BC&G Care Homes Limited

Ambassador House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This inspection took place on the 11 October 2016 and was unannounced.

Ambassador House is a residential home providing accommodation and personal care for up to 20 older people, some of whom are living with dementia. At the time of our inspection there were 16 people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were kept safe and protected from avoidable risk of harm, and staff understood the procedure to follow in order to safeguard people. People's care plans and risk assessments were robust, person-centred and detailed enough to allow staff to support them effectively. People were supported to share views and experiences through residents meetings and a key worker system. The service adhered to the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS).

While people had their on-going healthcare needs met by the service we found that pressure relieving equipment was not always used correctly. The systems in place for the management of medicines were suitable, but we observed some poor practice during observations of the medicine round.

There was enough to eat and drink and people enjoyed the choice of food available. There was a programme of activities and events available and the environment was kept person-centred and stimulating.

Staff received a full induction and on-going training that enabled them to carry out their duties effectively. They were supported through supervision, appraisal and observation and had opportunities to contribute to the development of the service through team meetings. Staff demonstrated a kind, caring and committed attitude to supporting people. They treated people with dignity and respect and understood their needs and wishes. Staff recruited to the service had the correct knowledge, skills and experience to carry out their duties safely.

While there were enough staff to keep people safe, there were occasions during our inspection where people had to wait for care and support and did not have access to equipment to assist them with this.

The management and culture of the service was positive, and improvements had been made through robust quality monitoring systems. People, their relatives and the staff team were asked to contribute to the overall development of the service through meetings and surveys.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Equipment was not always used correctly to protect people from the risks associated with pressure area care.

Medicines were stored safely, however we observed some poor practice during their administration.

People had robust and detailed risk assessments in place which included control measures to support them safely.

Is the service effective?

Good

The service was effective.

Staff received training to help them to develop within their roles.

People gave consent to their care and staff understood their responsibilities under the Mental Capacity Act 2005.

People had enough to eat and drink and had their healthcare needs assessed and met by the staff.

Is the service caring?

Good

The service was caring.

Staff demonstrated a caring and friendly attitude towards people.

People were treated with dignity and respect and had their privacy observed.

Is the service responsive?

Requires Improvement

The service was responsive.

People had care plans in place which were personalised and evidenced involvement from people and their relatives.

There was an activity programme in place for people to engage

in hobbies and interests inside and outside of the home.

There was a robust system in place for handling and resolving complaints.

Is the service well-led?

Good

The service was well-led.

People and staff were positive about the management of the service.

There was a robust quality monitoring system in place for identifying improvements that needed to be made.

Surveys and questionnaires were sent out to people, staff and relatives to encourage them to contribute to the development of the service.

Ambassador House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 11 October 2016 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has experience of using this kind of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We reviewed local authority inspection records and asked for feedback from nine professionals involved with the service.

During the inspection we spoke with six people who used the service and one of their relatives to gain their feedback. We spoke with five members of care staff and the registered manager.

We observed the interactions between members of staff and people who used the service and reviewed the care records and risk assessments for three of them. We observed medicines rounds and looked at four staff recruitment and training records. We looked at complaints and compliments received by the service. We also reviewed information on how the quality of the service was monitored and managed.

Requires Improvement

Is the service safe?

Our findings

Pressure-relieving equipment in the service was not always set to the correct weight, and there was not always enough information contained within care plans to provide staff with the correct settings to use. This meant that people were not always kept safe from the risk of developing pressure ulcers. One person had their pressure mattress set to between 80-100kg when the recommended weight was 56kg. There were also some contradictions in the information contained within their care plan, which stated that the person had a grade 2 pressure ulcer. However correspondence from the district nursing team indicated that the pressure ulcer had reached grade 3. The lack of clear and consistent information in the person's records meant that the service could not fully support the person's treatment from the community nursing team and put the person at risk of deterioration in their condition. We discussed this this with the registered manager who acknowledged the issues and immediately took action to safeguard the person from further risk of harm.

