

D.M. Care Limited

Ambassador Care Home

Inspection report

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Date of inspection visit:
17 May 2017
18 May 2017
01 June 2017

Date of publication:
21 August 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The service was last inspected on 17 November 2015, when we found the provider was meeting legal requirements.

Since our last inspection, we received concerns in relation to risk management, medicines management and the leadership of the service. As a result, we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to those topics. 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.

We carried out an unannounced focused inspection of the service on 17 May with announced visits on 18 May and 01 June 2017.

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 shore area of Blackpool. The home has two lounges, a large dining area and a conservatory. The front and rear garden areas provide seating for people. The bedrooms are en-suite, with aids and adaptations to the communal bathrooms and toilets situated on all floors of the premises.

There was a registered manager. However, at the time of our visit, they had recently left their employment. The registered provider and two senior care assistants were managing the service. 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.

During this inspection, we looked at how medicines were managed. We observed medicines being administered and noted the nurses did not follow good practice. They signed medicine administration forms before administering medicines. Documentation in relation to medicines was not robust and did not clearly guide staff about the administration of medicines.

This was a breach of Regulation 12 HSCA (RA) Regulations 2014 (Safe care and treatment).

During this inspection, we looked at risk management. We found the registered provider did not do all that is reasonably practicable to manage risk. They did not ensure there was sufficient equipment to meet people's needs and ensure their safety.

This was a breach of Regulation 12 HSCA (RA) Regulations 2014 (Safe care and treatment).

Documentation we looked was not consistently completed. The registered provider failed to have a system to

assess and monitor processes and ensure safe care and treatment was taking place.

This was a breach of Regulation 17 HSCA (RA) Regulations 2014 (Good Governance)

As part of their role to respond to seek and act on feedback, the registered provider did not respond appropriately to concerns raised with them. This had caused one person to seek alternative action.

We have made a recommendation about the introduction of good practice guidance on managing feedback.

During this inspection, we found staff were knowledgeable about the support needs of people in their care. They were aware of what help people needed to manage risks and remain safe.

Records we looked at indicated staff had received training related to the identification and prevention of abusive practices. They understood their responsibilities to report any unsafe care or abusive practices related to safeguarding of adults who could be vulnerable.

Staff received further training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

The provider had recruitment and selection procedures to minimise the risk of inappropriate employees working with people who may be vulnerable. Checks had been completed prior to any staff commencing work at the service. This was confirmed from discussions with staff and records we looked at.

There was a visible management presence throughout the home. Staff were aware of their role and responsibilities. The deployment of staff was organised, directing staff with their allocated tasks.

At the time of our inspection, the registered provider was managing several rapid staff changes. However, we found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home.

We saw reviews of care plans had taken place and the environment was clean and well maintained.

During this inspection, we became aware of specific incidents at the home. We are considering our response to these incidents separately.

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.

Medicines were not always administered safely and securely.
Comprehensive accurate and up-to-date records about medicines for people receiving support were not in place.

Procedures to protect people from the risk of abuse were not always present. The registered provider did not ensure there was sufficient equipment to meet people's needs and ensure their safety

Staffing levels were sufficient to support people safely.
Recruitment procedures were safe.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The registered provider did not demonstrate consistent good practice in relation to managing feedback related to the care delivered.

The registered provider had ensured there were clear lines of responsibility and accountability within the management team.

The management team had a visible presence throughout the home. People and staff we spoke with felt the provider and the management team were supportive and approachable.

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 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.

We undertook an unannounced focused inspection of The Ambassador Care Home on 17 May 2017 and announced visits on 18 May and 01 June 2017. This inspection was carried out in response to concerns that had been raised with us. These related to staffing levels, people's safety and the management of the service. The team inspected the service against two of the five questions we ask about services: 'Is the service safe?' and 'Is the service well led?'

Two adult social care inspectors undertook the inspection on the first day then one adult social care inspector on the following two days.

As part of our inspection process, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how staff interacted with people who lived at the home. We observed how people were supported during meal times and during individual tasks and activities.

We had a walk round the home to make sure it was a safe and comfortable environment for people who lived there. We checked documents in relation to six people who lived at the Ambassador Care Home, Blackpool and three staff files. We reviewed records about medicines administration and risk management, as well as those related to the management and safety of the home.

We spoke with a range of people about this service. They included two people who lived at the home, the registered provider and six staff members. We also spoke with three relatives and three health professionals who visited the home during our inspection.

Is the service safe?

Our findings

We visited the home as we had received information of concern about the management of medicines, risk management and the leadership of staff within the home. We spent time with the registered provider. We spoke with care staff, visiting health professionals and observed the daily routine of the home.

