Grace Care Homes Limited

Ambleside Residential Care Home

Inspection report

122 De La Warr Road
Bexhill On Sea
East Sussex
TN40 2JL

Tel: 01424219821
Website: www.gracecarehomes.co.uk

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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

Summary of findings

Overall summary

Ambleside Care Home is a care home for up to 20 older people that require support with personal care and who live with dementia and those who live with behaviours that are challenging. At the time of the inspection there were 18 people living in the home. The service is a large detached house and is owned by Grace Care Homes Limited and is located in Bexhill on Sea, East Sussex.

At a comprehensive inspection in November 2014 the overall rating was requires improvement. Breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 were identified. We found there were risks to people due to the management of nutrition. People in the service had not received care and support that was individualised to their needs and people had not been protected against unsafe treatment by the quality assurance systems in place.

During our inspection on 01 July 2016, we looked to see if improvements had been made. We found that many improvements had taken place and the breaches of regulations had been met.

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.

Not everyone could tell us of their experiences, but those that could spoke positively of the home and commented they felt safe. Our own observations and the records we looked at reflected the positive comments people made. People had confidence in the staff to support them and we observed positive interactions throughout our inspection.

At this inspection, we found that people were safe. Care plans and risk assessments were reason specific and included people's assessed level of care needs, action for staff to follow and an outcome to be achieved. Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately, including the administration of controlled drugs.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "I feel safe here. It's nice here." A visitor said "Lovely staff and it's a real home here."

When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding and what action they should take if they suspected abuse was taking place. Staff retention was good and most staff we spoke with had worked at Ambleside for many years.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager understood when an application should be made and how to submit one.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

Accidents and incidents were recorded appropriately and steps taken by the home to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, such as diabetes and dementia. Staff had received both one to one and group supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place.

People were encouraged and supported to eat and drink well. One person said, "I like the food, its nice food." There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. People were advised on healthy eating and special dietary requirements were met. People's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People could choose how to spend their day and they took part in activities in the home when they wanted to. Staff told of peoples particular favourites, such as ball games. People themselves told us they enjoyed the activities, which included singing, puzzles and films. The home have introduced their own pets, rabbits and guinea pigs which people spoke fondly of. People were encouraged to stay in touch with their families and receive visitors.

People felt well looked after and supported, and were encouraged to be as independent as possible. We observed friendly and genuine relationships had developed between people and staff. One person told us, "They treat you well here." One person told us the staff supported them with their hair and make-up and it made them feel 'good'.

People were encouraged to express their views and completed surveys, and feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed. One person said, "If there is anything wrong, I tell the staff."

Staff were asked for their opinions on the service and whether they were happy in their work. Staff enjoyed their work and felt that they were a family. They felt supported within their roles, describing an 'open door' management approach, where management were always available to discuss suggestions and address problems or concerns.

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

Ambleside Care Home was safe.

Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it. Visitors were confident that their loved ones were safe and supported by the staff.

There were systems in place to make sure risks were assessed and measures put in place where possible to reduce or eliminate risks.
Comprehensive staff recruitment procedures were followed.

There were enough staff to meet people's individual needs. Staffing arrangements were flexible to provide additional cover when needed, for example during staff sickness or when people's needs increased.

Medicines were stored and administered safely.

Is the service effective?

Good

Ambleside Care Home was effective and was meeting all the legal requirements that were previously in breach.

Mental Capacity Act 2005 (MCA) assessments were completed routinely as required and in line with legal requirements.

People were given choice about what they wanted to eat and drink and were supported to stay healthy.

People had access to health care professionals for regular check-ups as needed.

Staff had undertaken essential training and had formal personal development plans, such as one to one supervision.

Is the service caring?

Good

Ambleside Care Home was caring.

Staff communicated clearly with people in a caring and

supportive manner. Staff knew people well and had good relationships with them. People were treated with respect and dignity.

Each person's care plan was individualised. They included information about what was important to the individual and their preferences for staff support.

Staff interacted positively with people. Staff had built a good rapport with people and they responded well to this.

Is the service responsive?

Good

Ambleside Care Home was responsive.

