

## Care UK Community Partnerships Ltd

# Ambleside

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Ambleside is a two storey residential and nursing home which provides care to older people including people who are living with dementia. Ambleside is registered to provide care for 60 people. At the time of our inspection visit there were 45 people living at Ambleside. Nursing and residential care is provided on the ground floor across two units, and the first floor supports people with dementia across two units and who need residential care.

### People's experience of using this service and what we found

The provider promoted equality and diversity and there was a caring and person-centred culture within the home. The provider engaged with people and their relatives and worked in partnership with other healthcare services.

There were enough staff with the appropriate skills to keep people safe. However, there was a high use of agency staff who did not have the same knowledge of people's routines and preferences as permanent staff. The provider was actively recruiting to fill staff vacancies.

Risks associated with people's care had been identified and assessed and plans were in place to minimise risks occurring. Staff understood their role in keeping people safe, meeting their physical and emotional needs and reporting any concerns.

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.

Overall, medicines were ordered, stored and administered safely in line with people's prescriptions and staff followed good infection control practices.

There were systems to monitor the safety and quality of the service, although they needed to be applied more robustly in some areas to ensure improvements were implemented effectively. The management were fully engaged with our inspection and committed to providing high standards of care.

### Rating at last inspection

The last rating for this service was good (published 10 March 2018).

### Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

The overall rating for the service has remained good based on the findings of this inspection. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ambleside on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

# Ambleside

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors, a specialist nurse advisor and an Expert by Experience who supported the inspection by making telephone calls to relatives to gain their feedback of the experience of care provided. 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

Ambleside 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. Ambleside 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. 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 such as Healthwatch and an independent advocacy service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used information gathered as part of monitoring activity that took place on 28 April 2022 to help plan the inspection and inform our judgements.

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 six people and 10 relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, the deputy manager, two unit leaders, five care assistants and a housekeeper. We also spoke with the provider's regional operations director and a visiting healthcare professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care plans in detail and specific areas of another person's care plan. We checked multiple medicines records, two staff files in relation to recruitment and a variety of records related to the management of the service such as quality assurance checks.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "I feel safe night and day. That's because of the environment as well as feeling well treated," and, "I feel safe here. I have a buzzer to press if I need help."
- Staff understood their safeguarding responsibilities. One staff member told us, "It is all about looking after the residents and making sure they are safe. I make sure they are mentally and physically okay. I have never seen anything I have been worried about. If I did, I would report it straight away." Another staff member described how failing to meet people's physical and emotional needs could amount to abuse. They told us, "There is neglect in personal care and there is neglect when it comes to fluids. If people are feeling lonely and they have not had any one to one time, that is neglect."
- The registered manager understood their safeguarding responsibilities.

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

- Risks associated with people's care had been identified and assessed and plans were in place to minimise risks occurring. This included risks in relation to falls, malnutrition, skin damage, diabetes and catheter care.
- Regular assessments were undertaken to review risks to people's safety and ensure measures in place remained appropriate to minimise those risks.
- Permanent staff knew people well and understood their responsibility to keep people safe and follow their care plans to minimise risks to their health and well-being. One staff member discussed one person's risk of falls and told us, "Whenever [person] walks, someone always walks with them. They also have a sensor pad which alerts us if they are trying to walk." Another staff member told us how they would identify problems with a person's catheter. They said, "We would see discolouration, possibly blood, they might have a temperature or be in pain. If people hadn't passed urine, we would report it to the team lead or unit lead."
- Environmental risks were managed well. Frequent checks were completed to ensure the building and equipment remained safe.
- A system was in place to record, monitor and analyse accidents and incidents. Staff were updated with any changes in people's care to reduce the risk of reoccurrence.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Nobody had any conditions related to DoLS authorisations at the time of our inspection visit.

#### Staffing and recruitment

- There were enough staff with the appropriate skills to keep people safe. However, the provider had experienced difficulties recruiting staff and as a result, staffing numbers were maintained by using temporary staff supplied through an agency.
- Permanent staff told us the use of agency staff had caused some difficulties as they did not always know people's individual needs and preferences. One staff member said, "You sometimes feel like you are doing the work of two people as agency staff, through no fault of their own, just don't know the people or their routines."
- People recognised the difficulties the provider faced recruiting staff but did not share any serious concerns about delays in their care being provided. One person told us, "They are terribly short staffed. We have agency staff here all the time. I don't know where all the care staff have gone to these days. Agency staff don't know the job properly, not like the others." Another person commented, "I've never been left waiting. I've got a little bell to call for help. If I press it, they always come."
- The recruitment process continued to ensure staff were suitable for their roles by conducting relevant preemployment checks. This included Disclosure and Barring Service (DBS) checks which provided information about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

#### Using medicines safely

- Overall, medicines were ordered, stored and administered safely in line with people's prescriptions.
- We identified improvements were needed to ensure the application of topical creams was always recorded and records relating to the administration of patch medicines followed manufacturer guidelines for safe rotation, and to check they remained in place.
- Where people were prescribed 'as required' medicines, there was clear guidance to ensure they were given consistently and when people needed them.

