

D.M. Care Limited

# Ambassador Care Home

## Inspection report

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16 October 2021

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## Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service caring?	Requires Improvement ●
Is the service well-led?	Inadequate ●

# Summary of findings

## Overall summary

Ambassador Care Home is a residential care home providing personal care to 31 people who may be living with dementia. The service can support up to 31 people in one adapted building. At the time of the inspection 24 people were receiving support.

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

Medicines were not managed safely which placed people at risk of harm. Records did not consistently reflect the help people needed or were not always accessible so staff could not always learn about the help people needed.

Recruitment procedures were not consistently followed to ensure staff were suitable to work with people who may be vulnerable. People were not always supported by staff who knew the help they needed, and people's dignity was not always maintained. Some areas and equipment within the home required cleaning to minimise the risk and spread of infection. Governance systems were ineffective at ensuring people received safe and high-quality care.

People said they were happy at the home and they liked the staff.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update. The last rating for this service was requires improvement (published 16 July 2021) and there was a breach of regulation. At this inspection we found improvements had not been consistently made and the provider was still in breach of regulations.

Why we inspected

We received concerns in relation to the management of medicines, infection prevention and control, nutrition, risk and staffing. We also received concerns on how people were supported to maintain their dignity. As a result, we undertook a focused inspection to review the key questions of safe, caring and well-led only.

We carried out a focused inspection of this service in March 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve in the areas of good governance. We undertook this focused inspection on 14 October 2021 to check they had followed their action plan and to confirm whether they now met legal requirements. This report only covers our findings in relation to the key questions safe, caring and well-led which contain those requirements.

We have found evidence that the provider needs to make improvements and that people were at risk of avoidable harm. Please see the safe, caring and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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 the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for this service is inadequate. This is based on the findings at this inspection.

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

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has remains inadequate. This is based on the findings at this inspection.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so. We have identified breaches in relation to the safe management of medicines, record keeping and good governance. Please see the action we have told the provider to take at the end of this report.

#### Follow up information

We took urgent action under Section 31 of the Health and Social Care Act 2008, to impose conditions on the providers registration. The provider has since applied to deregister with the Care Quality Commission.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

# Ambassador Care Home

## 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 Care Act 2014. 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, an inspection manager and a medicines inspector.

#### Service and service type

Ambassador Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission at the time of the inspection. This means that they, when registered, and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not available during the inspection, the deputy manager was managing the home in the registered manager's absence.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since

the last inspection. We sought feedback from the local authority and Lancashire Safeguarding Authority. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service. We spoke with eight members of staff including the deputy manager, the provider, four staff who delivered direct care, a housekeeper and the cook. We reviewed a range of records. This included five people's care records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including environmental information were also reviewed. We looked at medicines and records about medicines for 16 people. We spoke with one senior carer who had responsibility for administering medicines on the day of the inspection and the deputy manager.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at environmental records, policies, training records and care records. We wrote to the provider and took action to ensure immediate improvements were made. We shared information with the local authority, commissioners and other relevant stakeholders to support their decision making.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

### Using medicines safely

- People's medicines were not managed safely, which put them at risk of harm. Staff did not always administer medicines when people needed them. People missed some doses of their prescribed medicines because there was no stock available in the home for them. This put their health at risk of harm.
- Staff did not always administer medicines safely. One person was not given their eye drops safely. This placed their eyesight at risk of harm. Another person was not given one of their tablets for over three weeks. This was because staff had not checked their medicines carefully on admission to the home. Stock checks for some medicines showed they had not been given as prescribed or incorrect doses had been given. This placed people's health at risk.
- Arrangements were not always in place to give medicines prescribed to be given at specific times of the day at the correct times so the medicines may not work effectively.
- Records about medicines and creams did not always show that they were managed safely. Staff did not complete records of administration accurately because they left gaps on the charts, so it was not possible to tell if people had been given their medicines.
- People did not always have written guidance in place for staff to follow when medicines were prescribed to be given "when required" or with a choice of dose. This meant staff did not have the information to tell them when someone may need the medicine or how much to give
- Medicines were not always stored safely, which placed people at risk through their medicines becoming ineffective. Waste medicines were not stored in line with current guidance.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as medicines were not always available and were not managed safely. This placed people at risk of avoidable harm.