People had access to the complaints procedure. They were able to tell us who they would talk to if they had any worries or concerns.

People were involved in making decisions with support from their relatives or best interest meetings were organised for people who were not able to make informed choices.

People received care which was personalised to reflect their needs, wishes and aspirations. Care records showed that a detailed assessment had taken place and that people were involved in the initial drawing up of their care plan.

The opportunity for social activity and outings was available should people wish to participate.

Is the service well-led?

Good

Ambleside Care Home was well-led.

The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure.

Quality assurance audits were undertaken to ensure the home delivered a good level of care and identified shortfalls had been addressed.

There were systems in place to capture the views of people and staff and it was evident that care was based on people's individual needs and wishes.

Incidents and accidents were documented and analysed. There

were systems in place to ensure the risk of reoccurrence was minimised.

Ambleside Residential 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.

The inspection took place on the 01July 2016. This visit was unannounced and undertaken by one inspector.

Before our inspection we reviewed all the information we held about the service. We considered information which had been shared with us by the Local Authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also contacted the Local Authority and Clinical Commissioning Group (CCG) to obtain their views about the care provided by the service. CCGs are clinically led groups that include all of the GP groups in their geographical area.

During the inspection, we spoke with 10 people who lived at the service, the registered manager and five care staff. We looked at all areas of the building, including people's bedrooms, the kitchen, bathrooms, the lounge and dining room.

We reviewed the records of the home, which included quality assurance audits, staff training schedules and policies and procedures. We looked at seven care plans and the risk assessments included within these, along with other relevant documentation to support our findings. We also 'pathway tracked' people living at Ambleside Care Home. This means we followed a person's life and the provision of care through the home and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

People told us they felt safe and were confident the staff did everything possible to protect them from harm. They told us they could speak with the manager and staff if they were worried about anything and they were confident their concerns would be taken seriously and acted upon, with no recriminations. People told us, "I definitely feel safe." "I feel safe with everything," and "I feel safe both with the building and the staff."

Staff received training on safeguarding adults. All staff confirmed this and knew who to contact if they needed to report abuse. They gave us examples of poor or potentially abusive care they had seen and were able to talk about the steps they had taken to respond to it. Staff were confident any abuse or poor care practice would be quickly spotted and addressed immediately by any of the staff team. Policies and procedures on safeguarding were available in the office for staff to refer to if they needed.

People's risks were well managed. Care plans showed each person had been assessed before they moved into the home and any potential risks were identified. Assessments included the risk of falls, skin damage, challenging behaviour, nutritional risks including the risk of choking and moving and handling. The files also highlighted health risks such as diabetes. Where risks were identified there were measures in place to reduce the risks as far as possible. All risk assessments had been reviewed at least once a month or more often if changes were noted.

Information from the risk assessments were transferred to the main care plan summary. All relevant areas of the care plan had been updated when risks had changed. This meant staff were given clear and up-to-date information about how to reduce risks. For example, one person had lost weight and once identified, staff took action to ensure food was fortified and offered regularly. We saw that staff weighed certain people who were identified at risk weekly and two weekly and updated the GP regularly. The latest review for one person had recorded that the risk had reduced, and staff continued to make sure the person was offered snacks and fortified foods. This was monitored closely by the care staff.

There were enough staff on duty each day to cover care delivery, cooking, maintenance and management tasks. There were four care staff on duty between 8am and 8pm with two care staff on at night. The manager was not included in the staffing numbers but worked alongside staff if required. The manager said "I like to spend time with the residents and it gives me the opportunity to see relatives and observe staff." People told us there was always sufficient staff on duty to meet their needs. One person told us, "I have not got any worries, plenty of staff to help." Another said, "Lovely staff and always there to help." A visitor told us, "Staff are very visible, always with the residents."

