

Avante Care and Support 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 

Summary of findings

Overall summary

This unannounced inspection was carried out on 10 and 11 April 2018.

At the last Care Quality Commission (CQC) comprehensive inspection on 20 and 22 May 2015, this service had an overall rating of Outstanding.

At this inspection, we found the evidence continued to support the rating of Outstanding. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. You can read the report from our last comprehensive inspection and subsequent focused inspection, by selecting the 'all reports' link for Amherst Court on our website at www.cqc.org.uk

This service is a care home. People in care services receive accommodation and nursing or personal care as single package under one contractual agreement. The service was not providing nursing care at the time of this inspection. CQC regulates both the premises and the care provided, and both were looked at during this inspection. There were 62 older people living in the service with moderate to high care needs, some of whom were living with short term memory loss or cognitive impairment associated with dementia. The accommodation was provided in four care suites spread over two floors, a lift was available to take people between floors.

There was a registered manager in post. 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.

Feedback provided by people and their relatives about their experiences of the service included, "The staff come in and help with washing and dressing, they are careful with my shoulder because it hurts when I move it sometimes, but they are gentle when it comes to that side; I think they are great," "Mum seems so much happier here compared to the other place [care home]; she always wanted to go home and was always complaining," "I love it here, this is my new home," "I believe mum is safe, the staff are kind and respectful and very patient with mum" and "I think staff are quite good and I enjoy the atmosphere, if it's someone's birthday they always have a celebration."

The service continued to exceed relevant fundamental standards. The service provider and staff had built on their previous successes and sustained the outstanding model of care and support in the responsive and well led domains. The directors of the company, management team and staff continued to find ways to improve the service and remain driven by their passion for caring for people, including those with dementia. There remained a heavy emphasis on community involvement. The ground floor coffee shop was open to the public. The vision and the value of the service to 'enable people to live as they choose' remained embedded in the service.

Staff had an excellent understanding of people's needs and were imaginative in the way they provided person centred care which put people at the heart of the service. They continue to find creative ways of supporting people to have an exceptional quality of life. Leaders in the service promoted person centred values. 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 core values and how to care for people.

The learning from taking part in research projects had been embedded into the delivery of the service since our last inspection. Partnership working with key stakeholders in the local community such as the police, the NHS, universities and private businesses had continued.

People continued to be supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. We observed staff were welcoming and friendly. Staff provided friendly, compassionate care and support. People's health and wellbeing was supported by prompt referrals and access to medical care.

An independent organisation continued asking people for their feedback about their experiences of care. The results consistently showed that people's experiences had improved since the last survey. People's comments had driven changes. People's comments underpinned the longer term positive experience people had of the service.

Safe recruitment practices were consistently followed. Policies were kept updated. Staff were consistently deployed in sufficient numbers to meet the needs of the people currently living at Amherst Court. People's care was delivered safely and staff understood their responsibilities to protect people who were frail from potential abuse. The management team followed the safeguarding policies of the local authority. Training continued for all staff and included supervision and appraisal. Risk assessments continued to be updated and in place for the environment, and for each individual person who received care. The management team continued involving people and significant others in planning their care.

There were policies and a procedure in place for the safe administration of medicines. Incidents and accidents were recorded and checked by the management team to see what steps could be taken to prevent incidents happening again. There was an up to date procedure covering the actions to be taken in emergency situations.

The provider and the management team consistently monitored the quality of the service and made changes to improve the service, taking account of people's needs and views. This included equality and diversity issues. The registered manager had provided good leadership to staff. The provider and registered manager implemented plans to improve the service.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Outstanding ☆

The service remains Outstanding

Is the service well-led?

Outstanding ☆

The service remains Outstanding

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 service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 and 11 April 2018, the inspection was unannounced on the first day. We informed the registered manager we would return for the second day. On the first day the inspection team consisted of three inspectors, a nurse specialist advisor and two experts by experience. The experts-by-experience had an understanding of caring for elderly people. On the second day the inspection team consisted of one inspector and two experts by experience.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service including previous inspection reports. We looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We observed care in communal areas. We spoke with 24 people and 13 visiting relatives or friends about their experience of the service. We spoke with 13 staff including the registered manager, care manager, suite manager, the providers head of care homes, a team leader, and six care workers and two activity co-ordinators. We received feedback about the service from three external health and social care professionals.

