WT UK Opco 4 Limited

Amherst House

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

About the service
Amherst House is registered to provide nursing and personal care for up to 60 older people. At the time of our inspection there were 56 people living at the service. Some people using the service were living with dementia.

People's experience of using this service and what we found
People were kept safe from abuse and avoidable harm. People told us they felt safe using the service because they were supported by staff who knew their needs well. Staff knew how to manage risks associated with people's care and there were enough staff available to support people safely.

People and relatives spoke positively about the staff and the support they received. Action had been taken to reduce the risk of the spread of infection and the provider had ensured practices were updated according to national guidance during the COVID-19 pandemic.

People's needs and choices were assessed and planned for, and their preferences had been considered. Staff supported people to manage their nutritional needs safely and people were complimentary about the food. Staff were safely recruited and inducted. They had access to appropriate training and supervision to ensure they had the skills to support people effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to access activities, outings and celebrations. Friends and relatives were welcomed into the service and people were supported to maintain relationships. Staff supported people to access healthcare services as required. Any specialist support was recorded, and actions completed.

The registered manager provided clear direction which helped to empower people to achieve positive outcomes. People and relatives were involved with the running of the service. Staff felt valued and supported by the management team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 10 December 2021 and this is the first inspection.
The last rating for the service under the previous provider was outstanding, published on 12 July 2019.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Amherst House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
This inspection was carried out by 3 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Amherst House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Amherst House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager.
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 5 people who used the service and 6 relatives about their experience of the care provided. We made observations of people being supported. We spoke with 9 members of staff including the registered manager, a nurse, a housekeeper and 6 care staff. We reviewed a range of records. This included 6 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- People and their relatives told us they felt safe living at Amherst House. One person told us, "Oh yes I feel safe, the staff are very nice." A relative said, "The service is really nice, clean, and things get done. My mother is very safe."
- We reviewed safeguarding records and found concerns had been appropriately investigated, responded to and information was shared with the relevant organisations including the CQC and the local authority.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with people's care were well managed and lessons learnt when things went wrong. People had detailed risk assessments and care plans in place for staff to follow. For example, some people had risks associated with skin integrity, there were risk assessments and care plans in place which detailed the support people would need such as regular repositioning to help minimise the risk of skin breakdown.
- There were contingency plans in place to ensure people's care would continue in the event of an emergency, such as a fire or flood, which meant people had to leave the service. There were personal emergency evacuation plans (PEEPs) explaining to staff the support they would need to evacuate the building in an emergency situation.
- Staff managed the environmental risks well. For example, a toxicity assessment had been carried out to enable plants and fresh flowers to be on display in all parts of the service without any risk to people if these were accidentally consumed.
- The registered manager described how they and their team learned from incidents to improve people's care. For example, one person was having a number of falls at night whilst trying to get to the bathroom. The service purchased a red toilet seat and red grabrail to make these more visible and this helped reduce the number of falls for the person.

Staffing and recruitment

- Staff recruitment was safe and there were enough staff to support people. We found in one area of the service call bell alarms could be heard regularly from another area. People told us they found this to be distressing. We raised this with the registered manager who took action to resolve this.
- There was an established staff team at the service which meant there was no use of agency staff. This helped people to receive consistent care from staff that were familiar to them. One relative told us, "The staff are very personable, very well trained and know Mum well and she knows them. Another relative said, "There's a small team of carers who work in the unit, Mum, my sister and I, know them all, they couldn't be more friendly."

● New staff were recruited safely and pre-employment checks were in place, which included verification of identity, references from previous employers and the Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

● Staff followed systems and processes to ensure people received their medicines safely.

● There was clear guidance in place for staff about how to support people safely with their medicines including how to support individuals with 'when required' medicines. One person told us, "I ask if I can have something [for pain relief] and they will bring it."

● Medicines were ordered, stored and disposed of appropriately. Staff completed medication administration records (MARs) to show when medicines were given and these were regularly audited to ensure any discrepancies could be identified and rectified quickly.

● Staff received relevant training before they were able to give people medicines and the registered manager checked staff competency in relation to the administration of people's medicines regularly.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was responding effectively to risks and signs of infection.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

● Visits for people living at the home were facilitated in line with the current guidance.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed by the management team prior to them moving to the service to ensure their needs could be met. Assessments from health and social care professionals were also used to plan effective care.
- People and their relatives told us their choices about their care were central to the initial assessment process. One relative said, "We had an in-depth discussion with the manager once mum decided that she wanted to move to Amherst. This was the basis for her care plan."
- Staff used nationally recognised tools, such as, the malnutrition universal screening tool (MUST) to ascertain unexpected weight loss. Where needed, staff were guided by the outcomes of the tools to plan care with people.

