

D.M. Care Limited

# Ambassador Care Home

## Inspection report

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Blackpool,  
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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 

### Overall summary

This inspection visit took place on 17 November 2015 and was unannounced.

At the last inspection on 05 August 2014 the service was meeting the requirements of the regulations that were inspected at that time.

The Ambassador Care Home provides accommodation and residential care for up to 31 people. The home is a large detached two storey property situated in the south area of Blackpool. The accommodation comprises of two lounges, a large dining area and a conservatory. The front and rear garden areas provide seating for the residents.

The bedrooms are en-suite with aids and adaptations to the communal bathrooms and toilets situated on all floors of the premises. At the time of our inspection visit there were 27 people who lived there.

There was a registered manager in place. 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.

# Summary of findings

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices. People we spoke with told us they felt safe and their rights and dignity were respected.

We found recruitment procedures were safe with appropriate checks undertaken before new staff members commenced their employment. Staff spoken with and records seen confirmed they had received induction training when they commenced working at the home. One staff member said, "I found my recruitment very thorough. I had to wait for all checks to be completed before I could start working at the home."

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

We found sufficient staffing levels were in place to provide support people required. We saw the registered manager and staff members on duty could undertake tasks supporting people without feeling rushed. People told us when they requested assistance this was responded to in a timely manner.

The environment was well maintained, clean and hygienic when we visited. No offensive odours were observed by any members of the inspection team. People who lived at the home said they were happy with the standard of hygiene in place. One person we spoke with said, "I think the cleaners do a very good job keeping the home so clean."

The service had an ongoing redecoration and refurbishment programme in place. Communal areas and people's personal accommodation had been redecorated and recarpeted when we undertook our inspection visit. People who lived at the home told us they were happy with the improvements being made.

We found medication procedures in place at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept and appropriate arrangements for storing were in place.

People were happy with the variety and choice of meals available to them. Regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. The cook had information about people's dietary needs and these were being met.

People told us they were happy with the activities arranged to keep them entertained. These were arranged both individually and in groups. Activities organised on the day of our inspection visit were well attended.

The service had a complaints procedure which was made available to people on their admission to the home. People we spoke with told us they were comfortable with complaining to staff or management when necessary.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included staff and resident meetings and care reviews. We found people were satisfied with the service they were receiving.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

The registered manager had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. The deployment of staff was well managed providing people with support to meet their needs. Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Good



### Is the service effective?

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS) and had knowledge of the process to follow.

Good



### Is the service caring?

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Good



### Is the service responsive?

The service was responsive.

People participated in a range of activities which kept them entertained.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

# Ambassador Care Home

## 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 checked 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 17 November 2015 and was unannounced.

The inspection team consisted of an adult social care inspector 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. The expert by experience for the inspection at the Ambassador care home had experience of services who supported older people.

Before our inspection on 17 November 2015 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of

people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We spoke with a range of people about the service. They included the registered provider, registered manager, deputy manager, four members of staff, ten people who lived at the home and two visiting family members. We also spoke to the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of three people, recruitment records of one recently employed staff member, the duty rota, training matrix, menu's, records relating to the management of the home and the medication records of three people. We also undertook a tour of the building to ensure it was clean, hygienic and a safe place for people to live.

# Is the service safe?

## Our findings

We spoke with ten people who lived in the home. They told us they felt safe and their rights and dignity were respected. They told us they received safe and appropriate care which was meeting their needs. They said they liked the registered manager and staff and who supported them. Comments received included, “Yes I feel safe living here. The staff are kind to me.” And, “I am a lot safer here than I was living on my own. I have made friends and I like the staff.” One person visiting the home said, “I had no experience of care homes before [relative] moved in here. Each time I visit I am more impressed with how good they are here. I have never seen anything that has given me cause for concern.”

We observed staff assisting people with mobility problems throughout the inspection visit were kind and patient. We saw they took time when they supported people with their personal care needs to ensure they received safe care. For example we saw staff assisted one person from their armchair to mobilise with their walking frame. They used appropriate moving and handling techniques. The techniques we saw helped staff to prevent or minimise the risk of injury to themselves and the person they supported.

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. Staff spoken with told us they were aware of the whistleblowing procedure the service had in place. They said they wouldn't hesitate to use this if they had any concerns about their colleagues care practice or conduct.