The rota showed where alternative cover arrangements had been made for staff absences. An out of hour's on-call senior cover was in place. This is spread out between all the senior staff. The manager told us staffing levels were regularly reviewed to ensure they were able to respond to any change of care needs. Staffing levels were sufficient to allow people to be assisted when they needed it. We saw staff giving people the time they needed throughout the day, for example when accompanying people to the toilet, and helping people to move to the dining area at meal times. Staff were relaxed and unrushed and allowed people to move at

their own pace. We also saw staff checking people discretely when they had returned to their rooms during the day. This had reduced the risk of falls without restricting their independence and freedom.
People told us their medicines were administered safely. Comments included "I get my pills on time, never run out." A visitor told us, "They inform us regularly of changes to medication and let us know if a new tablet is needed."

We looked at the management of medicines. Selected senior care staff were trained in the administration of medicines. A senior care staff member described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks and cleaning of the medicines fridge and storage room. This ensured the system for medication administration worked effectively and any issues could be identified and addressed.

We saw a senior care staff member administering medicines sensitively and appropriately. The care staff member administered the medicines and we saw they were checked and double checked at each step of the administration process. The staff member also checked with each person that they wanted to receive the medicines and asked if they had any pain or discomfort. Nobody we spoke with expressed any concerns around their medicines.

Medicines were stored appropriately and securely and in line with legal requirements. Medicines were supplied by a local pharmacy in weekly blister packs. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately.

Policies and procedures on all health and safety related topics were held in a file in the staff office and were easily accessible to all staff. Staff told us they knew where to find the policies. One staff member referred to the home's mental capacity policy that was recently updated to reflect the changes to the Mental Health Act.

Records showed that all appropriate equipment had been regularly serviced, checked and maintained. Hoists, fire safety equipment, water safety, electricity and electrical equipment were included within a routine schedule of checks.

During our visit we looked around the home and found all areas were safe and well maintained. People told us that their room was kept clean and safe for them. One person said, "Someone comes and cleans my room." Visitors told us, "Always smells nice here, we have never had a concern about the cleanliness." During our inspection routine decorating was being undertaken. The painting of corridors was undertaken in a safe way and did not impact on people's normal daily lifestyle. We were told hall carpets were due for replacement as was the lounge area.

People were protected, as far as possible, by a safe recruitment system. Staff told us they had an interview before they started work. The provider obtained references and carried out disclosure and barring service (DBS) checks. We checked five staff records and saw that these were in place. Each file had a completed application form listing staffs previous work history and skills and qualifications.

Good

Is the service effective?

Our findings

At our inspection in November 2014, we found that peoples nutritional and hydration needs were not always met. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had also found the staff had not received appropriate training, professional development and staff supervision. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was submitted by the provider which detailed how they would meet the legal requirements by November 2015. We found that improvements had been made, the provider was meeting the requirements of Regulation 14 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us, "Excellent here, they worry I'm not eating, but I eat when I feel hungry" and "They are trained to look after us, I see the doctor, optician and dentist." People felt very confident with the home's staff. Visitors said, "Good home cooked food, plenty of cakes and fresh fruit," and "Really on the ball staff, they pick up when my husband is not well, always get the doctor when needed."

At this inspection we found people were supported to have enough to eat and drink and had a pleasant dining experience. We observed the mid-day meal service. Staff asked people if they were ready for lunch and where would they like to eat. All but one person chose to eat in the dining room at dining tables or at a table in the lounge. People chose where they sat, some sat with their friends and the meal was seen as a social occasion. Staff set the dining tables for lunch with glasses, condiments, and napkins. People told us they looked forward to their meals. Comments included, "Really good food, I like the company." Most people we spoke with knew what the lunch was. One person commented, "We can have what we like really." We saw that people had various meals on the day of our inspection which demonstrated that people received the food they wanted and had chosen. The daily menu was put on a blackboard in the dining room and it also listed the alternatives available. People showed us the menu and told us how they made their choices. One person said, "It's like a hotel, and I don't have to cook or wash up." Alcohol was available and some people chose wine or beer to go with their meal. Two people were assisted with their meal by staff who sat next to them and assisted in a dignified manner and at a pace that suited them. One person was not eating as they were very sleepy but staff offered it again later and they ate well. Staff monitored peoples appetite discretely and prompted when necessary.

People's weight was regularly monitored and documented in their care plan. If people declined, the staff used other methods to monitor weight loss such as if clothes appeared loose. A staff member said, We notice how their clothes fit, that indicates weight loss or weight gain sometimes." The registered manager said, "The cook and staff talk daily about people's requirements, and we contact the Speech and Language Therapists (SALT) and GP if we need them." The staff we spoke with understood people's dietary requirements.

The food looked appetising and was well presented, and people were seen to enjoy their meals. The

atmosphere was pleasant in the dining areas and staff recorded amounts eaten for those that were identified at risk and ensured people ate a healthy diet. We were told snacks were available during the evening and night if someone felt hungry. Not everyone was aware of this, but as one person said, "If I was hungry I would ask anyway." Fresh fruit was available as were a variety of cold and hot beverages.

Staff had a good knowledge of people's dietary choices and needs. The chef and catering staff were responsive to people's needs and preferences and were proactive on promoting good food experiences for people. The chef was involved in discussions with staff, relatives and health care professionals to respond to individual needs and special diets. Specific dietary needs were recorded on diet sheets that were used by the staff and were updated on a regular basis. Surveys were also used to gain additional feedback on preferences and choice.

Staff received fundamental training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety and infection control. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were competent to work unsupervised. They received additional training specific to peoples' needs, for example care of catheters, dementia care and end of life care. Additionally, there were opportunities for staff to complete further accredited training such as the Diploma in Health and Social Care. One member of staff said, "All the staff get training. I have completed an NVQ 2. We all complete mandatory training, really good training lots of it." Another said they were currently doing person centred training.We saw that staff applied their training whilst delivering care and support. We saw that people were moved safely, that they received assistance with eating and drinking, all undertaken in a respectful and professional manner. Staff also showed that they understood how to assist people who were living with dementia and demonstrating some behaviours that were challenging. We saw staff dealing with someone who was distressed and staff managed them with skill and patience. One staff member said, "It's part of our job to make life good for residents, we prompt people to remind them of things." Another staff member said, "Some people help to fold laundry, clear tables and clean their rooms."

Staff received supervision regularly. Feedback from staff confirmed that formal systems of staff development, including an annual appraisal was in place. The manager said, "It's important to develop all staff as it keeps them up to date and motivated." Staff told us that they felt supported and enjoyed the training they received. Comments included, "Really interesting and the manager is with us on the floor to make sure we do things correctly."

The staff we spoke with understood the principles of the Mental Capacity Act (MCA) and gave us examples of how they would follow appropriate procedures in practice. There were also procedures in place to access professional assistance, should an assessment of capacity be required. Staff undertook a basic mental capacity assessment on people admitted to the home and this was then regularly reviewed. Staff were aware any decisions made for people who lacked capacity had to be in their best interests. We saw evidence in individual files that best interest meetings had been held. During the inspection we heard staff ask people for their consent and agreement to care. For example we heard the staff say, "Shall I help you."

CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards DoLS). During the inspection, we saw that the manager had sought appropriate advice in respect of these changes and how they may affect the service. There were people living at Ambleside Care Home with a DoLS in place.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People stated they were satisfied with the care and support they received. People were fond of the care staff. One person said, "They really care here, we are lucky, very lucky," another said, "They're all nice and they look after us well." A visitor said, "It might not be large and brand new but it's lovely here, friendly and homely." Our observations confirmed that staff were caring in their attitude to the people they supported.

We saw that people's individual preferences and differences were respected. We were able to look at all areas of the home, including peoples own bedrooms. We saw rooms held items of furniture and possessions that the person had before they entered the home and there were personal momentoes and photographs on display. People were supported to live their life in the way they wanted. One person told us, "I am happy in my room, I have all my things around me, my photos and bits and pieces." Another told us, "I can do what I want to really (Laugh) well nearly."

We saw staff strove to provide care and support in a happy and friendly environment. We heard staff patiently explaining options to people and taking time to answer their questions. We also heard laughter and good natured exchanges between staff and people throughout our inspection. One person said, "Most of the staff have a great sense of humour, and I think they are all lovely." Another said, "I help staff sometimes clear the tables and put things away, it makes me happy to be useful and they are kind enough to let me."

People were consulted with and encouraged to make decisions about their care when it was appropriate. When it was not appropriate to consult with someone or if the person refused to be involved, a best interest meeting would be held. Staff were knowledgeable about people and would be alerted if a person became unwilling to receive care or support.

One person told us they felt listened to. Two people we spoke with wanted to be as independent as possible and felt that they had the opportunity for this. They reported that the manager would always listen to their point of view and explain if things could not be done. The registered manager told us, "We support people to do what they want, it's their right." We saw staff ask and involve people in their everyday choices, this included offering beverages, seating arrangements and meals.

Staff told us how they assisted people to remain independent, they said, "A resident wants to do things for themselves for as long as possible and our job is to ensure that happens. When someone can't manage to dress themselves any more without support we encourage them to do as much as they can, even if it means taking a while." We saw staff encourage people to walk and with eating and drinking.

People told us staff respected their privacy and treated them with dignity and respect. One member of staff told us how they were mindful of people's privacy and dignity when supporting them with personal care. They described how they used a towel to assist with covering the person while providing personal care and when they had a bath. This showed staff understood how to respect people's privacy and dignity. We saw

staff ensure that people's modesty was protected when assisting them in personal care in communal areas. Two people were moved with an electric hoist. An electrical hoist moves people who are unable to move themselves. This was done with great care and the staff members talked to them quietly, telling them what was happening. Staff made sure that their dignity was maintained during this manoeuvre.

People received care in a kind and caring manner. Staff spent time with people who had decided to spend their time in their room. There was always a member of staff in the lounge and dining areas. People told us that they were in a lovely home and felt staff understood their health restrictions and frailty.

People's care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and staff. Visitors confirmed that they were involved in discussions about care plans and changes to the care delivery. One visitor said, "So caring not just to my loved one but to me as well." Staff told us they knew people well and had a good understanding of their preferences and personal histories. The registered manager told us, "People's likes and dislikes are recorded, we get to know people well because we spend time with them."

Care records were stored securely in a lockable cupboard on the lower floor where it was easy for staff to access them. Confidential Information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training pertaining to this.

The registered manager told us, "There are no restrictions on visitors." Visitors told us, "we can visit any time, no problems."

Good

Is the service responsive?

Our findings

At our inspection in October and November 2015, we found that the provider had not ensured that the care and treatment was person centred to meet with people's needs and reflect changes to their health. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was submitted by the provider which detailed how they would meet the legal requirements by November 2015. We found that improvements had been made, the provider was meeting the requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We were told that activities, exercise classes and visiting entertainers were arranged and people could choose what they did every day. Staff told us, "We have a flexible activity plan and people are encouraged to join in, but if they choose not to they can pet the rabbits and guinea pigs or do what they want to do." There was no dedicated activity person but a senior care staff member organised events and there was a fete planned for the weekend. During our inspection, people were active in various activities such as ball exercises, some ladies chose to have a knitting class. One person said "I'm making a scarf." Some people preferred to sit with a newspaper and one staff member sat with them talking about the news. One person told us, "I spend time doing what I enjoy, we have activities if we want." The registered manager acknowledged that activities were an area that they wanted to develop further especially for those who do not leave their rooms.

Staff told us they supported people to maintain their hobbies and interests. One person said, "I like to be left to my own devices and this is respected. I watch television, I have made friends here, I don't feel bored". We also saw that consideration was given to people's music and television preferences. People were asked what they wanted to watch and as a group came to the most popular choice.

There were a variety of communal areas that people could choose to spend time in, including a safe garden and a quiet lounge which was also the cinema room with a drop down screen. People talked about film nights where a film was shown that had been chosen by them.

The home encouraged people to maintain relationships with their friends and families. One person said, "I look forward to my family coming to see me. It brightens my day and is important to me."

Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning were recorded. The procedure for raising and investigating complaints was available for people. One person told us, "If I was unhappy I would talk to the management, they are all wonderful". One senior care staff member said, "People are given information about how to complain. It's important that you reassure people, so that they are comfortable about saying things. We have an open door policy as well which means relatives and visitors can just pop in."

'Service user / relatives' satisfaction surveys' had been completed twice a year. Results of people's feedback

was used to make changes and improve the service, for example menu, odours in rooms and choices of food. Resident meetings were not held formally as people were encouraged to share feedback on a daily basis. One person said, "I tell them as it is, they don't mind."

People received care which was personalised to reflect their needs, wishes and aspirations. Care records showed that a detailed assessment had taken place and that people were involved when possible in the initial drawing up of their care plan. They provided detailed information for staff on how to deliver people's care. For example, information was found in care plans about personal care and physical well-being, communication, mobility and dexterity. Work was being undertaken to improve people's care documentation as some were very basic in detail. This was on-going as more staff received training in care planning and gaining experience. Staff were attending courses on person centred care and the manager said she was including care planning in supervision sessions.

Care plans were reviewed monthly or when people's needs had changed. In order to ensure that people's care plans always remained current, the senior staff checked them regularly alongside daily notes and handover records. Daily records provided detailed information for each person, staff could see at a glance, for example how people were feeling and what they had eaten.

Good

Is the service well-led?

Our findings

At our inspection in November 2014, there were concerns identified within the quality assurance process, such as audits not being acted upon to drive improvement and identify shortfalls in care. There was also a concern that peoples records were not up to date or completed competently. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was submitted by the provider which detailed how they would meet the legal requirements by November 2015. We found that improvements had been made and the provider was meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People described the staff of the home to be approachable, open and supportive. When asked about the atmosphere in the home, they said, "Yes, I think it's good" and "It's a home from home. The staff are all nice and know us well."

At this inspection we found that there was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. Areas for improvement were on-going such as care documentation. The registered manager said it was an area that they wanted to continuously improve. All care plans were up to date and reflective of people's needs. Where recommendations to improve practice had been suggested, from people, staff and visitors, they had been actioned. Such as laundry service and menu choices. The activities have been identified as needing more community involvement and ideas are being implemented and appropriate venues being researched.

Effective management and leadership was demonstrated in the home. The registered manager was keen and passionate about the home and the people who lived there. She told us that the philosophy and culture of the service was to make Ambleside 'Their home'. She also told us "It's important that we make it comfortable, homely and safe. We give good care because we do care."

Everyone knew the registered manager and referred to her when describing their experiences of life at Ambleside Care Home. One person said "The manager is always around the place, very knowledgeable and honest, runs a good ship." Staff said they worked as a team, "It's a really nice atmosphere to work in." We asked staff what they would change if they could, All said, "Nothing," and "I really can't think of anything, except perhaps a big conservatory, to bring the garden inside."

The registered manager took an active role with the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure. The service had notified us of all significant events which had occurred in line with their legal obligations.

The registered manager told us one of their core values was to have an open and transparent service. The

provider sought feedback from people and those who mattered to them in order to enhance their service. Friends and relatives were encouraged to be involved and raise ideas that could be implemented into practice. For example, relatives had been involved in the development of activities and menus. People told us they felt their views were respected and had noted positive changes based on their suggestions. One person told us, "There are opportunities to make suggestions. But I'm quite happy so I leave things alone."

Staff meetings were held regularly to provide a forum for open communication. Staff told us they were encouraged and supported to bring up new ideas and suggestions. If suggestions made could not be implemented, staff confirmed constructive feedback was provided. For example, one staff member told us they had brought up an issue about the kitchen and serving lunch. They said; "I felt listened to, and it may happen because we have a new cook who is really good."

Information following investigations into accidents and incidents were used to aid learning and drive quality across the service. Daily handovers, supervisions and meetings were used to reflect on standard practice and challenge current procedures. For example, the care plan system and infection control measures were being improved following review.

The manager worked with staff to provide a good service. We were told, "She leads by example and works alongside us." Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a good standard of care. Comments included; "Love it here, residents are so lovely, everybody gets on and we work as a team, we are a family," and "I was made welcome when I first came here to work, it's a lovely home and we can do our job well because of that, we have all been here for ages."

Staff told us the people were important and they took their responsibility of caring very seriously. They had developed a culture within the service of a desire for all staff at all levels to continually improve. For example they were offered staff training opportunities in areas such as medicine training and diploma in health and social care.