### Assessing risk, safety monitoring and management;

- Nutritional risk assessments were in place; however we could not access people's previous care records to assess if people were being supported to eat and drink enough to meet their needs. On the three days of the inspection we were unable to access the electronic system to review people's weight management. We spoke with two agency staff members who told us they did not know if people needed help to eat as they could not access the electronic system. They had not been informed of the help people needed. This placed people at risk of avoidable harm.
- The provider had failed to ensure the risks associated with fire management had been managed. There were several fire doors within the home that did not shut properly. This posed the risk that if a fire occurred, it would not be contained. This placed people, staff and visitors at risk of avoidable harm.
- The provider failed to manage risks associated with equipment. For example, one person's bed furnishings and safety equipment had been used and fitted incorrectly, which placed the person at risk of avoidable

harm. This placed the person at risk of avoidable harm and/or injury.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 as (Regulated Activities) Regulations 2014 as the provider had not done all that was reasonably practicable to mitigate risks and had placed people at risk of avoidable harm.

We shared our findings to the Lancashire Fire Authority, Infection Prevention and Control Team and commissioners of the service.

#### Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. We saw beds had been made, but on some beds, there were urine marks on bedding and other stains. Equipment needed cleaning. For example, we saw commodes had a build-up of dust and matter on them, a sensor mat was dirty and there were faeces dried on the side of a toilet.
- We were not assured that the provider was using PPE effectively and safely or meeting social distance rules. Staff did not always wear PPE. We observed a staff member did not wear a mask when working. They said they had one in their pocket.
- Staff did not manage laundry practices safely. We observed clean washing hanging next to a clinical waste bin and over a dirty sink. We also saw staff bags were stored on the floor in the laundry and a staff member said this was common practice. This posed a risk of cross contamination and cross infection.
- We were not assured that the provider was accessing testing for people using the service and staff. We had been informed by the local authority that testing had not always been completed as per guidance. The deputy manager told us this was correct, and testing was currently being completed.
- We were not assured that the provider was preventing visitors from catching and spreading infections. Staff did not always take the temperature of non-permanent staff or visitors when they entered the service. This is advised by best practice guidance.
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed. An agency staff member told us they had entered a person's room to support them with personal care. On leaving the room they learnt the person was unwell and required staff to wear specific personal protective equipment. They had not worn the required equipment as they were not aware of the person's needs. This placed people and others at risk of avoidable harm.

People were not protected from the risk and spread of infection, this evidence demonstrates that people, visitors and staff were placed at risk of avoidable harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- During the inspection health professionals were the only people able to visit the home, this was reflective of best practice as there was an outbreak of infection at the home.

#### Staffing and recruitment

- Staff were not always deployed effectively. For example, there was one cleaner at the time of the inspection and the home required cleaning as it was unclean. Arrangements for housekeeping were insufficient.
- Agency staff had been provided to help people; however, they did not know the help and support people needed. There was a permanent member of staff cooking as there was no cook on the first day of the inspection. The permanent member of staff knew people's needs.
- We observed one person being pushed across the lounge by another person who lived at the home, an agency staff intervened to prevent the risk of harm. The staff member said to us, "I don't know anything



about anyone, I don't know how to help."

- Two agency staff told us they had not received an induction to the home. They said they had received no information about people and had not had a tour of the home to familiarise themselves with the layout. We asked an agency staff member what they would do if there was a fire, or the fire alarm sounded. They said, "I'd run around like a headless chicken because I don't know anything."
- We observed staff were task focussed and did not sit and spend time with people talking or doing activities.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were not always supported by staff who knew their needs and were competent to support them. This placed people at risk of avoidable harm.

- The provider told us they were actively trying to recruit staff. The deputy manager said they had given agency staff information about people; however, this was not before they supported people.
- The provider did not ensure safe recruitment practices were followed Background checks had not been completed robustly or where there were concerns regarding the employment of staff, these had not been risk assessed. In two files we found full employment histories had not been documented.

This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as information required was not consistently obtained and documented as required by regulation. This posed risk that unsuitable staff may be employed to support people who may be vulnerable.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe.
- Staff told us they would contact the registered manager, provider, social services or the CQC if they were concerned people were at risk of abuse.