There had been no recent safeguarding concerns raised with the local authority regarding poor care or abusive practices at the home. Discussion with the registered manager confirmed she had an understanding of safeguarding procedures. This included when to make a referral to the local authority for a safeguarding investigation and informing the Care Quality Commission (CQC) about any incidents in a timely manner. This meant that we would receive information about the service when we should do.

We looked around the home and found it was clean, tidy and well-maintained. No offensive odours were observed by the inspection team. We observed staff making appropriate use of personal protective equipment such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. This meant staff were protected from potential infection when delivering personal care and undertaking cleaning duties. We also found the service had appropriate arrangements in place for the removal of clinical waste. People who lived at the home told us they were happy with the standard of hygiene in place. One person said, “The place is spotless.”

The service had an ongoing redecoration and refurbishment programme in place. Communal areas and people's personal accommodation had been redecorated and recarpeted when we undertook our inspection visit. We saw the registered provider had given consideration to people living with dementia during the refurbishment programme. For example bold pattern carpets had been replaced with plain matt surfaces and slip resistant flooring as these were less likely to cause problems to people with perceptual problems. The building was well lit and made as much use of natural light as possible. Clear signs (using pictures and words) had been put in place to enable people to move around the building confidently. We saw fixtures and fittings that created links to the past. These included black and white photographs of the local area in bygone days and a red post box in the entrance hall. People who lived at the home told us they were happy with the improvements being made.

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were safe for use. We observed they were clean and stored appropriately, not blocking corridors or being a trip/fall hazard. The fire alarm and fire doors had been regularly checked to confirm they were working. During a tour of the building we found windows were restricted to ensure the safety of people who lived at the home. We checked a sample of water temperatures and found these were

## Is the service safe?

delivering water at a safe temperature in line with health and safety guidelines. Call bells were positioned in rooms close to hand so people were able to summon help when they needed to.

Whilst we saw all other safety checks had been carried on the environment and equipment, we found the services electrical installation certificate was out of date. Fixed electrical installation includes the incoming supply cables, switchgear, distribution boards, socket outlets etc. To reduce risks from the electrical installation, it is essential it is properly installed and maintained. It is best practice that this check is carried out every five years. The registered provider responded immediately by contacting the services electrical contractor. We have received confirmation from the electrical contractor the electrical installation had been checked and is in a safe condition.

Records were kept of incidents and accidents. Details of incidents looked at demonstrated action had been taken by staff following events that had happened.

We looked at the recruitment procedures the registered manager had in place. We found relevant checks had been made before one new staff member commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. These checks were required to identify if people had a criminal record and were safe to work with vulnerable people. The application form completed by new employee's had a full employment history including reasons for leaving previous employment. We saw gaps in employment had been explored at interview and a written explanation provided. Two references had been requested from previous employers. These checks were required to ensure new staff were suitable for the role for which they had been employed.

We looked at the services duty rota, observed care practices and spoke with people being supported with

their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people using the service. We saw the deployment of staff throughout the day was organised. People who required support with their personal care needs received this in a timely and unhurried way.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided clear instructions for staff members when delivering their support. We also saw the registered manager had undertaken assessments of the environment. Where potential risks had been identified the action taken by the service had been recorded.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We looked at medication administration records for five people following the morning medication round. Records showed all morning medication had been signed for. We checked this against individual medication packs which confirmed all administered medication could be accounted for. This meant people had received their medication as prescribed.

We observed one staff member administering medication during the lunch time round. We saw the medication cabinet was locked securely whilst attending each person. People were sensitively assisted as required and medicines were signed for after they had been administered

Medicines were safely kept. Storing medicines safely helped prevent mishandling and misuse. The people we spoke with told us they were happy their medicines were managed for them. They confirmed they received their medicines when they needed them.



# Is the service effective?

## Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. Our observations confirmed the atmosphere was relaxed and we saw people engaged staff in conversation as they went about their duties. We saw people had unrestrictive movement around the home and could go to their rooms if that was their choice. One person we spoke with said, "I have felt relaxed and comfortable since I moved into the home. I am able to come and go as I please and often go down to the shops."

We spoke with staff members and looked at individual training records. Records seen confirmed staff training covered safeguarding, moving and handling, fire safety, first aid, infection control and health and safety. Staff responsible for administering people's medicines had received medication training and had been assessed as being competent. All staff had achieved national care qualifications. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills. One staff member said, "They make sure our training is in date and regularly updated. I am renewing my safeguarding training next week."