We looked at records held by the provider and care records held in the service. This included nine care plans, daily notes; a range of the providers policies including safeguarding, medicines and the complaints policy; the recruitment and training records of ten staff employed; the staff training programme and health, safety and quality audits.

Is the service safe?

Our findings

People continued to describe and we observed a service that was safe. One person said, "Yes I just feel safe, I have some medicine the carers bring it to me as and when. I would think there is enough staff because I have never had any problems if I want to see somebody." Another person who had recently moved in said, "I could not be happier, I feel happier every day and don't want to be anywhere else, I feel very safe here". Relatives told us their family members were safe and secure. One relative said, "Yes Mum is safe because of the ethos of the home. I see the quality of the care when walking around."

There had been eight recorded safeguarding notifications in the last year. These had been appropriately reported and investigated. In response to incidents and accidents the management had undertaken investigations in a timely manner and used these to identify areas for improvements. Responses to incidents included the provision of protective equipment, such as pressure relieving mattresses and/or referrals to specialist nurses; for example, the falls team. Staff continued to follow the provider's policy about safeguarding people and this was up to date with current practice. A member of staff said, "I think this home is great all staff are really good, people get safe care." Risk within the service continued to be fully assessed, recorded and regularly reviewed.

The premises continued to be maintained to protect people's safety. Risks management processes still included staff visually checking equipment was safe, with equipment like fire systems and lifts being serviced to maintain high levels of safety. The management team kept records of the premises and equipment checks they made so that these areas could be audited. Maintenance records showed that faults were recorded, reported and repaired in a timely manner. Fully assessing potential risks and taking action to control them minimised the risk people may be exposed to. Additional risk such as diabetes, had been assessed and instructions in relation to these risks were available for staff to promote people's safety. Therefore, individual risks were managed to protect people's health and wellbeing. The provider continued to operate a system to protect people from the risk of service failure. Infection control risks were managed through staff training, premises maintenance and cleaning practices. For example, deep cleaning rooms and testing water systems. We observed the service to be clean and odour free. Maintaining hygiene, water quality and following good infection control practices reduced the risks of cross infection or exposure to waterborne illness.

People were still protected from the risk of receiving care from unsuitable staff. Staff we spoke with and records confirmed the registered manager followed the recruitment policy. Making proper checks on staff reduced the risk to people who may need safeguarding. Staffing levels continued to be planned to provide skilled and consistent care. Based on a dependency tool, staff were deployed in appropriate numbers within the service to keep people safe and meet the assessed needs of the people currently living at the service. For example, the registered manager was easily able to show us that 88% of people using the service had medium levels of care need. Back up staff were available to cover vacant shifts. This meant that consistency and levels of care staff hours were focused on people's care needs.

People continued to be protected from the risks associated with the management of medicines. A

comprehensive system of ordering, storage, administering and disposing of medications was in place. This was supported by recorded audits carried out by trained staff and by an external pharmacists. Medicines counts were correct with the medicines administration records. Covert and 'as and when' medicines were well managed. Detailed daily medicines and care records were kept by staff. Records included personal care given, well-being, activities joined in, concerns to note and food and fluids taken. Many recordings were made throughout the day and night, ensuring communication between staff was good benefitting the care of each person. Keeping accurate records assisted people to maintain their health and wellbeing.

Is the service effective?

Our findings

People told us that staff met their care needs and we observed this happening. One person told us, "Yes the staff are very good, for what I have seen yes they seem very well informed and know what they are doing." Another person said, "Staff are well trained, yes good at their job, they do a good job, I am happy." Another person said, "I have never had a fall here. I use my walking frame it gives me something to hold on to when I walk because my walking is not good."

The registered manager continued undertaking an initial assessment with people. The assessment checked the care and support needs of each person so that staff developed the skills to care for each person appropriately. At the assessment stage people discussed their lifestyle preferences as well as their rights, consent and capacity. Assessments included questions about people's sexuality and equality preferences. Individual care plans were detailed, setting out guidance to staff on how to support people in the way they wanted. This meant that staff understood the care people needed and how this would be delivered.

