

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Amherst Court

39 Amherst Road, Bexhill-on-Sea, TN40 1QN

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Pages Homes Limited
Registered Manager	Mrs. Patricia Turner
Overview of the service	Amherst Court is close to the centre of Bexhill. The home provides care and rehabilitation for people with mental health conditions. Amherst Court provides accommodation for a maximum of 15 people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We reviewed all the information we have gathered about Amherst Court, looked at the personal care or treatment records of people who use the service, reviewed information sent to us by the provider and carried out a visit on 24 October 2012. We observed how people were being cared for, talked with people who use the service, talked with staff and talked with stakeholders.

What people told us and what we found

During our visit we spoke with three people who lived at the home, three staff members and one visiting social worker.

The people we spoke with told us they enjoyed living at Amherst Court. One person said "I like it here... I would miss my friends and the staff if I left. The staff are kind." Another person said "I've had to go into hospital before. I'm very happy to be back now. The girls assist me, and between us we get there."

The staff we spoke with were knowledgeable about people's needs and what support they required.

We saw the service ensured that staff were able to deliver care and treatment safely due to the training and audits in place. The service had assurance systems in place to monitor the quality of the service provided and to gain the views of the people who lived there.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. One person told us how she was involved in her care plan. She said "The manager sits down and talks with me about my care plan, how I like it here and all the things to do. I'm never made to feel awkward. I like to go out to the shops, and there's lots of company here. I would miss my friends and the staff if I left." She added "I do sign the plan after we've talked about it."

People were supported in promoting their independence and community involvement. People told us they were free to choose how they spent their day. This included time spent in the garden, watching television, time spent in their room or taking part in the organised activities which included cooking or games. We saw that structured activities such as attending community groups or college courses were available if that suited a person's needs. We saw evidence in posters and in care plans of the range of activities available to people and how they were tailored to meet the needs and wishes of people using the service.

We saw bedrooms that people had chosen to decorate and furnish in the style they preferred. One person told us "I have lots of teddies, I mentioned in one of the meetings that I wanted somewhere to put them and the handyman here put up these shelves. I love my bedroom, I've made it my own." We saw that her request for shelves had been documented in her care plan. This showed that people's views and wishes about how they wanted to live were taken into account.

The care plans we looked at showed evidence of how activities were tailored to the individual person. They contained risk assessments that helped people maintain their independence safely. We saw staff speaking with people at the home. They knew their personal preferences, for example what they preferred to eat for breakfast or lunch. Staff were able to tell us what activities had been agreed in care plans to help develop people's independence. These preferences and activities were accurately reflected in care plans.

We were told that care plans and activity sheets were updated if people expressed changes in their preferences, and we saw documentation in care plans that reflected this.

During our visit people were observed being spoken with and supported in a sensitive, respectful and professional manner. We were shown person centred care plans, which had been developed for each individual. These plans documented people's wishes and preferences in relation to how their care was provided, how they liked to spend their time and how they preferred to be supported.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We looked at three care plans that contained updated and relevant information. The care plans clearly documented people's wishes and preferences, and these were usually signed by the person. Medical information, updates from clinicians and people's weights were also documented. Risk assessments were tailored to the individual and covered particular needs such as nutrition. Where there was an identified risk, information was recorded to inform staff how to ensure people were supported to remain safe. Staff were able to tell us how to manage any identified risks. This meant care and support was planned and delivered in a way that ensured people's safety and welfare.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People had had an opportunity to work with staff to develop their independence. We saw plans that showed a step by step approach to meeting goals. These had been developed in a way that encouraged people's confidence without creating unnecessary risk.

We spoke with a social worker who was visiting the home that day. He told us he thought Amherst Place produced robust and thorough care plans and documentation, with thoughtful and meaningful goals set for people. He told us he was informed of any changes to care plans.

We saw daily records that contained detailed notes of what people did each day, and how they were feeling. One staff member told us "I love working here, it's nice and relaxed. We keep the atmosphere relaxed so that people don't worry."

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Records showed at least 90% of staff had received training in safeguarding within the last two years. All staff we spoke to were able to tell us how to appropriately deal with a safeguarding concern. This included ensuring the person concerned was safe, raising it with the management, or informing an outside organisation of any unresolved issues.

Everyone we spoke with regarding safeguarding felt confident that the management would deal with a safeguarding issue appropriately and quickly.

Everyone we asked, who lived at Amherst Court told us they felt safe there.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. Staff told us they had annual appraisals in addition to one to one supervision meetings with the manager. Everyone we spoke with about supervision and development felt the manager encouraged an 'open office' style and they felt able to raise issues with her.

Staff were able, from time to time, to obtain further relevant qualifications. When asked, staff were able to demonstrate they had received training in key areas and spoke of the training courses they undertook.

We saw a volunteer worker being given time to review policies and care plans. She told us she had been able to shadow staff and had received some teaching on how to interact with people at the home.

The staff training records showed that at least 90% of staff were up to date with their mandatory training.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We spoke to people using the services but their feedback did not relate to this standard.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw that Amherst Court had a continuous quality development plan which registered the results from audits and questionnaires. These results formed the basis for an on-going action plan.

The provider took account of complaints and comments to improve the service. We saw feedback forms and questionnaires from people living at the home and their relatives. We looked at the results of the most recent questionnaire carried out this year, and saw that there was one complaint raised. This had been quickly dealt with by the home. Amherst Court also made complaint forms available to people. One person had complained this year about the carpets needing cleaning. The manager told us this was carried out shortly afterwards.

We saw records that showed a monthly health and safety audit was completed, covering topics such as food temperatures, pest control and lighting. Each audit resulted in an action plan. Infection control was also audited monthly and the results fed into the continuous development action plan.

A local pharmacy company audited medication, the last one was carried out in May 2012. This audit did not result in any significant action points. The home regularly audited their compliance with Care Quality Commission outcomes using the provider compliance assessment tool.

East Sussex County Council had identified Amherst Court as one of two preferred providers of care to people with mental health conditions across the county.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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