Staff had recently attended training facilitated by Blackpool Borough Council regarding dementia awareness. 'Let's respect' training is provided specifically for staff working with people who lived with dementia. The course aimed to increase staff awareness of the need to create a welcoming environment for friends, family and visitors to the home. The course had addressed diet and nutrition, health and wellbeing, quality of life and rights. One member of staff said, "Really interesting and thought provoking training. I enjoyed it."

Discussion with staff and observation of records confirmed they received regular supervision. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the management team who encouraged them to discuss their training needs and be open about anything that may be causing them concern.

The people we spoke with told us they enjoyed the food provided by the home. They said they received varied, nutritious meals and had plenty to eat. The service worked to a set menu and people were asked daily about meals and choices available to them for the day. On the day of our inspection visit the choices provided were poached haddock or an alternative of people's choice. One person we spoke with said, "I have opted for the poached haddock because I like fish. You can always have something different if you want. You only have to ask." We saw snacks and drinks were offered to people between meals including tea and milky drinks. Throughout the inspection we saw the staff asking people if they required a drink.

At lunch time we carried out our observations in the dining room. We saw lunch was a relaxed and social experience with people talking amongst each other whilst eating their meal. We observed different portion sizes and choice of meals were provided as requested. We saw most people were able to eat independently and required no assistance with their meal. The staff did not rush people allowing them sufficient time to eat and enjoy their meal. People who did require assistance with their meal were offered encouragement and prompted sensitively. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support we saw provided was organised and well managed.

We spoke with the cook about meal preparation and people's nutritional needs. They confirmed they had information about special diets and personal preferences and these were being met. They told us this information was updated if somebody's dietary needs changed. When we undertook this inspection there were two people having their diabetes controlled through their diet. The cook was able to fortify foods as required. Portion sizes were different reflecting people's choice and capacity to eat.

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.



## Is the service effective?

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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager had recently submitted one DoLS application for a person whose liberty she felt needed to be restricted for their safety. We saw appropriate procedures had been followed and a relative of the person had attended a best interest meeting chaired by a representative of the local authority.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from

General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

We saw on one person's care records a visit from their General Practitioner had identified an infection which resulted in hospitalisation. Having received treatment the person had returned to the home and received end of life care. The district nursing service supported staff at the home with pressure relief care. We saw from the person's records that turning charts and food and fluid records had been completed. The records provided us with a clear picture about care the person received and described how staff supported their wellbeing and comfort.

# Is the service caring?

## Our findings

People we spoke with told us they were treated with kindness and the staff were caring towards them. Comments received included, “I like it here. The staff look after me.” And, “The girls are very friendly and helpful. I am being well looked after.”

As part of our observation process (SOFI), we witnessed good interactions and communication between staff and people who lived at the home. People were not left on their own for any length of time. We observed staff sitting down and having conversations with people where they could and responding to any requests for assistance promptly. We observed people requesting a drink or wanting to go to the toilet having their needs met quickly. We noted people appeared relaxed and comfortable in the company of staff. People we spoke with during our observations told us they received the best possible care.

Staff spoken with had an appreciation of people’s individual needs around privacy and dignity. We observed they spoke with people in a respectful way, giving people time to understand and reply. We observed staff demonstrated compassion towards people in their care and treated them with respect. We saw one person struggling to eat their meal at lunch time. A member of staff approached and asked if they would like some assistance. The staff member sat down with the person and remained with them until they had finished their meal. We noted the staff member constantly engaged the person in conversation and provided encouragement. The person thanked the staff member once they had finished their meal.

We looked at care records of three people. We saw evidence they had been involved with and were at the centre of developing their care plans. The people we spoke with told us they were encouraged to express their views about how their care and support was delivered. The plans contained information about people’s current needs as

well as their wishes and preferences. Daily records completed by staff members were up to date. These described daily support people received and the activities they had undertaken. The records were informative and enabled us to identify how staff supported people with their daily routines. We saw evidence to demonstrate people’s care plans were reviewed with them and updated on a regular basis. This ensured staff had up to date information about people’s needs.

We saw the care plan of one person nearing the end of their life described the care they had received. The care notes confirmed the person had received appropriate healthcare support and compassionate and supportive care from the staff. A recent visit from the person’s (GP) had been recorded. Advice given was to ensure the person was made comfortable and inform their family members that palliative care had begun.

Walking around the home we observed staff members undertaking their duties. We noted they knocked on people’s doors and asked if they could enter. One person we spoke with said, “I have found the staff polite and respectful since I moved into here. I am settled and receiving the care I want and need.”