One of the concerns raised was that there was a large amount of unrequired medicines stored at the home. We discussed this with the provider who told us this had been the case. They stated once they had become aware of this, they returned the excess medicines to the pharmacy and carried out an investigation into why this had occurred. The investigation resulted in changes within the management team. We looked at medicines stored at the home and noted there was a safe and appropriate amount on site. We looked at the management of controlled drugs. These were stored securely and matched the totals documented in the drugs register. This showed the provider had a system in place to manage these drugs safely.

During this inspection, we observed the administration of medicines. The senior carer was person centred in their approach with people. They spent time with people, made eye contact and waited until the medicines had been taken. However, we noted they signed the medicine administration recording form before the administration of the medicines. We discussed this with the senior carer who stated they now recognised it was not best practice and would only sign after medicines had been administered.

During the same medicine administration observation, we overheard one person ask what the tablets were for. The senior carer was unsure what all the tablets were for and was unable to tell them. On further investigation, we noted not all tablets administered had the reasons for administration and their side effects documented. We spoke with the provider about this who told us they would ensure all medicine documentation included reason for administration and their possible side effects.

We looked at 'as and when required' medicines as part of our inspection process. We noted not everyone had a protocol or clear guidelines for their administration. We spoke with the senior carer about this. They told us the staff who administered the medicines knew people well and were able to, through conversation or assessing body language, know when additional medicines should be offered. However, there were no personalised instructions on offering the medicine when needed. This is recommended in the good practice guidance, 'Care home staff administering medicines' from the National Institute of Health and Care Excellence (NICE).

The above matters demonstrated a breach of Regulation 12 HSCA (RA) Regulations 2014 (Safe care and treatment). The provider did not maintain comprehensive accurate and up-to-date records about medicines for each person receiving medicines support. The administration of medicines for each person receiving support was not managed safely.

In the course of our inspection, we joined the senior carer as they received medical instruction from a visiting health professional. This was guidance for staff on how to manage one person's ongoing medical condition. This guidance included the use of pressure relieving aids and regular repositioning. On day two of

our inspection, we read the person's care notes to see if instructions had been documented correctly and shared with staff. Within the person's file were clearly documented instructions on how to manage the person's health condition. We visited the person in the lounge and saw the pressure relieving aids were being used. We observed staff supporting the person to stand regularly as part of the pressure relief strategy. However, staff had not documented they had helped the person to reposition.

On the first day of our inspection, we observed two separate occasions when people in wheelchairs were escorted around the home and the wheelchairs had no footplates. We mentioned this to one carer who told us, due to people who use wheelchairs going out on a day trip; there were no footplates available in the home. We mentioned this to the provider who stated this was not the case. However, they could only find one footplate whilst we were present. On the following day when we visited, people were still being escorted around the home in wheelchairs with one footplate on their wheelchair. We mentioned this to the provider who assured us they would make sure all wheelchairs had their footplates attached.

This was a breach of Regulation 12 HSCA (RA) Regulations 2014 (Safe care and treatment). The registered provider did not do all that is reasonably practicable to manage risk. They did not ensure there was sufficient equipment to meet people's needs and ensure their safety.

Staff were recruited through an effective recruitment process that ensured they were safe to work with people who may be vulnerable. We looked at two staff files and noted they contained relevant information. This included a Disclosure and Barring Service (DBS) check and appropriate references to minimise the risks to people of the unsafe recruitment of potential employees. All the staff we spoke with told us they did not start work with the Ambassador Care Home until they had received their DBS check.

Prior to our inspection, we received information of concern related to one staff member. We shared these concerns with the registered provider who told us they were aware of the concerns raised and the same concerns had not materialised at the home. They told us additional supervision and scrutiny was taking place and people were safe.

We asked about staffing levels during our inspection visit. Relatives and staff felt there were enough staff to meet people's needs safely. We observed staff going about their duties. We noted they were not rushing and had time to respond to people in a safe and timely manner. We noted there was a comprehensive daily 'jobs list' for staff to follow which was discussed daily with the care staff. Task allocation was broken down into morning, lunchtime, afternoon and teatime. We spoke with staff who told us the jobs list guided them in with what was expected. This showed the provider had a structured system to guide staff in meeting people's needs and keeping them safe.

When asked about safeguarding people from abuse, staff we spoke with were able to tell us what procedures they would follow to keep people safe. They had a good understanding of safeguarding people from abuse, how to raise an alert and to whom. There were procedures to enable staff to raise an alert to minimise the potential risk of abuse or unsafe care. This showed the provider had identified risk and shared information to manage the risk safely.

During the inspection, we had a walk around the home, including bedrooms, bathrooms, toilets, the kitchen and communal areas of the home. We found these areas were clean, tidy, and well maintained. We observed staff made appropriate use of personal protective equipment, for example, wearing gloves when necessary.