Staff support: induction, training, skills and experience

- Staff were well supported and received all of the relevant training they required to meet people's needs. One member of staff told us, "They taught me a lot a lot of things. Showing me hands on what they are doing. There is face to face and online training." Another member of staff said, "The nurse in charge does my supervision. It is good, they ask me about what my experiences are."
- Nursing staff had the necessary clinical skills and training to fulfil their roles and had regular clinical supervision which gave them an opportunity to further improve their nursing skills and knowledge.
- People and their relatives spoke positively about the understanding and the skills of the care staff. One relative told us, "The staff are very personable, very well trained and know [person] well."
- New staff received an induction from the provider which included The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were being met. Staff were aware of people's needs and preferences in relation to what they ate and drank. A member of staff told us, "We ask them if they have had enough. If we see them not eating, we ask if they need assistance. We ask if they want snacks. It's important to get fluids into people."
- Some people received special diets and there was clear guidance in place for staff regarding this. Where people needed food prepared in different consistencies, care was taken to ensure the food still appeared appetising and attractive to eat.
- People were weighed regularly and the Malnutrition Universal Screening Tool (MUST) was used by staff to

assess whether people were at risk of malnutrition. If people were at risk, steps were taken to mitigate this including referrals to the relevant health professionals to support with nutrition.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● People and their relatives told us they were supported to access healthcare services when they needed to, and records supported this. A relative told us, "They regularly check health and quickly pick up on any issues." Another relative said, "They're very good. If Mum is ill, they always let us know."

● Staff worked closely with health and social care professionals, they followed up any concerns and recorded actions taken. For example, staff were working with healthcare services to help people to maintain as much mobility as possible.

● People's oral health needs were assessed, and they were supported to access dental services. Staff supported people with their oral care and promoted good oral hygiene.

Adapting service, design, decoration to meet people's needs

● The service was well designed to meet people's needs. The building was decorated to a high standard using plain patterns. Seats were of a good height and corridors were wide for those using wheelchairs.

● People told us they were happy with their bedrooms and the communal areas. People had personalised their bedrooms with their own decorations, pictures and ornaments. Memory boxes were placed outside people's rooms with important photos and ornaments in them.

● The service was accessible for everyone living there and had been designed with people living with dementia in mind. The environment was easy to navigate for people who may have a cognitive impairment. There was good signage and designated areas to stimulate people's interest.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● People's care was provided in line with the principles of the MCA. People who lacked capacity in relation to some aspects of their care were supported to make their own decisions. For example, people were supported to make choices around what clothes to wear and what food they would like to eat.

● The registered manager was working in line with the MCA and understood their role and responsibilities in supporting the legal rights of people using the service. DoLS had been applied for appropriately for people who had been assessed as not having capacity for aspects of their care and support.

● Staff completed mental capacity assessments with people. Where people were found not to have capacity to make decisions, best interest decisions were carried out involving relevant people including families and professionals where appropriate. A member of staff told us, "You assume everyone has capacity unless you

know otherwise. [Assessments] need to be decision specific."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed that staff were kind, caring, friendly, and respected equality and diversity. Staff spoke very kindly to people all the time when passing them, or seeing them walking around, always checking they were okay. A relative told us, "They create an amazing atmosphere."
- There were thoughtful personal touches from staff such as all new residents being bought a teddy bear when they moved in to help them feel at home.
- Staff were attentive to people's needs. We saw 1 member of staff come to sit down with someone who was doing some art. The member of staff noted the person's tea was cold and said, "Let me refresh that and get you a warm one."

Supporting people to express their views and be involved in making decisions about their care

- People made many of their own decisions about their care, such as what time they wanted to get up, what they wanted to eat and how they wanted to spend their day. A relative told us, "[Person] is becoming more confused, she has varying capacity. The staff invariably treat her with respect, adjusting their approach to match her awareness and needs." Another relative said, "…they are really respectful, they always ask her before doing anything with or for her."
- People had been given items in their rooms made by a member of staff in the person's favourite colour. These were chosen individually by people and included curtain ties and cushions.
- Relatives told us they were involved in decisions about people's care and records showed relatives had been included and kept informed appropriately.

