kind and caring, all of them." People told us they were treated with respect and their dignity maintained. One person said, "Staff know and understand me and definitely my privacy and dignity is very much respected."

People were supported by staff who knew them well and had a good understanding of their needs. They knew what was important to people as well as their support and care needs. Relationships between people and staff were positive and caring. Staff had a caring approach and were patient and kind. They had time for people, their interactions were warm and friendly and, they looked approachable. Throughout the inspection, we observed staff checking with people to ensure they were okay or if they needed any support. Staff also sat with people chatting, assisting them with music choices and engaging in one to one activities such as playing cards.

Staff were intuitive about people's emotional needs as well as their physical ones and responded in a genuine way. The purpose of the service was to support people with their mental health needs and any physical health needs. Staff were focussed on this and always prompted and encouraged people to achieve their individual goals whilst monitoring their health. One person said, "I do get anxious and that affects my health in that I don't want to eat very much, but staff are really supportive, very kind."

Staff at Amherst Court had strong positive relationships with the people they supported. The registered manager and staff had worked at developing an open and trusting environment which impacted positively on people who live with mental health disorders such as severe anxiety and paranoia.

People and staff told us of support systems that had enabled people to share their feelings and concerns which had led to a better quality of life. The registered manager and staff achieved this by a person centred approach that built peoples' confidence and self-esteem. An example of this was one person who had arrived at Amherst Court very withdrawn and isolated themselves from staff and other people in their room. Staff worked to build up trust with this person and as the person grew in confidence they shared the reasons for their preferred isolation with staff. Staff reassured the person by referring their concerns to the local authority to be investigated. This enabled the person to trust the staff at Amherst Court and understand that staff would support and protect them from harm. The person has now secured voluntary work at a local charity shop and their goal is to secure a paid job. We spoke with this person who told us they enjoyed socialising with people at Amherst Court and enjoyed group outings and that staff were really supportive. Staff told how rewarding it had been to see the person regain confidence and look forward to a future and actively make decisions in all areas of their daily life.

The ethos of Amherst Court was to promote independence and personal choice. Staff told us they supported people where needed to minimise risks without restricting what they would like to do. This was managed by listening to what people would like to do and what they hoped to achieve. This was supported by the care plans and risk assessments we saw. People's safety and wellbeing was further promoted by the setting of individual goals and aspirations and continued evaluation of whether the goals were achievable. The registered manager and staff were committed to encouraging people to be as independent as possible

within a risk assessment framework. For example, nearly all the people at Amherst Court were self-medicating their medicines with support from staff.

People's support records included an assessment of their needs in relation to equality and diversity and dignity and respect. Staff we spoke with understood their role in ensuring people's needs were met in this area. We saw that staff had been trained in equality and diversity. All of the people we spoke with told us that staff treated them with dignity and respect, particularly when they were delivering personal care. People were supported in an individualised way that encouraged them to be as independent as possible.

The registered manager informed us people, relatives and their representatives were provided with opportunities to discuss their care needs on a monthly basis, more often if it was required. Each support plan we reviewed evidenced that people were involved in the monthly review and that they felt confident to sign the review. The registered manager also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people's support plans, in relation to their day to day needs.

People were encouraged to maintain contact with their family and friends. Visitors were always welcomed at the service. Staff were always mindful of what was important to people and found solutions to problems. If a regular visitor could not visit then staff would accompany them to see them instead. People could meet with their visitors in their own bedrooms or in the communal areas and garden. One person previously lived outside of East Sussex where they had had a large network of friends. However, due to their medical condition it was difficult for them to travel there independently. This person really missed their friends and places they used to visit and this had led to changed behaviours as friends can't visit here regularly. Staff supported this person with this by traveling with them so that they can visit all the places they loved and see their friends. This had benefitted their well-being. Staff arranged dates with the person and this meant that they always had something to look forward to