A member of staff said, "Personalised care practices now reduces issues where staff think another member of the team has carried out care when they have not. I have noticed things are tighter now, less room for error." The registered manager also assessed each person's ability to do things for themselves or the levels of staff care required. The registered manager involved people and their family members in the assessment process when this was appropriate. This meant that the registered manager could assess how they would meet people's needs at Amherst Court in a person centred way.

People's health and wellbeing was consistently monitored and reviewed in partnership with external health services. For example, we saw good example's of how people's wellbeing had been improved after interventions from staff around nutrition and weight management. Encouraging people to eat and drink well reduced the risk of dehydration and health related issues through poor diet. There was a professional folder, where the community nurses, ambulance staff, GP's and other health care professionals recorded their notes. People continued to be supported to have enough to eat and drink and were given choices. Staff were aware of people's individual dietary needs and their likes and dislikes.

The building remained suitable for people's dementia and other needs. People had their own bedrooms and access to adapted showers and bathrooms. There was an accessible pleasant secure garden. Providing the right environment to promote safety and wellbeing.

The service continued working in accordance with the Mental Capacity Act 2005 (MCA) and associated principles. People who lack mental capacity to consent to arrangements for necessary care or treatment were only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Staff training and supervisions continued to be well managed for effective care delivery. Evidence showed that 92% of staff training had been completed. New staff continued to receive support to achieve the required performance standards as part of their 12 week probation. The registered manager continued

checking how staff were performing through an established programme of regular supervision (one to one meeting) and an annual appraisal of staff's work performance. One member of staff said, "My supervisions are working well, every eight weeks or so, with a month review, [Appraisal]."

Is the service caring?

Our findings

People described their care positively. All of the staff we observed were kind and compassionate in the way they responded to requests from people for care and how they tried to meet the needs of everyone. One person said, "Staff always ask me about having a wash and they keep the door closed, they are very kind. I can't do much, but they encourage me, they do their best." Another person said, "Staff will do everything they can to make you feel comfortable, they are very respectful and caring."

A relative said, "I think they (staff) are very caring and helpful, they will always come and make sure mum is okay. The staff's attitude is very pleasant, so it makes me feel comfortable to leave mum here." Another relative said, "Staff are very caring and very patient I cannot fault them, staff all get me involved as much as I want to."

The registered manager and staff had created an enriching and self-stimulating environment, specifically tailored to meet the needs. Staff worked to create a positive atmosphere. People were able to personalise their rooms as they wished. For example, people's bedroom doors were personalising with memory boxes. People were able to personalise their rooms. One person spent time with us showing us how proud they were of their room, memorabilia and possessions. Bringing a homely feel for people promoted their wellbeing.

People continued to describe staff who were attentive to their needs. Staff we spoke with had the right attitude to care and were committed to delivering compassionate support. One member of staff said, "My colleagues are very caring, we get time to sit with people if they are upset or sit and chat with people in quiet areas." There were a number of areas people could go to if they wished to sit away from others. People told us staff came quickly when they called them. People were able to see information about the time, date, year and weather forecast in the dining room so that people could orientate themselves with the here and now. People were involved and consented to their care.

Staff told us they tried to build good relationships with the people they cared for. We observed that staff were polite and cheerful, staff created a lively, jovial atmosphere. We saw staff listening to people, answering questions and taking an interest in what people were saying. When speaking to people staff got down to eye level with the person and used proximity and non-verbal communication (good eye contact, caring gestures like a gentle touch, smiles and nods). Staff used people's preferred names when addressing them.

Staff were aware of people's preferences when providing care. The registered manager had started a key worker system. Each member of staff was key worker for some people. (This was a member of the staff team who worked with individual people, built up trust with the person and met with people to discuss their care.) They took responsibility for ensuring that people for whom they were 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 still made choices in relation to their care. We observed that, where appropriate, staff encouraged

them to do things for themselves and stay independent. Staff closed curtains and bedroom doors before giving personal care to protect people's privacy. People told us that staff were good at respecting their privacy and dignity. Staff we spoke with understood their responsibilities for preserving people's independence, privacy and dignity and could describe the steps they would take to do this. Access to information about people was restricted to staff to protect their privacy. A relative said, "Staff have been very good at maintaining confidentiality. They make sure that they had permission to share information."

