Inspection Report

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

Tel: 01424217622

Date of Inspection: 19 September 2013

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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
Cleanliness and infection control	✓ Met this standard
Safety and suitability of premises	✗ Action needed
Staffing	✗ Action needed
Complaints	✓ Met this standard

Details about this location

Registered Provider	Pages Homes Limited
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

Contents

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 looked at the personal care or treatment records of people who use the service, carried out a visit on 19 September 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

At the time of our inspection the provider did not have a registered manager in post.

We spoke with four people who lived at the home, three staff and looked at three people's care plans.

We saw that people were treated with dignity and respect and involved in their care.

Care plans we looked at were up-to-date and reflected the individual needs of people.

All areas of the home were tidy, most areas were seen to be clean. However, we found that low staffing levels could affect the quality of domestic cleaning.

We found that parts of the home required refurbishment and maintenance.

We saw the home had an effective complaints procedure.

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

What we have told the provider to do

We have asked the provider to send us a report by 05 November 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. Within the care plans we viewed we saw evidence that people had been involved in discussions about how they chose to live and their daily routines within the home. For example, what time they got up in the morning. This meant that staff had encouraged people to express their views.

People could lock their rooms and keep their key if they wished. One person told us, "I don't lock my room but I know I could if I wanted to." We saw that staff knocked on people's doors and waited for a response before entering. This meant people had their privacy respected.

We observed and saw documentary evidence that people were involved in the day to day running of the home. People were involved in tidying and cleaning their rooms and washing their own laundry. We saw one person assisted kitchen staff by taking refuse to the bins. This meant people were supported in promoting their independence.

We saw that staff had positive relationships with the people who used the service, and they supported people in a sensitive and respectful manner that reflected their individual needs. One person told us, "The staff are very good, they are very kind."

We observed people having lunch. We saw that people had a choice of drinks and meals. Most people chose to eat at the dining tables however we saw that one person chose to eat on a tray in the lounge area.

The home operated a key worker system. This meant that people had a nominated member of staff who was their key contact. People we spoke to liked this system. One person told us, "You get to know your key person well."

We saw within care plans that people had been encouraged to work with their key worker to design activities or motivational tasks. Some people chose to attend a nearby community day centre where they could take part in organised activities. On the day of our

inspection one person had a hair dressing appointment. They were accompanied by a member of staff due to their health needs.

The home had an outside courtyard area to the rear of the building. The outside space was well utilised by people, predominately for smoking cigarettes. However, there was evidence that the home had supplied equipment and resources for people to grow a range of foods. We saw that staff sat out with people and actively engaged them in conversation.

We observed staff distributing people's medication. The provider may find it useful to note that two staff sat at a central dining table and called out people names for them to collect their medication. This did not provide people with dignity. We spoke to the home's acting manager about this practice and they told us it was to ensure the medication trolley was not left unattended.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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 the care plans of three people. People had several files allocated to them. One contained historic information that related to their life story and past medical history. It also contained the agreement of residency which was signed. Financial agreements that had been arranged with other third party organisations such as local authorities were also included. Risk assessments were included within this folder and had been tailored to reflect the current risks to people. This meant that an assessment of individual needs had been undertaken.

The second file held peoples current 'three monthly' care plan. This document was designed from the minutes of peoples regular '1-2-1' meetings with their key worker. It identified clear goals and targets and changes to physical and mental health. Other information included related to participation in motivational activities. We saw that the care plans had been personalised with current information about the person. However some of the documentation was not person centred. For example these care plans started sections with, "X has thought about setting a new target." These care plans were reviewed each month and there was a signed document included which notified the person that they could have meetings with their keyworker more regularly if they wished.

Further documentation seen related to people's medical appointments. We observed staff making medical bookings for people. One person told us, "I'd be a bit lost with my medical appointments if the staff didn't help me with these."

The daily notes seen on people were comprehensive and up-to-date. They gave detail on people's moods and what they had done that day.

We were told by the acting manager that new staff members were not allocated the role of key worker until they had completed their three month probationary period. This system was in place to allow staff to get to know people and read their care plans. This meant the home could meet people's individual needs.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We looked at all parts of the home and found it to be tidy.

The home had an infection control policy which staff had signed to state they had read. We saw there were other associated polices. For example, the hand washing policy. We found that there was a supply of gloves and aprons and saw that staff used these appropriately. We saw there were supplies of hand gel located around the home.

The home's domestic cleaning was undertaken by care staff. We saw that there were systems in place to ensure all areas of the home were regularly cleaned. The staff completed cleaning schedules once they had completed a task.