People looked relaxed and comfortable in their home. They were able to make choices about where they spent their time and going out. People were supported to maintain their personal and physical appearance. People were dressed in their own chosen style. For example, some people preferred casual clothing whilst others enjoyed dressing up, with makeup and jewellery. One person was having a pyjama day during the inspection, which was their choice and meant they were comfortable to be cosy and relaxed. We saw that staff were respectful when talking with people, calling them by their preferred names. Staff were seen to be upholding people's dignity, and we observed them speaking discreetly with people about their care needs, knocking on people's doors and waiting before entering. One person told us, "Really kind and caring." When people's needs changed, staff responded to and continued caring for people to meet their needs with compassion and understanding. One person told us, "I can't fault them."

People who lived with anxiety were treated with respect, patience and kindness. We saw staff approach people who were restless and becoming agitated with a calm, friendly and affectionate manner. The response from one person was to smile at the staff member and hold their arm and walk to the lounge area.

We read recent compliment cards and letters received in the home. They told us that people and families were grateful with the support given to their loved ones.

People's individual beliefs were respected. Staff understood people wanted to maintain links with religious organisations that supported them in maintaining their spiritual beliefs. Discussions with people on individual beliefs were recorded as part of the assessment process. People told us staff would arrange for a priest to visit if they wanted one. One person told us they had regular visits from their church and felt her

spiritual needs were respected by staff. They told us, "I like to take Holy Communion and they arrange it."

Is the service responsive?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on October and November 2016. At that inspection we found improvements were required in respect of people accessing the community and the prevention of social isolation. This inspection found that improvements had been made.

People told us they were involved in the planning of their own goals when they started using the service and discussed their care plan regularly. One person told us, "I get a chance to sit with staff and discuss my life." They also told us they had enough to do each day and staff supported them to go out. One person said, "I don't get bored, there's always something to do." There was a complaints procedure in place and one person said if they had a complaint, "I would complain to one of the staff or the manager, I have not had to, the staff always listen to me."

Support plans reflected people's assessed needs, goals and their individual choices and preferences. They contained information about people's mental health illness, mobility, elimination, health needs, pain and nutrition. Support plans, risk assessments and other related documents were clear, easy to navigate and sign posted staff to meeting peoples' individual needs and goals. The support plans were very person centred and reflected peoples' choices and preferences. The staff also used technology to assist and enable people in making choices about their care delivery. One support plan had identified that a person had regularly declined to visit the dentist. Staff spent time with the person and found that it was the stairs to the dentist that was the problem. Staff spent time with the person and used the internet to show them dentists with level access. This enabled the person to choose a dentist of their choice and book an appointment.

Staff knew people well and used their knowledge to respond to their mental health and physical health needs. One person was experiencing difficulty in sleeping and this had caused signs of anxiety and the use of PRN sleeping tablets. Staff noted this and spent time with the person and found that they felt their room was too crowded and too close to others so they could not use music to relax. A bigger room that was not too near other rooms became available and this was offered to the person. Staff used the internet with the person to choose paint, carpet, curtains and units for the room. This was all actioned by the maintenance team with the full involvement of the person. Since the person moved they no longer used medicine to aid sleep and they felt settled and less anxious. This had had a positive effect on their well-being.

One person we spent time with had complex mental health needs and in the past when their mental health had declined it had meant an admission to hospital. The support plan clearly outlined the exact support required by the person to minimise anxiety. Support strategies were in place to prevent a decline in mental health, this included a daily 'worry time.' The 'worry time' was protected time for the person with a staff member to discuss anything that was causing anxiety. This left the rest of the day for positive meaningful conversations and daily tasks. A positive behaviour support plan highlighted when interventions such as one to one support was needed so that staff could respond immediately and prevent a lowering of the persons mood. This strategy had been successful and the person had been kept stable and had not been admitted to hospital in the past year. The registered manager had recently discussed with the community psychiatric nurse a positive note box which would encourage the person to write down their positive thoughts to further

encourage positive thoughts. The staff responses to this person's specific needs had led to the person becoming more confident, decisive and they had taken back control of their life. This person was now taking their own medicine with staff supervision.