Respecting and promoting people's privacy, dignity and independence

- People were supported to mobilise as independently as possible. Comments from relatives included, "Mum can't walk much now, she has to use her wheelchair most of the time, but they still encourage her to walk under supervision and with support" and "The carers still encourage [person] and succeed, to walk or shuffle in her room."
- Staff encouraged people to be independent when providing people with personal care. A member of staff told us, "With personal care, if someone wants to go to the toilet, we encourage people to wash their hands. We let them choose their clothes and body soap. I don't just whip things out [or them]."
- We observed that staff respected people's privacy. Staff knocked on people's doors and waited for a response before entering their room and closed their doors before supporting them with personal care.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was person-centred and individualised. Where people had possessions which were particularly special to them such as a doll or teddy bear, we observed staff interacted with people about these and helped care for them.
- People and relatives were kept involved in care planning. One person told us, "I always insist my son is here. I like to put my views forward; my ideas and they listen."
- Some people were fond of animals and the home had two rabbits which they cared for with staff. Staff supported people to interact with the rabbits and we saw this had a positive impact on people's mood and sense of wellbeing.
- People's care plans held information regarding their personal preferences, life history, religious beliefs and people who were important to them. Care plans were reviewed regularly which enabled staff to have up to date information about people's personal preferences.
- People with specific care needs, such as pressure care, had individual care plans for staff to follow to meet the person's individualised needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were clearly assessed and detailed in their care plans. This included whether people needed aids such as glasses and hearing aids, and any support they required with these.
- The provider had considered the Accessible Information Standard and information was available in different formats such as large print if required.
- Staff considered how they spoke with people to help ensure they were understood. We observed that staff took time with people to help ensure they communicated well with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported access to a wide range of activities which were stimulating and entertaining. A relative told us, "[Person] engages in three to four activities a week, she goes on bus trips, often to garden centres. She and her two friends join in with almost everything on offer." Another relative said, "[Person] does painting and helps in the garden so lots of things she would have done in her own home."

● There was a wishing tree for people to display goals and aspirations they might have. One person had been a ballroom dancer previously and wanted to do this again. The service arranged for a ballroom dancer to visit and to dance with them.
● Staff tried to ensure there were activities which were accessible to everyone. A member of staff told us, "When I do group activities I do it on multiple levels, so they don't feel they aren't capable of doing things. If I do knitting or anything with wool I do it on their level."
● People were supported to meet cultural and religious needs. There was a regular church service held in a communal area which people were supported to attend if they wished to do so and trips to a local church. Events such as Diwali, Pride, and St Patrick's day were celebrated at the service.
● There were frequent trips into the community for people. A member of staff told us, "We go out a lot, we share a minibus and have it for two weeks. When we don't have the minibus, we will do local walks."

Improving care quality in response to complaints or concerns
● People told us that they knew how to make a complaint if they needed to, and they felt confident that these would be dealt with appropriately. One relative told us, "I haven't had to [make a complaint] but I wouldn't be afraid to do so if necessary."
● The provider had a complaints policy which detailed how people and their relatives could raise concerns if they were dissatisfied with the service they received. Records showed that when complaints had been received, these had been responded to and dealt with in line with their policy.

End of life care and support
● People's individual preferences and wishes about their end-of-life care had been discussed with them and their family and incorporated into their care plan. A relative told us, ""Because of [person's] condition we've agreed with the home to put a [plan] in place... We've also given some thought to what sort of approach to end-of-life care, if or when the time comes."
● The service provided compassionate end of life care to people. Staff worked with healthcare professionals, including a local hospice, to ensure people's needs were met and consideration was given to the emotional needs of people living at the service during this time.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a positive culture and encouraged the views of people, staff and others. One member of staff told us, "I think my manager and the deputy are friendly and are listening. I can easily approach them. They listen. They see themselves as part of a team. They are visible."
- People and their relatives spoke positively about how the service was run. A relative told us, "The care staff, domestics and all the support staff work together as a team. I know that can only happen with good management – the manager seems very confident in running the home."
- People were empowered to be part of running the service. One person was supported to run a shopping trolley selling sweets, toiletries and greeting cards to other people living at Amherst House.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the duty of candour, and their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. A relative told us, "Informally we chat almost every time we visit with the manager, her deputy or the shift leader. We also have more formal opportunity if Mum has an incident or they review her care plan."
- The provider was open and transparent and willing to learn and make changes to improve people's care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager recognised the importance of regularly monitoring the quality of the service to help drive improvements. There were effective systems and processes used to assess, monitor and review the quality and safety of the service and manage risk.
- The management team held regular clinical risk meetings with staff to discuss any specific risks with people's health such as infections, identify any associated trends and review whether people were getting the best level of support possible to mitigate further risks to their health.
- Legal responsibilities were being met and notifications to relevant agencies were submitted in a timely way to ensure effective external oversight and monitoring of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were kept involved in the running of the service. There were regular residents'

meetings and relatives' meetings when people could put forward ideas for activities, menu choices and other aspects of their care. A person told us, "We have meetings. I like to go to them." A relative said, "Both formal and informal communications work really well. If we have any issues at all we can always speak to someone."

● People were supported to engage with the public and wider community. People and staff took part in an annual parade at a local carnival. Last year there had been a theme to dress as superheroes and they won a prize for their costumes.

● Regular surveys were carried out to gain the opinion of people, relatives and staff about the running of the service. A recent survey had revealed there had been a drop in the number of people who said they knew how to make a complaint, in response posters with this information had been put up around the service.

● Staff told us they felt able to put forward ideas and were listened to by management. Comments from staff included, "They are very approachable. When I started here, I had a lot of questions. They answer me and explain." Another member of staff said, "I do feel valued, so far so good."

Working in partnership with others

● Partnership working was embedded at the service; the provider engaged with relatives and staff and involved people in decisions regarding their care.

● The service worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they needed and expected.