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people’s interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. Links with these external agencies were good and we received some positive feedback from them about the care being provided. They told us they had no current concerns about the service.

# Is the service responsive?

## Our findings

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about the care and support they received. One person said, “Very happy with my care. If I need some help I don’t have to wait long before the staff come to me.”

We looked at care records of three people to see if their needs had been assessed and consistently met. We found each person had a care plan which detailed support they required. Care plans had been developed where possible with each person identifying what support they required and how they would like this to be provided. The care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. Care plans were flexible, regularly reviewed and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required. People had their weight monitored regularly.

The daily notes of one person showed they had been assessed as being at high risk of developing pressure sores. A repositioning chart had been completed and was documented in the person’s daily notes. The service had obtained a hospital bed and dual mattress to provide pressure relief. The notes provided a clear record about care the person received including turning charts and food and fluid intake. We saw support the service received from healthcare professionals had been documented including advice about care being provided. We also saw regular contact had been made with the person’s family keeping them informed about their relatives welfare.

The service provided a variety of activities to keep people entertained. These were arranged both individually and in groups. On the day of our inspection visit an arts and crafts session was held in the conservatory at the rear of the premises in the afternoon. This was well attended and we observed people laughing and joking whilst undertaking the activity. The registered manager informed us the service also provided chair based exercises, bingo, reminiscence recall sessions, film nights with sherry and used a local entertainer once a month. During the inspection visit we observed the registered manager booking the entertainer for Christmas day.

People we spoke with told us how much they enjoyed the activities they attended. One person said, “It’s nice to have things organised for us. I enjoy the entertainer, we have a really good time.”

The registered manager had a complaints procedure which was made available to people on their admission to the home. We saw the complaints procedure was also on display in the hallway for the attention of people visiting. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

People told us they knew how to make a complaint if they were unhappy. One person said, “Never had to complain about anything. If I was unhappy about anything I would go to the manager, I know she would listen to me.”

# Is the service well-led?

## Our findings

Comments received from staff and people who lived at the home were positive about the registered manager's leadership. Staff members spoken with said they were happy with the leadership arrangements in place and had no problems with the management of the service. They told us they were well supported, had regular team meetings and had their work appraised. One member of staff said, "I haven't been here that long but have been well supported by the manager since I started. I like working for her. This is a nice place to come to work, the staff work together and get on with each other."

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager worked with them and showed leadership. The staff told us they felt the service was well led and they got along well as a staff team and supported each other. People told us the atmosphere was relaxed, fair, and open.

The registered manager had procedures in place to monitor the quality of the service provided. Regular audits had been completed by the registered manager. These included monitoring the environment and equipment, maintenance of the building, infection control, reviewing care plan records and medication procedures. Any issues found on audits were acted upon and any lessons learnt to improve the service going forward.

Staff meetings had been held to discuss the service being provided. We looked at minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed. These included training available to the staff team and staffing levels in place. Staff spoken with confirmed they attended staff meetings and were encouraged to share their views about the service provided.

We found the registered manager had sought views of people about their care and the service provided by a variety of methods. These included resident meetings and

family surveys. We saw feedback during meetings provided had been positive with comments about the care provided, friendliness of staff and quality of food. Comments received from relatives included, 'Pleased to see improvements being made to the environment.' And, 'All in all I am happy with the way the home looks after [relative].'

The service worked in partnership with other organisations to make sure they were following current practice and providing a good quality service. They were part of the Community Care Coordination Team Plan, which is cooperation between the service and the National Health Service (NHS) and the Clinical Commissioning Group (CCG). Members of the Care Home Support Team are qualified senior healthcare professionals with district nursing experience employed by local NHS Trusts. Their aim is to work with the service to assist with care planning around management of risk of falls and monitoring of pressure ulcers. The team would look into the reason for any hospital admissions and undertake a root cause analysis if people had been admitted to hospital. The team member would aim to find out reasons why people had been admitted to hospital and then feedback to the home and see if there were any gaps in the service.

The registered manager informed us she had found the Community Care Coordination Team Plan valuable. This was because it helped to reduce the need for people who lived at the home to be hospitalised.

Throughout the inspection we observed the atmosphere in the home was relaxed. People who lived in the home were observed being comfortable in the company of the registered manager and staff. Discussion with staff members confirmed there was a culture of openness in the home to enable them to question practice and suggest new ideas.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with other professionals and services involved in people's care and support.