Since the last inspection the registered manager and staff have worked hard at engaging people with activities. Meetings had been held as groups and on a one to one basis to find out what people really wanted to do. It was found that some people preferred one to one activities which included going out in the community to local gardens and areas of interest or simply going to the shops and local cafes. Other people liked to go out as a group. People had been swimming, to a local zoo and to a Christmas pantomime. The feedback from people was positive and talks were being held with people as to the next trip out. One person told us they were looking at shows on the internet to see what was on. Staff said that people were enjoying looking at what was on and it had opened up communication between people at Amherst Court.

The YMCA visit once a month to encourage people to have fun whilst exercising. This was not popular with people to begin with but now almost all actively participated in this with staff. The benefits had been noted by staff and people in that it raised moods and encouraged socialisation. Staff were also working with people on an Amherst Court cook book which had recipes in and when people had cooked a meal staff had taken a photograph and added it to the recipe. People do the menu planning for the home and had been supported by the cook to do the online shopping for the home. Staff told us this encouraged healthy eating and safe use of the internet. One person told us they had made cornflake cakes and another one had made leak and potato soup. All kitchen tasks were supported by appropriate risk assessments.

People's progress, goals and individual needs were discussed at the daily handover each morning and at the afternoon meeting each afternoon. These meetings were used to increase communication within the team, raising awareness of health and safety issues to promote a culture of safety awareness in the service. This meant staff were promptly made aware of any changes in people's needs and individual goals were updated and changed as needed.

People were sensitively supported to communicate in ways that were meaningful to them. We looked at what arrangements the service had taken to identify, record and meet communication and support needs of people with an impairment, disability or sensory loss. Support plans seen confirmed the management team's assessment procedures identified information about whether a person had communication needs. These included whether the person required for example, large print to read. This was to ensure people who lived at the home had access to information in different formats, such as easy read.

Records told us that people had the opportunity to discuss their end of life wishes and preferences. People's end of life wishes had been recorded so staff were aware of these. The registered manager informed us this allowed people to remain comfortable in their familiar surroundings, supported by staff who knew them well. Training in end of life care was scheduled in the training programme. This showed the registered manager understood the importance of providing end of life support and how this should be delivered.

A complaints procedure was in place that was readily available to people and relatives. The procedure was displayed in the communal area and given to people when they moved into the home. We looked at the complaints file and saw that complaints managed in accordance with the provider's policy. We read the details of a recent complaint and the actions required had been checked and followed up by the registered provider. The people we spoke with had not had a reason to make a complaint, but felt confident they could do so if needed.

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on October and November 2016. At that inspection we found that aspects of provider's leadership required improvement. This inspection found that improvements had been made.

People spoke highly of the service. One person said, "It's the best." Another person told us, "They are top class, they all have smiles on their faces and are very kind." People knew who the registered manager was and told us they would talk to her if they had any concerns. One person said, "The manager is very good, she knows what she is doing." Another person told us, "I like the staff, very patient." Staff told us they felt well supported by the registered manager and the management team. They said they were quite able to approach the registered manager or the provider at any time and that there was always someone available to talk to. One staff member told us, "I love working here, the residents are all special, and no day is the same."

Quality monitoring system had been continuously developed within the home since the last inspection. There were detailed action plans that the registered put in place with information gained from audits. For example, whilst overseeing the sister home she had found that the cleaning had not been consistently kept at the standard she expected. A staff meeting was held and cleaning schedules tightened up. The cleaning of the service improved and the action plan completed. The registered manager told us "We are constantly auditing and listening to others feedback to support us to develop as a service and push our service forward, we are all proud of what we have achieved and have a passion for continually improving."