A new system for the management of medicines had been introduced which enabled staff to use an electronic device to account for the stock, administration and auditing of medicines in the service. Medicines were only administered by staff who were trained and competent to do so, and we saw that medicines were being stored safely and securely in a lockable cabinet. For people who took PRN ('as and when') medicines, there were clear protocols in their care plans to help staff to understand when and how these would be given. During the inspection we observed the medicine rounds being carried out and noted that the staff member was able to scan each medicine manually to check the instructions for how it was to be administered. However we did observe an error in administration when the staff member applied a topical solution to the incorrect wrist as stated by the instructions. The staff member in question took immediate remedial action to address this by contacting the pharmacy and following the error procedure to reduce the risk of recurrence.

We received mixed feedback when we asked people whether there were enough staff available to meet their needs. One person said, "I do feel safe, I fall very frequently but if I am in my room I pull the red cord and they come quickly." However we spoke with another person who said, "I have to keep shouting Nurse! Nurse! And it gives me a sore throat. I could do with a bell and I really need one. I have to wait quite a while sometimes and sometimes they don't come at all." During the inspection we noted that this person did have to call out on occasion and wait for a carer to respond, although this did not take any longer than around a minute each time. When we asked the registered manager why the person did not have a call bell in use they told us that they had chosen not to use it in the past. However they immediately attended to the person to address the issue and agreed to implement a short-term plan of care to review the effectiveness of using a call bell again. We also observed a situation at lunchtime where a person was asking for support but was unable to move because staff we busy in other areas of the home.

The service did not use agency staff and sought cover from within their own staff team. When we checked staffing levels and rotas we noted that the service had deployed four staff in the morning, three in the afternoon and two who completed a waking night. The registered manager told us this was flexible based upon the needs of the people using the service and that she would use extra staff where necessary: for example if a person had to attend an appointment.

People told us they generally felt safe using the service. One person said, "Safe, oh yes –they are always around us in the lounge." Another person told us, "I do feel safe, I don't know why – they are just nice people."

The staff we spoke with had received training in safeguarding and understood the steps they would need to take if they were concerned that somebody might be at risk. Safeguarding information was clearly visible around the home and the registered manager used supervision to routinely assess whether staff could recall their training and were aware of the correct procedures to follow.

We looked through records of all accidents logged by the service and the action taken in response to these. The service took a proactive approach when dealing with falls or other accidents around the home, and each incident was investigated expediently with outcomes established to reduce the risk of recurrence. For example we saw that an incident had occurred where a person had locked themselves into their bedroom and a labelled key was not immediately available to unlock the door. In response to this incident and to prevent the same thing potentially happening again, the service had reviewed the key storage and labelling procedures in the home immediately. All accidents and incidents that took place in the service were collated monthly to identify any persistent trends or patterns of concern.

The environment was risk assessed and appropriate control measures were in place to keep people safe when using the building. We saw that fire and gas safety checks had been completed and that the service had recently taken action in response to advice from the fire service. PAT (portable appliance testing) was carried out regularly and the equipment used by the service was frequently checked and serviced as per manufacturer's guidelines. The service had an appointed health and safety committee which met every three months to discuss maintenance and safety issues around the home and agree remedial actions. A periodic health and safety audit was carried out to identify any areas of the service which might have been unsafe or presented a risk to people.

Staff were recruited safely to work in the service. We looked at four staff files and saw that each one had completed an application which listed their previous employment, education and competencies for the role to which they were applying. Each member of staff had two employment references completed prior to starting work, and had completed a DBS (Disclosure and Barring Service) check. DBS is a way of assessing whether employees are suitable to help employers make safer recruitment decisions.

Good

Is the service effective?

Our findings

We asked people if they felt that staff had the correct training to carry out their roles effectively. One person said, "I think they are, they are helpful. I don't usually need help to get washed and dressed but since [a recent incident] so far they have been very helpful." Another person told us, "I don't know about that but it's all ok here –it's an alright place." However one person did express some concern, saying "Mostly they are well trained but some of them are a bit sloppy, they don't take that extra bit of care."