#### Preventing and controlling infection

- We were somewhat assured the provider was preventing visitors from catching and spreading infections. On the day of our inspection, not all the inspection team were asked to show evidence of a negative test which is a requirement for inspectors before entering the home to determine our COVID-19 status.
- 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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured the provider was making sure infection outbreaks could be effectively prevented or managed.

#### Visiting in care homes

- The provider allowed visitors into the service without using a booking system and there were no restrictions on visiting the home unless a visitor had tested positive for COVID-19. This meant people could have visits from relatives when they wanted.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were systems to monitor the safety and quality of the service, but some checks had not identified areas where we found improvement was needed. For example, audits had not identified gaps in records of administration relating to patch medicines or that two people's pressure relieving mattresses were set too high for the person's individual weight which placed them at increased risk of skin breakdown.
- Governance systems had not identified that formal assessments of medicines competency for nursing staff were not being carried out according to NICE guidelines.
- Where issues had been identified, processes needed to be improved to ensure action was taken to address them. For example, issues relating to the administration of topical medicines had been regularly identified since April 2022 but remained an issue at the time of our inspection visit.
- Analysis of accidents and incidents was not always robust enough to ensure improvements were made. For example, medication error reports needed to be more detailed as to systems implemented to mitigate future risk and to show how lessons had been shared to improve individual practice.
- We found no impact on the care people received as a result of these issues. The registered manager and deputy manager were engaged throughout the inspection process and took immediate action during and after the inspection in response to our feedback.

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

- A caring and person-centred culture was promoted within the home and people felt well cared for. Comments included, "It is like a little home from home. It really is. I am well looked after. I like everything about it. You couldn't find a better place. I am very lucky. They are always there if you need help. I feel like the staff really care about all of us."
- One person told us how staff had recognised what was important to them and described how the thoughtful actions of staff positively impacted their life. Staff had arranged to regularly bring this person's pet into the home after it had been taken into a rescue centre. The person told us, "That hour is so precious. It makes my life worth living."
- Relatives described the home as welcoming and a place where they enjoyed spending time with their family member. One relative said, "I find it a good atmosphere. When family visit, we go to the café area. It can be social, and we interact with others. Staff also interact and people seem pleased with how it runs." Another relative told us, "It's lovely there. They are very friendly. There is a coffee shop for families and friends. Everybody chats."

- However, relatives also spoke of the impact of agency staff on the quality of care. Comments included, "They (Ambleside) have issues with filling posts. Agency staff don't know people and have not built up relationships. I'd prefer to see more permanent staff" and, "They have enough to meet their legal requirements when they use agency staff. They want permanent staff but it's hard to find them."
- The provider acknowledged the challenges of the high use of agency staff, particularly on the standards of record keeping. There was a recruitment drive in place and the provider was actively exploring new recruitment initiatives such as a transport service for staff.
- Permanent staff were committed to providing high quality care. One staff member told us, "I am fully committed to being a carer. Of course I am here to earn money, but it is important to me that the people here have a good life. They could be my grandparents."

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

- The provider engaged and involved people using the service. Relatives told us they had regular meetings where they were kept informed about what was happening in the service.
- We received mixed feedback from staff about the management of the home. One staff member told us, "[Registered Manager] is very approachable. I have been able to talk to her. She has supported me." Another staff said, "Sometimes we get support and sometimes we don't." A third staff member said, "We have good and bad days. Sometimes you can go to anyone and they will help you but other days you have to fight."
- However, staff felt comfortable to raise any concerns with their team lead and were confident these would be raised with management. One staff member told us they had a 'Colleague Voices Representative' whose role was to speak on behalf of the staff team.
- The provider had recently carried out a staff survey and a meeting was planned to discuss the results and share ideas for improvements.
- The provider promoted equality and diversity and there was information available to support staff in understanding their role in promoting inclusive healthcare. Conversations with staff demonstrated they understood the importance of treating people with respect and as individuals.

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

- Relatives were promptly informed about any accidents or health issues such as infections. One relative told us, "We discussed reducing the risk of falls and agreed for [Name] to have a better chair."
- The registered manager demonstrated an understanding of their role and their responsibility to submit statutory notifications, as required by law, for incidents that occurred at the service. Action had been taken to ensure managers with delegated responsibilities understood the legal requirements when the registered manager was away from the service.

Working in partnership with others

- The provider worked in partnership with other organisations, including healthcare services. We received positive feedback from professionals who had worked with the service.