Learning lessons when things go wrong

- The provider did not ensure lessons were learned. The home had been visited by health professionals who had raised concerns as there was a lack of handwashing equipment where personal care was delivered. This has not been actioned at the time of inspection. In addition, we saw no evidence that action was taken to minimise the risk of falls reoccurring.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- The provider did not consistently ensure people's privacy and dignity were maintained. On three separate occasions we saw a person in communal areas and their continence aid was on view. We raised this with staff to support the person's dignity.
- The downstairs bathroom contained a whiteboard with people's names on and 'bathing routine'. This practice did not promote people's individuality and shared personal information about them.
- The downstairs bathroom door had a lock that could not be locked. We saw this bathroom was in use by people who used the service. There was also a toilet in use with no handle and lock. This did not protect people's dignity and privacy.

This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were not consistently treated with respect and their dignity upheld.

- Staff were kind to people. Staff spoke with people in a caring way, calling them by their preferred name and being respectful in their language and approach. People told us they liked staff.

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

- Staff supported people to share their views and responded to these. One person was helped to understand they needed a coat to remain warm in the garden. The staff member went with them outside and spoke patiently about how cold it was. The person made the decision to return to the lounge.
- A person living at the home refused to sit in a comfortable chair. Staff respected this and returned to the person and supported them when the person was ready.
- A person at the home complemented staff on their approach. They told us, "They let you get on with your own life and are there to guide you when you need it."

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection the provider had failed to ensure the effective operation of systems designed to assess, monitor and improve the quality of the service. Care records were not always accurate. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- The provider failed to have oversight and management of the service to protect people from harm. Audits of falls were carried out. One entry recorded, "A pattern of falls appears to be in their own bedroom between checks." We reviewed the accident and incident records and saw records which showed some people were having falls and/or sustaining injuries. There was no action to show how this risk was to be managed and lessons learned shared.
- The deputy manager completed audits to check where improvements were required. Audits had not effectively identified and addressed some of the serious issues we found at this inspection. For example, infection control audits had not identified some areas of the home required cleaning or the poor practice we observed.
- A bed rails audit had failed to identify two bed levers were fitted to a person's bed. It was not clear on talking with staff why the second lever was fitted.
- Documentation to guide staff and information to support other health professionals make clinical decisions was not always available. We were informed a new electronic care record system was being introduced and the existing electronic care record system was unavailable. On all three days of the inspection, electronic care records and risk assessments from the existing electronic care records system were not available at the home. The new system did not contain sufficient information to enable staff to give the care people needed. For example, one person required a mobility aid. The record viewed did not explain the abilities of the person or the person-centred help they needed. We were told there were no paper care plans to support staff knowledge and understanding.
- Documentation to provide a summary of people's needs was not accurate. An agency staff showed us the documentation they had been given. This did not contain accurate information in relation to a person's abilities. In addition, the record did not contain the name, or any information about a further person who

lived at the home.

This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as management oversight was insufficient, audits did not consistently drive improvements, records were not always available and new care records did not contain sufficient information to help staff support people safely.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- When people were supported by staff who knew people and their needs, this was person-centred. However, this was not underpinned and supported by effective person-centred records.
- We asked for but did not receive information on how the service sought people's views.
- Accident records we viewed showed medical advice was sought when this was necessary.
- We were unable to assess how the service worked with other agencies as records were not available to review. The deputy manager told us they were implementing changes on the advice of commissioners.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect  People's dignity and privacy was not consistently upheld. Regulation 10 (1) (2) (a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People were placed at risk of avoidable harm and injury as staff were not always knowledgeable of peoples needs, care and treatment was not consistently provided in a safe way and the provider had not done all that was reasonably practicable to mitigate risk. Equipment was not always safe for use as it required cleaning and was not always being used for its. intended purpose. Medicines were not always managed safely. Areas of the home, some equipment, bedding and furnishings were unclean.  Regulation 12 (1) (2) (b) (c) (d) (e) (g) (h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Audits and checks did not drive improvement and minimise risk.  Regulation 17 (1) (2) (a) (b) (c) (f)
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider had not ensured recruitment procedures were effectively operated to ensure person's employed were of good character and information held met the requirements of Schedule 3.

Regulation 19 (1) (a) (b) (c) 2 (a) 3 (a)

## Regulated activity

Accommodation for persons who require nursing or personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff were not effectively deployed so people were supported by staff who knew them and to ensure the home remained hygienically clean.

Regulation 18 (1) (2) (a)