Is the service responsive?

Our findings

People and their relatives told us and we saw for ourselves that people had access to a wide range of personalised activities. One person said, "Staff are great with activities." Another person said, "I have not needed to complain, I have everything I need", and "They listen to me and I listen to them, they are good to me here."

Staff had continued to develop positive activities strategies for people to flex their cognitive abilities. People still took part in activities to limit isolation and memory loss. People's participation in person centred activities promoted their health and wellbeing. For example, people in the service continued to be encouraged to participate in activities based on the Energise-Dance-Nourish-Arts (EDNA) model. 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.

The service had invested in an interactive light game designed for people living with dementia called a 'Magic Table.' The game provided sensation, relaxation and reminiscence for people. The Magic Table transposes images onto a table and people can touch the images and move them or interact with them. People use it to play interactive and sensory games and puzzles by tapping the lights as they appear on the table. We observed the magic table in use and staff told us that it had been highly successful with people. For example, they had seen significant improvements for some people who would not engage easily with other activities. Another benefit had been observed by the night team. They found that the 'Magic Table' had the effect of calming people when they may become agitated, or it is used just as an activity for people who are unable to sleep.

The management team and staff told us, they were guided by people's wishes and aspirations when it came to arranging activities. Staff continued to have an excellent understanding of people's needs and continued to find creative ways of supporting them to have an exceptional quality of life. For example, as part of working with the community, school children were making weekly visits to Amherst Court. The children had been playing games with people, making cakes, gardening, singing and completing other exciting activities. People spoke to us about how joyful it was when the children came in from the local school. More recently one person who is an author read her books to the children. The person said, "It was a good day and I loved it. It really went down well because I would make the sound of the animals and the children would do the same. They really enjoyed it and so did I."

The service staff remained innovative in ensuring that records and care met people's most up to date care and safety needs. For example, they had been working collaboratively to resolve problems for people who came back from hospital without a discharge letter or other relevant paperwork. Initially they had paid for a courier to collect missing documents from the hospital. However, they had been working with the hospital staff to improve the discharge process. The registered manager said, "We are now getting do not resuscitate forms back and the issues with discharge letters is improving." People benefitted from high standards of care when the information about their conditions and needs was shared between health care professional effectively.

People continued to be 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. These experiences had given people life long memories and links to their past. For example, people had gone to watch the demolition of some power station towers.

The registered manager said, "We also have two 'Smart pads' which people use for reminiscence, games, or generally to have fun or maintain contact with family/friends. Technology has had a big impact on one person who is profoundly deaf. We purchased a device for him so that we can communicate with him effectively and this has helped reduced his levels of stress and anxiety".

The care people received continued meeting their most up to date needs. Comprehensive monthly reviews of care plans continued and these were recorded and shared with care staff. For people and their relatives, planning for and the delivery of end of life care was overseen by an Advanced Community Practitioner and an appointed member of staff called an end of life facilitator. This gave additional care and support to people receiving end of life care.

There continued to be a comprehensive policy about dealing with complaints that staff and registered manager followed. There had been 13 complaints in the last 12 months. These had been investigated and responded to. 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 service. A relative said, "The manager keeps us regularly informed via the online meetings system. They are going to build an extension, and there is work in progress throughout the home. We are kept informed of what goes on, for example when they bought the magic table projector. We can't fault them for anything. We would give them 5 stars we are so grateful. We are lucky to find this place."

There had also been 25 compliments over the same 12 month period with people commenting. 'Staff made my Mums life wonderful at Amherst Court.' 'Thank you for going the extra mile with Dad.' 'This care home is the best place we could ever have put our Mum, care staff are second to none, Mum has lots to do.'

Is the service well-led?

Our findings

People continued to tell us they were very happy with the quality of the service they received. One person said, "I would say it's a hotel that is very good." Another person said, "The service is very well led."