The staff we spoke with were positive about the training they received and felt able to implement the learning into their practice effectively. One member of staff said, "Much of it is provided by [training company] and is theory-based but we do go on some courses as well. I've got a pressure care training course booked for next month." We noted that all staff were tasked with completing the care certificate as part of their induction, and that this provided the knowledge and skills the provider considered essential. In addition to this induction, staff completed other units such as practical moving and handling and medicines. Some staff had completed specialist courses in areas such as dementia care, diabetes, falls and communication. Training was regularly refreshed and the registered manager tested competencies regularly during staff supervision and appraisal.
Staff told us that they received regular supervision from the registered manager. One member of staff said, "We have supervision every three months and appraisals every six months. We'll usually talk about residents first and then look at areas for my development and performance. I get the chance to share anything on my mind too." We saw that staff were being regularly supervised and had an appraisal of their performance. We were permitted to look at an example supervision which used practical examples of practice to assess staff knowledge and competencies regularly. The registered manager also carried out a series of spot checks to provide each member of staff with feedback on performance, protocol, safety and conduct.

Staff had received training and they understood the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards (DoLS). 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 Act 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw in people's care plans that thorough consideration had been given to people's capacity and how this impacted upon different areas of their care. For example we saw that the service had identified that one person's capacity was beginning to fluctuate, and they had subsequently detailed the potential implications across the different elements of their care and support. Sensitive measures were being taken to involve the person and their family in making decisions for the future and establishing how the person's needs and preferences could be met if they lost the capacity to make decisions for themselves. This demonstrated that the service was proactive in identifying how to act in people's best interests at all times.

Some DoLS authorisations were in place while others had been applied for and were awaiting authorisation from the local authority. We saw that capacity assessments had been completed, best interest meetings held, and that the DoLS were appropriate for people's welfare and safety.

The people we spoke with were positive about the food and drink and felt they had enough to eat. One person said, "[Cook] is a good chef, we do get choices and they don't bore you with the same dinners. We always get fresh veg and dumplings, I like the dumplings." Another person said, "The food is generally good, every day we do get a hot meal. We get a hot breakfast if we want it, like porridge or toast. Tea time we get sandwiches." A relative told us, "It is good food and [relative] gets plenty of it. They also do cultural food – [relative] is from the [country of origin] so [they] like that." We saw that the kitchen staff had a list of people's specific dietary requirements available so that they were aware of any specific needs that people had for their meals. In communal areas of the home we saw that pictorial menus had been displayed so that people knew the choices available to them on each meal. Due to the ethnically diverse nature of the people using the service, the registered manager had also introduced a 'cultural menu' with dishes native to people's home countries. One person said, "The cook has made me meals from my native country before and we have themed menus sometimes." During the inspection we observed people being offered a choice of drinks and snacks throughout the day.

People's healthcare needs were identified and they were supported to attend regular appointments with healthcare professionals as required. We saw that these were recorded in their care plans with outcomes and instructions, and people were given opportunities to access the appropriate services when they needed to. An optician was visiting the service on the day of our inspection and told us, "I come between 3 and 4 times a year. They are well organised and the service users are always clean and well cared for."

The service had been decorated extensively inside and provided plenty of interesting features for people to look at. There were vivid murals painted onto panels and pictures placed into communal areas of the service that were period-specific and designed to evoke memories for people from when they were younger. In the hallway of the ground floor we saw photo collages assembled which depicted the varied activities that people had undertaken since they had come to the service. People's rooms had been personalised and decorated to their taste and preference. While the environment was colourful and vibrant, consideration had been given to those who lived with dementia and may have been disorientated by heavy patterns or carpets. We found that the environment was dementia-friendly in this respect, with plain walls and floors that were accentuated by pleasant features and decorations. Doors were clearly labelled so that people were aware of their surroundings and able to move around the home as independently as possible.

Good

Is the service caring?

Our findings

The people we spoke with told us that they felt staff were generally kind and caring and understood their needs and preferences. One person said, "They are nice people, some are better than others but generally they look after me well." Another person told us, "I'm well cared for, yes, they are mostly kind, mostly patient. One in particular is good to me."