As we completed our walk around, the water temperature was checked from taps in bedrooms, bathrooms

and toilets; all were thermostatically controlled. This meant the taps maintained water at a safe temperature and minimised the risk of scalding. All legionella checks were systematically completed in order to minimise risk and keep people safe.

We checked the same rooms for window restrictors and found all rooms had suitable restrictors fitted. Window restrictors are fitted to limit window openings in order to protect people who can be vulnerable from falling. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. We noted hoists and fire extinguishers had been inspected and serviced regularly, to ensure they were fit for purpose.

Is the service well-led?

Our findings

We visited the home as we had received information of concern about the management of medicines, risk management and the leadership of staff within the home. We spent time with the registered provider and spoke with care staff. We spoke with three visiting health professionals and observed the daily routine of the home.

At the time of our inspection, there was no manager in post. The deputy manager was absent and it was unclear if they would be returning to their post. We spoke with the registered provider about this. They told us they had completed an investigation based on concerns noted from an audit of the home. The outcome had resulted in the need to employ a new registered manager. After our inspection visits we were informed the registered provider had employed a new deputy manager.

During this inspection, we noted the provider had a colour coded system to alert staff on people's medical concerns and to guide staff on what support people required. We noted these did not represent people's full needs. This meant the provider did not have a robust system in place to identify and assess risks related to people's welfare. We spoke with the senior carer about this who told us the forms would be updated.

One person had been identified as requiring medical investigation to assess their wellbeing. There was no written evidence the provider had acted on the medical request. This meant the provider had not completed a record of care and treatment provided.

We looked at audits and noted a record of incidents and accidents were documented. However, we did not see any evidence of further investigation and analysis on the causes of the accidents.

The above matters demonstrated a breach of Regulation 17 HSCA (RA) Regulations 2014 (Good governance). Documentation we looked was not consistently completed. The registered provider failed to have a system to assess and monitor processes and ensure safe care and treatment was taking place.

We looked at leadership, records and accountability. We looked at how the registered provider managed complaints. We saw two complaints had been documented and responded to. We spoke with one person who was happy with the outcome of their complaint. We reviewed correspondence in relation to the second complaint. The registered provider had investigated the complaint, recorded their finding and corresponded with the person who made the complaint. However, we saw the person was unhappy with the tone of the response they received. They did not wish to meet with the registered provider and sought alternative action. We spoke with the registered provider about their responses. They told us they could have responded in a more conciliatory manner.

We recommend the service seeks and introduces best practice guidance on responding to feedback.

We noted visible leadership at the home. Tasks had been allocated to the registered provider and the two senior care staff. Staff were aware of their role and responsibilities.

We spoke with the registered provider regarding the lack of registered manager in post. They told us they and two senior carers were sharing the responsibility of managing the home until a new registered manager could be recruited. They told us they would not rush into employing a new registered manager as they, "Need to get it right."

Regarding the new management team. One staff member told us, "It is a lot better now." A second staff member commented they sometimes had to get another chair for the office as people liked to spend time with the registered provider. About the registered provider, they told us, "[Registered provider] sits and chats with people. He is very good." A third staff member commented, "[Registered provider] is alright, it's not about the money with him, it's about the people."

We observed people enjoyed the company of the registered provider and staff. There had been several swift staff changes in the staff team. The registered provider and staff spoken with were happy with the changes. One staff member told us, "It's a completely different home now; it's a lot better, less regimented." The registered provider commented, "I am happy with the position we are in at the moment."

We asked about what meetings took place at The Ambassador Care Home. We saw minutes which indicated regular staff meetings took place. Topics included confidentiality, training and CQC inspections. We also noted minutes of a management meeting between the registered provider and the two senior carers. The topics included care plan reviews, medicines audits and weight management. This showed there were systems in place to share information, measure quality and drive improvements.

Records showed the provider had ensured gas, emergency lighting, fire extinguisher and legionella checks were completed as required. There was a business continuity plan to demonstrate how the provider planned to operate in emergency situations. The intention of this document was to ensure people continued to be supported safely under urgent circumstances, such as the outbreak of a fire.

We found the registered provider knew and understood the requirements for notifying CQC of all incidents of concern and safeguarding alerts as is required within the law. We noted the provider had complied with the legal requirement to provide up to date liability insurance.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicine administration forms were signed before administering medicines. Documentation in relation to medicines was not robust and did not clearly guide staff about the administration of medicines.</p> <p>The registered provider did not do all that is reasonably practicable to manage risk. They did not ensure there was sufficient equipment to meet people's needs and ensure their safety.</p> <p>12(1)(2)(f)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Documentation we looked was not consistently completed. The registered provider failed to have a system to assess and monitor processes and ensure safe care and treatment was taking place.</p> <p>17(1)(2)(b)(c)</p>