People were regularly asked for their feedback about the service. This happened informally throughout each day when staff spoke with people whilst supporting them. People were also involved in meetings where they were able to discuss their experiences at the service and highlight areas, which could be improved. For example, people had suggested lighting and soft furnishings changes which were taken forward by the registered manager. Staff attended regular staff meetings to discuss the service, people and training needs. Feedback from staff supervisions had identified to the registered manager that staff did not like e-learning and did not find training beneficial. Actions to rectify this were taken by the management team. Staff were signed up for face to face training with East Sussex County council, staff said this had a positive impact as they felt they learnt and retained a lot more information from face to face training. The provider had arranged for staff to attend train the trainer courses. This would benefit the service as training would then be in-house and available continuously for their staff. The registered manager and two members of staff have had training to be medicine assessors and this had ensured good medicine practices and competencies. Further staff were to be trained to deliver training in safeguarding. These roles were to be linked to the champion roles.

We asked the registered manager to tell us what they were proud of, she told us "All of our staff are passionate about delivering a high standard of support to achieve the best outcome and quality of life for our residents, I believe this is evident by the way the home feels so relaxed and how naturally staff and residents interact with each other. Staff promote inclusion to minimise the risk of isolation and this has

really helped to promote strong positive relationships. There is a lovely feeling of calm within the home which promotes confidence in staff abilities."

There was a positive, open and person centred culture at the service. The registered manager was visible and worked at the service five days a week. She had a good understanding of people and their individual support needs. She regularly met with people and attended daily meetings which ensured she remained up to date with people's needs. There was evidence of close working between the registered manager and provider to improve and develop the service. The registered manager told us, that they had an open door policy which this has really supported the home to be able to rectify any concerns before they become bigger issues and offer support in any areas where it may be needed. The service used an action logging in all the meetings that wasn't confidential so everyone was able to see what issues have been raised and what the management team had done to address the issues. This demonstrated the service was led by the people who lived at Amherst Court. The registered manager believed that this had allowed peoples' voice to be heard and that people knew their opinion really matters to the service and that we have listened to what they had said say and acted on it.

Staff told us they enjoyed working at the service. They said there was good teamwork and the management team and their colleagues were supportive. One staff member said, "There's excellent communication between staff, this really helps to give a good safe service." There was evidence of good communication at the daily meetings where staff demonstrated a good understanding of people's needs and their roles and responsibilities. There was on-going communication across the team and staff were regularly updated about people's needs at handover and resident staff? meetings.

Staff were involved in the development of the service. The registered manager told us they had worked with staff to develop the ethos and values for Amherst Court. The values were discussed as being, open, kind, respectful, engagement and involvement with people, improvement and development. Throughout the inspection, we saw these values were embedded into staff practice.

Staff had access to policies and procedure, for example, whistle blowing, safeguarding, infection control, health and safety, in accordance with best practice and current legislation. This helped to promote the safety and quality of the service along with quality assurance systems and processes to maintain and drive forward improvements. Staff had a good understanding of equality, diversity and human rights gained through training and detailed policies and procedures. Feedback from staff indicated that the protection of people's rights was embedded into practice. Up to date sector specific information was also made available for staff, including guidance around the Mental Capacity Act 2005 and updates on available training from the Local Authority. We saw that the service had also liaised regularly with the Local Authority, the Dementia In-Reach Service and Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery. The registered manager told us, "We are always looking to learn and develop."

We saw evidence that the service worked effectively with other health and social care organisations to achieve better outcomes for people and improve quality and safety. The health and social care professionals we contacted did not express any concerns at the time of our inspection. External health care professionals we contacted informed us the service was well managed and people received a good standard of care.

The Care Quality Commission (CQC) had been notified of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding Amherst Court. The manager was aware of their responsibilities under the Duty of Candour. The

Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

From April 2015 it was a legal requirement for providers to display their CQC rating. The rating from the previous inspection for Amherst Court was displayed for people to see.