An independent organisation continued to collect feedback from people about the quality of the service. This enabled the registered manager to respond to areas of service changes needed and to measure the progress they were making when changes were made. The 2017-2018 results showed that people's experiences had improved since the last survey. There had been a big improvement in people's overall satisfaction from 88% to 100%. Family and friend's satisfaction had been 93%, but had risen to 98%. People's comments had driven changes, for example food quality and meal times. One relative said, "I am happy with the service and it takes a lot for me to be happy". They went on to say, "As you can see mum is happy too." Another relative said, "Probably the best home I have seen." The providers' systems of self-governance continued to improve the longer term positive experience people had of the service.

There had been a change in the registered manager since our last inspection. However, the new registered manager and staff continued to demonstrate a shared responsibility for promoting people's wellbeing, safety and security. The 'team approach' and culture in the service had continued to develop and grow. The vision and the values of the service of being 'Supportive, Personal, Attentive, Relationship Centred, Kind, Listening and Enabling' continued.

Staff said, "They [managers] do listen, they are very positive, they are proactive, they don't just tell us what's happening, we get a chance to put things onto the agenda." Staff continued to attend meetings so that they could give their views about the service. The provider had introduced the 'Amherst Star' for people, relatives and staff to nominate staff who have gone 'over and above'. This scheme recognises staff for their work.

Every aspect of people's experiences in the service continued to be delivered in line with the providers advertised care philosophy. People's experience of the service was enhanced by proactive, innovative leadership, openness and communication. The provider consistently made people aware of the care standards they should expect. Staff we spoke with remained clear about the vision and aims and objectives of the service. Leaders in the service consistently promoted person centred values. Staff said, "My colleagues work beyond vision and values. They bring materials in for arts and crafts. You can see how much people enjoy the children who visit from the school."

Innovative working practices continued to be developed. For example, the service now facilitated multi-disciplinary professional outreach meetings to link with GP's, pharmacies and the community nursing team. A health care professional said, "The managers at Amherst have been very receptive to this improvement project and to elements of improvement that they can introduce to their staff such as early warning of deterioration indicators." These promoted joint working and best practice to benefit people living in the service.

People benefitted from a quality of service that was driven by the provider and staff's commitment monitor

and improve their performance. Systems were in place which continuously assessed risks and monitored the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents. Documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again. An oversight, which was independent of the service was provided by a quality team and senior managers. The Director of quality and compliance followed up audit actions. The registered manager had been supported to recruit staff to 115% of the staffing establishment. Recruiting over and above required staffing levels demonstrated there was excellent commitment from the management to maintain consistency of the staff for people at all times.

Policies and procedures governing the standards of care in the service were kept up to date, taking into account new legislation. Policies have been updated to highlight the service was inclusive for the Lesbian, Gay, Bisexual and Transgender communities, both for people living there and for staff. To support this staff champions were being trained on how to sensitively deal with sexuality and sexual relationships. Diversity days were now held which included staff dressing, or cooking foods, based on their cultural background.

The provider continued to promote an outward looking culture that gave leaders in the service the opportunity to develop their knowledge and skills in social care practice. The police still used service as part of their equality and diversity training. The registered manager and others in the management team continued to demonstrate their experience and passion for the people they cared for. The management team and staff were exploring new ways of working with people living with dementia to provide better experiences to them. For example, good quality picture menus had been introduced so that people were more able to choose their food from the pictures. This had resulted in people not being as confused or misunderstanding the choices about what was on the menu.

The service had also started to assist people to keep in touch with others through social media, emails to send regular updates to family and friends and people are able to video call relatives who may not be able to visit regularly or who just wish to use this medium as a daily catch up. Through innovation people maintained their social networks.

The registered manager and provider continued to support the dementia café scheme which continued to provide a meeting hub for people living at Amherst Court and the wider community. People told us they used the café to meet friend and relatives. The provider had donated portable and fixed IT equipment for people to use in the café area so that people could access the internet. Two visitors using the café told us they thought the service was 'Outstanding.'

Policies and procedures were updated on a regular basis to reflect current legislation. Staff confirmed to us that they read the providers policies. The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had shared their last rating which was displayed in the service and on their website.