Each person had a key worker in place who was responsible for different aspects of their care and support. This included updating their care plans, making sure they had the correct sundries available and communicating with their family and friends. One-to-one time was scheduled between people and their key worker to give them the opportunity to discuss any issues affecting their care. The staff we spoke with were able to tell us about the things they had done for the person they key worked for and how it had helped to develop a meaningful relationship between them. One member of staff said, "I key work for [person] and it means that somebody is always looking out for them. I spend time with everybody but I think it's nice that there's that one person that you can really devote your attention to."

On the first floor of the home the staff had created a 'tree of life' which contained pictures of all the people that had lived at the home and sadly passed on. By commemorating people in this way, the service were able to demonstrate that they cared for each person who they had provided care to and wished to honour their memory. This also provided comfort for other people still at the home who had lost friends or loved ones. The registered manager said, "We don't want them to be forgotten. Some of their families still contact us and still come here because it was their relative's home and it's special to them."

The service had received a high number of compliments which were both on display at the front of the home and recorded in the compliment book if received verbally. We saw that relatives and friends often wrote to the service in praise of the care, even if their family member had only been at the home for a short time. Such comments included: "I would like to say thank you to all the staff, what a wonderful bunch of girls [care staff]. I can't praise them highly enough, they were absolutely excellent and [relative] loved being here."

One professional involved with the service had written to express their gratitude at a time when staff went 'the extra mile' to provide care for somebody during a critical time. They wrote, "I am aware that you were all extremely flexible to accommodate [person], including cancelling your own staff Christmas party, staying very late with [person] and driving around to pick up their prescriptions. It gives me great faith to know your staff at Ambassador House conduct themselves and look after residents to the best of their ability."

People told us they felt treated with dignity and respect, and staff were provided with training to help them to understand the importance of observing people's right to privacy and dignity when delivering care. One member of staff said, "I'll always close doors, cover people up and knock before I go in. We have mutual respect here between staff and residents and they need to feel confident and comfortable coming to us about anything."

Requires Improvement

Is the service responsive?

Our findings

We received poor responses when we asked people whether they had activities available in the service. One person said, "We have bingo and quizzes from time to time but there is no programme. We may go out for a little walk in the summer to one of the parks nearby, but not for more than 20 minutes." Another person said, "I get the paper every day and I read a lot in my room. I do get bored. We do go out for walks sometimes but there is no regular programme of activities." A third person explained "we don't do activities – we hardly ever get to go out and we are not allowed into the garden – I miss that. I do have the paper every day." A fourth person told us, "No we don't do any. They give me this (weekly paper)." The activity co-ordinator was not working on the day of our inspection and we did note that the atmosphere in the home was a little flat at times due to a lack of structured activity taking place. When we discussed this we were shown activity logs which detailed how people spent their time and the activities that were usually available to them. We saw that people had been to a local singing café, carnivals, day trips and to the shops. Inside the home there were regular visits from a holistic therapist who was able to work with people who were not usually able to engage in communal activities. We saw activity logs that people enjoyed activities in the home such as bingo, board games, cake baking and singing. While it was evidenced that there were activities available for people, five people in total told us they did not feel engaged or were not always aware of activities. There were no planned activities taking place on the day of our inspection. We spoke to the registered manager about access to the garden, and she confirmed that it was not always appropriate for use as it was in need of renovation in places. To address some of the issues raised a new activity co-ordinator was being recruited at the time of our inspection.

People received an assessment of their needs to identify the type of care and support they required to enable the staff to form a care plan. People's care plans included an 'about me' section which detailed their essential information and background. People had also completed a 'this is me' profile endorsed by the Royal Alzheimers Society, which explained how their condition affected them and what it was important to know about the person. Care plans were then divided into sections which detailed holistically a wide range of people's needs, routines and preferences. This included behaviour, communication, relationships and their level of independence, and each of these were linked to desired outcomes for the person. For example for people admitted on a short-term or respite basis there were clear goals in place to support them towards developing further independence as part of their on-going rehabilitation.

Care plans were responsive to people's changing needs, and subject to a monthly review which was undertaken by the person's key worker. We found the care plans we looked at to be highly responsive to the latest care and support that people required, and changes to their condition were assessed and monitored using 'short-term care plans.' For example we saw that somebody had recently suffered an injury which had affected their mobility. To address this, a short-term care plan had been implemented which provided details of the impact upon the person and how staff could work closely with them to aid their recovery.

The provider had a complaints policy in place which provided details of who people could complain to and how their complaint would be resolved. The service had policies for dealing with lower level complaints and complaints received verbally which meant that they were able to capture any grievances raised less formally

and take action in response to these. We saw that eight complaints had been received since our last inspection. The response to these was thorough and comprehensive and included the outcomes of all investigations and remedial actions taken to resolve the issue with the complainant. For example in response to a complaint from a visitor about staff using their mobile phones too much, the registered manager had held a meeting with the team and placed signage around the service reminding staff not to use their phones while working. We noted during our inspection that this signage was still visible.

Good

Is the service well-led?

Our findings

All of the people we spoke with told us they felt the registered manager was kind and approachable although not everybody was able to tell us her name. One person said, "I don't remember her name but I know her alright and she's a nice person." Another person told us, "I don't know her name but she comes to see me, they are good to me really."

The staff we spoke with were positive about the management of the service and felt listened to by the registered manager. One member of staff said, "She's definitely approachable, a good manager to work under I think." Staff surveys reflected positively upon the support offered by the service and the support they received from their manager. Those returned had rated the service as 'excellent' in all areas such as 'development and learning', 'personal views', 'organisation' and 'care of service users'. The written feedback included comments such as, "Thank you for all the love and support- we appreciate all the time and patience you've taken to help us to mature and become the [people] we are today."

Overall governance in the service was consistently of a high standard, with paperwork completed in detail and used to improve the overall quality of care. The registered manager was able to talk us through the changes that had been made since she had started in post and how they had impacted upon the care and support being provided. For example we were shown a 'card' system which was being used to reward staff for excellent practice, which incentivised them to go the extra mile for people when providing care. By keeping critical documents such as care plans under continual review, the service were able to recognise important elements of people's care and support that required attention. The improvements made had been recently recognised by the local contracts team who had given the service an 'excellent' score of 98.7% on their last monitoring visit.

The manager completed a monthly audit which identified areas of improvement and set actions and outcomes. These audits included complaints, care plans, accidents and staff files and remedial action was delegated to staff with specific timescales for improvement. For example we noted that during an audit of people's care plans it was noted that staff were not always listing the times that care was provided, and that this was making it more difficult to assess and analyse records retrospectively. On our inspection we noted that daily records and logs were now clearly filled out with times included. As well as highlighting areas for improvement, the registered manager also used the audits to highlight examples of positive practice. We saw that one member of staff had completed their care plans to a high standard, and it was suggested that other staff could use their example as the default standard to work to. In addition to the audits carried out by the management staff, the provider also visited the home every three months to complete a comprehensive review and set actions for the registered manager to complete. Because the information contained within these audits was cascaded down to the staff team during meetings and supervisions, staff were aware of their roles and responsibilities and how they could contribute to the further development of the service.

Staff told us they had regular staff meetings and were given the opportunity to share their views and discuss issues around the service. One member of staff told us, "We meet every few months, we also have senior

meetings more frequently if something important needs to be discussed. We'll talk about changes to people's needs, care plans, our responsibilities and upcoming activities." We looked through meeting minutes since our last inspection and saw that these were regularly held and used to discuss issues that had been raised in audits, supervisions, complaints or surveys. This enabled staff to remain abreast of all developments and changes to working practice. Staff were also given the opportunity to share their views and experience to make suggestions for improvement. Residents meetings also took place monthly where people were given the opportunity to discuss and provide feedback on menus, activities, entertainment and diversity.

Surveys were sent out to people, relatives and staff to ask for their feedback and contributions to the overall development of the service. Feedback provided was positive and reflected a high quality of care and support. Each year the registered manager compiled a report which detailed the response, the overall views of the service and action being taken to address any issues which had been raised. Visiting professionals were also asked for their feedback when they came to the service and we saw a high volume of positive feedback had been logged. This included comments such as, "The paperwork here is always up to date and comprehensive, with [people]'s likes and dislikes highlighted and staff knowledgeable and helpful. The home is always clean and smells fresh."