We looked in two people's rooms. We saw debris around the base of the bed in one person's room. We lifted the bed off the floor to look underneath and saw an accumulation of crumbs and dust. The acting manager brought this to the attention of staff and the area was cleaned.

The acting manager told us that an audit of the home's domestic cleaning was completed regularly. However, the provider may find it useful to note that there was no documentation to support this audit. The acting manager informed us that they would create an audit form and complete this when they undertook the health and safety audit.

The home's laundry was located in a semi-permanent structure to the rear of the main building. It contained three washing machines and two driers. The home had systems in place to keep peoples laundry separate. We saw that the home's staff used colour coded mops when cleaning different areas of the home. For example, red mops for bathroom areas. These practices meant the risk of cross infection was reduced.

We saw that all staff with the exception of two new starters had up-to-date infection control training.

Safety and suitability of premises ✖ Action needed

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was not meeting this standard.

People who used the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The provider had not taken steps to provide care in an environment that is suitably designed and adequately maintained. We looked around the home and found the maintenance of the building raised concerns.

On arrival at the home's front door we saw several black bins bags surrounded the home's full domestic refuse bins. This meant there was not sufficient storage for waste. We asked staff about this and they told us it was always like that leading up to waste collection. This meant that there were not appropriate measures in place to maintain the home's grounds. We raised this with the acting manager who informed us that they would contact the local authority to investigate an order of additional refuse bins.

The home had a maintenance reporting book which we saw staff had used to report maintenance jobs. However, we saw that the maintenance person's activity at the home had been limited in recent months. The acting manager informed us that the maintenance person's job role was divided over two sites and the recent limited time they had spent at the home had impacted on the completion of maintenance jobs. This meant that there had not been adequate maintenance at the home.

We found that the general décor around the home was tired. All areas of the home were in need of redecoration. The acting manager had written in the maintenance book that the home needed redecoration. We saw that there was damage to the wall at the bottom of the stairs near the kitchen. There was flaking wall paper and plaster board was exposed. We asked to see any documentation which related to rolling plans of refurbishment. The acting manager was not aware of any plans. This meant that there were not adequate measures in place to maintain the home.

We found that the floor in the toilet/shower room on the first floor was significantly worn. The floor was seen to be in a similar condition in the second floor communal bathroom. This meant that the floor looked dirty even after it had been cleaned. We saw the shower cubicles on the ground floor and first floor had sections where the grouting was dark and in

need of maintenance.

We found that all the extractor fans in bathrooms/toilets we looked at were not working. This meant that there was a greater likelihood of condensation and mould in these areas. People had not been adequately protected against these risks.

Staffing ✖ Action needed

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was not meeting this standard.

There were not enough qualified, skilled and experienced staff at all times to ensure domestic cleaning was always completed.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Staffing levels were checked against the home's staffing rota. This identified that the staffing complement was correct on the day of our inspection.

We found that on days when two carers worked the morning shift, instead of the planned three, the domestic cleaning quality was impacted. The acting manager told us that staffing levels could be affected by short notice absences.

We looked at the home's cleaning schedule and saw that in addition to the routine daily cleaning two people's rooms were to be 'deep' cleaned each day. We saw on the cleaning schedules that staff had made comments on several days. The comments stated 'short staffed, unable to complete.' This meant that the daily planned domestic cleaning for the two rooms had not completed on these days.

We spoke to staff and were assured that peoples care needs were not impacted by this. One staff member told us, "We always leave the cleaning if care and support is needed." However, the standard of the home's domestic cleaning was affected on those days. One staff member told us, "It is hard work with only two of us on to get the cleaning done."

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. The home had a complaints policy that was displayed in the reception area. This ensured that people, their relatives and any visiting professionals were aware of the procedure for reporting concerns. The purpose of the policy was clearly set out. The policy provided contact details of other agencies with whom to consult for support in making a complaint.

The complaints folder was kept securely in the acting manager's office. This identified when a complaint came in and tracked the details relating to it. We saw documentation that demonstrated that complaints were dealt with in a timely manner and fully investigated to the satisfaction of the complainant.

The home had no complaints currently under investigation.

We spoke with one person regarding raising a complaint and they told us they would speak to the manager or staff if they had concerns.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010** **Safety and suitability of premises**
	How the regulation was not being met: People were not suitably protected due to inadequately maintained premises. Regulation 15 (1) (c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010** **Staffing**
	How the regulation was not being met: The registered person had not taken appropriate steps to ensure that there were sufficient numbers of suitably qualified, skilled and experienced staff at all times. Regulation 22

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 05 November 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk