

D.M. Care Limited

Ambassador Care Home

Inspection report

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Date of inspection visit:
01 May 2018
02 May 2018

Date of publication:
09 July 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection visit took place on 01 and 02 May 2018. The first day of the inspection was unannounced.

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

The 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. During our inspection 21 people lived at the home.

There was a manager employed at the Ambassador Care Home who was in the process of being registered with the Care Quality Commission. The previous registered manager left their post in March 2017. 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.'

We had previously received concerns in relation to risk management, medicines management and the leadership of the service. As a result, we carried out a focused inspection to look into those concerns on the 17, 18 May and 01 June 2017. We found there was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Safe care and treatment). 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. 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.

There was also a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) 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 asked the registered provider to complete an action plan to show what they would do and by when to improve the key questions of Safe and Well – led.

During this inspection we checked to see if there had been improvements at the service. We observed medicines administration and reviewed documentation around the administration and management of medicines. The controlled drugs book had no missed signatures however the drug totals for one person did not match the total recorded on the 'countdown sheet'. This indicated staff had not followed process and counted current stock after each administration.

We looked at the 'as and when' medicines held within the home and noted errors in the documentation related to three people. One person's medicine records stated 'no allergies'. The person told us they were allergic to three medicines. This proved to be true and the manager amended all relevant paperwork. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Safe care and treatment) at this inspection. You can see what action we told the provider to take at the back of the full version of the report.

Although auditing systems were in place, audits had failed to identify the concerns we picked up during the inspection process. We found the registered provider failed to follow systems that enabled them to identify and assess risk to the health, safety and welfare of people being supported. There were no actions evidenced to show information collected related to people's fluid intake had been reviewed and actioned where necessary.

This was the second consecutive time the registered provider had failed to meet all the regulatory requirements and were rated requires improvement.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Good governance). Systems and processes to ensure compliance with the regulations were not consistently managed effectively. You can see what action we told the provider to take at the back of the full version of the report.

We looked at recruitment procedures to ensure people were supported by suitably qualified and experienced staff. Records we viewed did not have a full employment history included. We have made a recommendation about this.

We spoke with people and staff about the food and drinks offered at Ambassador Care Home. People said the food was good but would like more choice. We have made a recommendation about this.

Staff monitored people's fluid intake but no oversight of the paperwork was evidenced. We have made a recommendation about this.

The registered manager did not consistently submit notifications as required as part of their regulatory requirements. We have made a recommendation about this.

People who lived at Ambassador Care Home had care plans that reflected their needs and these had been regularly reviewed to ensure they were up to date. The care plans had information related to all areas of a person's care needs. Staff were knowledgeable of people's needs and we observed them helping people as directed within their care plans.

Relatives told us staff treated their family members as individuals and delivered personalised care that was centred on them as an individual. Care plans seen and observations during our visit confirmed this.

Staff delivered end of life care that promoted people's preferred priorities of care.

The registered provider had refurbished the home to ensure people living with dementia were living in an environment that promoted their safety, independence and positive wellbeing.

Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices. The registered provider had reported incidents as required.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

We found there were sufficient numbers of staff during our inspection visit. They were effectively deployed,

trained and able to deliver care in a compassionate and patient manner.

Staff we spoke with confirmed they did not start in post until the management team completed relevant checks. We checked staff records and noted employees received induction and ongoing training.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes had been recorded.

We looked around the building and found it had been refurbished, maintained, was clean and a safe place for people to live. We found equipment had been serviced and maintained as required.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection. We found supplies were available for staff to use when required, such as hand gels.

We observed only positive interactions between staff and people who lived at Ambassador Care Home. There was a culture of promoting dignity and respect towards people. We saw staff took time and chatted with people as they performed moving and handling procedures in communal areas.

There was a complaints procedure which was made available to people and visible within the home. People we spoke with, and visiting relatives, told us they had no complaints.

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 consistently safe.

The registered provider had not consistently followed procedures for the safe management of medicines. They had not included relevant information related to people's health and safety in their care records.

Recruitment documentation did not consistently include a full employment history.

Accidents and incidents were monitored and managed appropriately, with an emphasis on learning when things went wrong.

Staff had been trained to safeguard people who may be vulnerable.

Is the service effective?

Good ●

The service was effective.

People told us the food was good but would like more choice on what was being served. Charts were used to document fluid intake but no evidence these were reviewed was evident.

People's rights were protected, in accordance with the Mental Capacity Act 2005.

There was evidence of staff supervisions and ongoing support. Staff received training to meet people's needs.

People had access to healthcare professionals was available when required.

Is the service caring?

Good ●

The service was caring.

People and their relatives praised the caring approach of the staff that supported them.

People and, where appropriate, others acting on their behalf were involved at each stage of the care and support planning process, including review meetings.

Observations during our inspection visit showed people were treated with kindness, respect and compassion.

Is the service responsive?

Good 

The service was responsive.

There was a complaints policy in place, which enabled people to raise issues of concern.

Care plans were completed and reviewed in accordance with the persons changing needs.

The registered provider ensured people were supported to engage in activities they enjoyed and valued.

The registered provider held information on people's preferences on how they would be supported with their end of life care. Staff were able to share strategies on how to provide people with a comfortable dignified death.

Is the service well-led?

Requires Improvement 

The service was not always well –led

Quality assurance systems were not always effective in identifying areas of concern.

At the time of our inspection there was no registered manager at Ambassador Care Home. There was a manager who was in the process of being registered with the Care Quality Commission. They did not consistently submit statutory notifications when required.

The registered provider had developed good working relationships with the staff.

The registered provider fostered an open and transparent way of working in order to develop a positive working culture at the home.

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.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included speaking with the commissioning groups responsible for commissioning care and Healthwatch. Healthwatch is a national independent champion for people who use healthcare services. We used the information provided to inform our inspection plan.

We reviewed information held upon our database in regard to the service. This included notifications submitted by the registered provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

We looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us plan our inspection visit.

This comprehensive inspection took place on 01 and 02 May 2018. The first day of the inspection was unannounced. The inspection was carried out by two adult social care inspectors and an expert-by-experience. The 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 had a background supporting older people.

Throughout the inspection process we gathered information from a number of sources. We spoke with six people who lived at the home and four relatives of people who lived at the home to seek their views on how the service was managed. We also spoke with the manager, deputy manager and owner. We spoke with four members of staff responsible for providing direct care, one chef and three health professionals who was visiting the home at the time of the inspection visit. We activated the call bell twice during our visit to assess

staff availability and response times.

As part of the 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.

To gather information, we looked at a variety of records. This included care plan files related to five people who lived at the home. We observed the administration of medicines and looked at administration and recording forms related to the administration of medicines and topical creams. We also looked at other information which was related to the service. This included health and safety certification, training records, team meeting minutes, policies and procedures, accidents and incidents records and maintenance procedures.

We viewed recruitment files relating to two staff members and other documentation which was relevant to recruitment including Disclosure and Barring Service (DBS) information. We looked around the home in both communal and private areas to assess the environment and check the suitability of the premises.

Is the service safe?

Our findings

At the last inspection in May and June 2017 we found medicine administration forms were signed before administering medicines. Documentation in relation to medicines did not clearly guide staff about the administration of medicines. These findings demonstrated a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Safe care and treatment).

During this inspection we observed a member of staff administer lunchtime medicines. We looked at how medicines were prepared and administered. We noted the staff member spent time with each person as they administered their medicine. They made eye contact with the person and never left until they had swallowed their medicine, offering gentle encouragement as they did so.

Documentary guidance on how and when to administer medicines were clear for staff to follow. The staff member signed the recording charts after each act of medicines administration. This is recommended in the good practice guidance, 'Care home staff administering medicines' from the National Institute of Health and Care Excellence (NICE).

Controlled Drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. The controlled drugs book had no missed signatures however the drug totals for one person did not match the total recorded on the 'countdown sheet'.

The countdown sheet allowed the person administering medicines to record the total of a medicine in stock before and after administration. There had been an error, meaning the wrong total was recorded. The medicine was administered two more times and the error was not identified. This indicated staff had not followed process and counted current stock after each administration. We shared this with the manager who told us corrective action had taken place and all drug checks will be completed during, 'protected time'. Staff will be able to concentrate on the task in a private environment free from distraction.

We looked at the 'as and when' medicines held within the home. We looked at four people's medicines and noted errors in the documentation related to three people. We spoke with the manager who told us they would complete a full medicine audit and investigate the errors.

We spoke with one person about their medicines. They guided us to read their medicine administration recording form which showed 'no allergies'. The person told us they were allergic to three medicines. We shared this with the manager who stated they were not allergic to anything. After speaking with the person and their GP the manager agreed they were allergic to three different medicines and changed their paperwork to reflect this. They told us they had received their information from the local pharmacy and would be reviewing all medicine records.

The above matters show the registered provider was not meeting legal requirements related to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment). They had not followed the procedures for the safe management of medicines. They had not included relevant information related to people's health and safety in their care records.

We looked at recruitment procedures to ensure people were supported by suitably qualified and

experienced staff. Records we looked at showed employment checks had been carried out before staff commenced work. We spoke with two care staff about their recruitment to their roles. Both confirmed they had interviews and Disclosure and Barring Service (DBS) checks had been sought before they could begin their employment. A valid DBS check is a statutory requirement for all people providing personal care within health and social care. This showed us procedures reflected good practice guidance. However, we noted not all information was in place related to people's employment history. We spoke with the manager about this who told us they had followed organisational policy. They stated this would be discussed with the owner and organisational policy would be changed to reflect schedule three of the health and social care act.

We recommend the service review their recruitment policies to reflect good practice guidance.

We walked around the home to check it was a safe environment for people to live in. We found the home had restrictors on windows where people may fall from them. Restrictors help prevent falls from height and minimise the risk of harm.

We looked at infection prevention and control processes within the home. We found the home was clean and tidy. The home employed domestic staff to carry out daily cleaning tasks. We did note in one bedroom a fabric chair that was marked and discoloured indicating it was soiled. We brought this to the attention of the manager who replaced the chair during our visit. We observed staff wore protective clothing such as gloves and aprons to minimise the risk of the spreading infection. We saw checks were carried out to ensure the risk of legionella was minimised and water temperatures were monitored to ensure people were not at risk from scalds.

We visited the kitchen and noted it was clean and saw there was a cleaning rota in place for scheduled tasks. The service had been awarded a three-star rating following their last inspection by the 'Food Standards Agency'. This graded the service 'hygiene standards are generally satisfactory'. We spoke with the manager and chef and both felt improvements had been made and the rating would improve at the next inspection.

We looked at staffing levels within the home. We did this to ensure there were suitable numbers of staff deployed at all times to support people safely. Relatives told us staffing levels were sufficient to meet the needs of people. We saw staff members responded quickly when people requested support. One person told us, "I just call for help and the staff come straight away." We pressed the call bells twice during our inspection and noted staff responded quickly both times. The manager told us they used a staff dependency tool. This monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. This showed the registered provider had systems to ensure suitable number of staff are deployed effectively.

We saw a fire risk assessment was in place and staff we spoke with were knowledgeable of the support people required to evacuate the building if this was required. We carried out a visual inspection of the home and identified no concerns in relation to safety of the premises. All evacuation routes were clear and free from storage. Fire doors were closed or open using closers. Fire door closers will hold open a fire door when required to ease access, such as poor mobility and support people's personal preferences. They automatically close the door in the event of a fire. This showed the registered provider was following best practice guidance, The Regulatory Reform (Fire Safety) Order 2005. We viewed a range of health and safety certification. We found equipment was checked for its suitability and safety.

We looked at how risks to people were being managed during this inspection. We found people were protected from risks associated with their care because the registered provider had completed risk assessments. These provided updated guidance for staff in order to keep people safe. These risk

assessments related to, for example, people's risk of falling, diabetes management and people choosing to smoke. The risk assessments viewed were person centred to the individuals. Staff we spoke with demonstrated they were aware of the different risks people were vulnerable to.

We asked what practices were in place to keep people safe and ensure staff knew what abuse and poor practice was. We did this to ensure people were protected from abuse and harassment. Staff told us they had received safeguarding training and were able to explain what they would do if they believed someone was at risk or receiving care and support that was abusive. Staff told us they received yearly training on how to safeguard people who may be vulnerable. One staff member told us, "I would tell [manager] if I witnessed anything. If it was [manager], I would go to [the owner]. I would speak up as it's not right." The manager told us they followed the local authority safeguarding guidance. "We are all singing from the same hymn sheet. The policy has got everything in it."

We asked the manager if they could give examples of how the service had changed based on previous feedback from professionals. They told us they had learnt from previous local authority and CQC inspections and had formed strong links with the local authority contracts team and health professionals. They stated they used these links to seek advice on best practice to keep people safe and be proactive. We received verbal feedback and read written feedback that showed improvements had been made. For example, the registered provider was in the process of installing a new care software system that would prompt staff to complete tasks around care delivery and meet the requirements of the general data protection regulation (GDPR). This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union (EU).

We looked at accident and incidents at the home. We noted the manager documented reviewed and acted on incidents that had occurred. For example we noted one person was at risk of repeated falls. They had reviewed their circumstances and put in place technology to minimise repeat falls occurring. The safeguards were not welcomed by the person and alternate safety measures were found and implemented. This showed the manager had systems to review incidents manage risk and safeguard people in a person centred way.

Is the service effective?

Our findings

Each person had a pre-admission assessment, to identify their needs and establish that Ambassador Care Home was able to meet their needs. One person told us, "I want to live a normal life. I can do that here." A second person commented, "My health is much better here."

We asked people about the food and drink prepared and offered by the Ambassador Care Home. People told us they enjoyed the meals at the home. However, one person told us, "The food is good but we need more choice. I do enjoy my food though, it is good." A second person confirmed, "I would like more food choice." A third person said, "The food is good and I enjoy my meals." No menus were evident to show what the day's meals were and if alternatives were available. We spoke with the chef who told us, "I would like to have a bit more choice on the menus but we try our best to provide good food." They also commented that they asked daily if people were happy with that day's meal option and offered an alternative.

We recommend the service review the menu options based on feedback received and consult with people about meal time choices.

The dining room was set with tablecloths and flowers to enhance the meal experience. Nobody in the dining room needed assistance during mealtime but a member of staff was present if the need arose. One member of staff took meals to people who remained in their rooms.

Throughout the visit we saw staff were attentive to people who wanted a drink. These were offered and served at set times and as and when requested. One staff member told us, "We record all the meals people have and keep a check on their fluid intake." We observed staff completing fluid balance charts. The fluid charts were completed for everyone as good practice regardless of whether they were at risk of dehydration. We looked at the fluid charts and did not see any evidence of fluid targets per day or if the information had been reviewed by any member of the management team. There was no evidence to show what consultation had taken place or actions were taken based on evidence gathered by care staff.

We recommend the service implement good practice guidance on the management of fluid intake related to people who are supported in a care home.

We saw evidence of health and social care professionals being consulted in order to promote people's health. This included GP's, dieticians and specialist nursing teams. Individual care records showed health care needs were monitored and action taken to ensure timely action was taken to meet people's needs. For example, the manager liaised with the care home support team on any potential infections via a face to face computer screen. They told us, "It saves time but is easier for people who live here." All the relatives we spoke with said staff would call a GP if needed. We spoke with a visiting health professional who told us the manager was organised, they had seen improvements in the care delivered and staff are interested in learning how to support people effectively. They went on to say they enhanced staff knowledge by offering teaching sessions when staff had time.

We saw evidence that the provider was referencing current legislation, standards and evidence based guidance to achieve effective outcomes. For example we noted NICE guidance on medicine administration and infections was available for all staff to read. The manager was aware of Public Health England alerts. These alerts highlight risks and incidents within the healthcare setting. This showed staff were supported to keep their knowledge updated in line with best practice.

The manager was proud of the effective support they had delivered in helping one person who moved into the home unable to walk, to now walk. We observed the person walking around the home stopping and chatting to people as they went. After offering to dance with us, they said, "I came here from hospital to help me get on my feet again. I have certainly improved whilst being here."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

From records viewed we saw that consent was sought in line with legislation and guidance. When people could not consent to care, we noted there was active communication with people who could speak on their behalf. Relatives we spoke with told us they had been involved in planning the family member's care and received regular updates. Observations during our inspection showed staff sought people's consent and offered choices before completing tasks. One person told us, "I am asked if I am happy with my care. I am, they do help me." The manager told us they liaised with local authority Dols assessors to ensure the support they delivered was lawful. This showed the registered provider was providing care and treatment in line with legislation and guidance.

All staff we spoke with told us they had received an induction before they started delivering care. They also stated the ongoing training was provided throughout their employment. We saw the manager had a structured framework for staff training. We asked staff if they were supported and guided by the manager to keep their knowledge and professional practice updated, in line with best practice. One staff member told us, "Training is ongoing and we try to keep up to date. [Manager] is very approachable and will help us when she can." A second staff member commented, "We have done loads of training and some we have to do every year."

Staff told us they had supervision. Supervision was a one-to-one support meeting between individual staff and their manager to review their role and responsibilities. The process consisted of a two-way discussion around professional issues, personal care and training needs. Staff also said the management team were very supportive and they felt they could speak to anyone at any time should they need to. About the manager one staff member told us, "I feel I can go to [manager]. She will help us, she is really good." This indicated the registered provider had systems to support staff to deliver effective care.

We had a look around Ambassador Care Home to see if the design and décor of the building was suitable for people there. There were numerous areas for people to relax which meant that they were able to sit in quieter areas, the lounge or the conservatory. People could choose to sit outside in the secure gardens and sensory garden where they could help water with the plants with prefilled watering cans. Rooms were

individualised with photographs and pictures from relatives. Communal areas had large black and white old fashioned wallpaper murals. These promoted conversation and gave people the opportunity to reminisce. Bathroom doors were painted a contrasting colour to the décor for easier identification. Call bells were near to hand when people were in their rooms both which promoted independence and managed risk for people living with dementia.

Is the service caring?

Our findings

Throughout our inspection visit we saw 100% positive engagement between staff and people who lived at Ambassador Care Home. One person told us, "The staff are my friends. I rely on the girls for lots." A second person told us, "The staff are very kind girls and work well together." One relative told us, "The girls love my [relative]. I have my life back because the girls care for [my relative]."

The ethics and values that underpin good practice in social care, such as autonomy, privacy and dignity, are at the core of human rights legislation such as the Equality Act 2010. We saw staff had an appreciation of people's individual needs around privacy and dignity. For example, we observed staff knocked on people's doors before entering and bathroom doors were closed before support was offered. We noted staff spoke with people in a respectful way, giving people time to understand and reply. Staff made good use of touch and eye contact when they spoke with people and we saw this helped them to relax.

We observed one person living with dementia, approach staff very regularly and engage in the same conversation. Staff took part as if it was the first time they had heard it. We watched one person being guided to a bathroom. We overheard them say to the staff member, "You wait here for me and we can have a kiss on the cheek." We noted they waited and were rewarded with a kiss. A third person was pleased to see a staff member, shook their hand, saying, "Put your hand in there me old pal." In all the conversations observed we noted supportive interactions took place so people felt valued, supported and respected. This included communicating with the person in a positive manner so they maintained good self-esteem and independence,

Staff we spoke with told us there was enough staff to care for people and to chat with people. The manager told us, as numbers increased staffing levels would increase to ensure staff had time for people. We noted call buttons in bedrooms had signage displayed, 'For assistance or tea, press red button'. We saw memos to staff from the manager which thanked them for their compassion.

We discussed advocacy services with the manager. They confirmed advocates visited the home and should further advocacy support be required they would support people to access this. They also supported people who had advocates in place around finances and medicines. The manager was able to tell us how they would engage an advocate should someone request or require one. 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.

Care plans were in place and the manager explained that they were being supported by the local authority to review these. We saw care plans had information about people's histories which were identified as 'life enhancements'. We read one person used to be a hairdresser, another, a soldier in the war. We saw people had hobbies and interests identified such as football and music.

Collecting a social history provides people with the opportunity to share their life story, their attitudes, interests, and significant experiences that have shaped their lives. It helped staff see the person behind the

patient and helped build and strengthen relationships. When we spoke with staff about people, they spoke positively and promoted their skills and abilities. The manager told us they were in the process of completing one page profiles for people and when this was completed staff would complete their own one page profile. They commented, "Staff are going to do them too so people can get to know them and what they like."

The manager told us they had reintroduced a key worker scheme. Staff have a weekly meeting with the person in a quiet place of their choice. The meetings are to allow people to comment on the care received and make suggestions for the future. Through having these meetings a ladies only trip to the pub had been arranged. One person told us, "My care is good and I am asked what I want."

Is the service responsive?

Our findings

People were supported by staff that were trained and responded to the changing needs in their care. For example, one person told us, "This is my home. I love it here. I get my hair done and have my nails done every week. My legs were sore and I couldn't get around when I first came here but since I came here, my legs have improved and I can get around the home with a walking frame." We observed the person walk from room to room throughout the day, chat with people, visitors and staff and on occasion have a little dance. A second person commented, "If I wasn't happy here, I would not stay. I want to live a normal life and I can do that at this home."

Staff we spoke with knew people well which enabled them to provide care that took account of people's personal routines and their likes and dislikes. However, one relative told us, "The turnover of staff has been a problem here." The manager acknowledged recruitment had been an issue but improvements had been made. Relative's we spoke with stated improvements had been made. The manager stated that the home never used agency staff and contracted staff picked up extra shifts to meet people's needs.

We observed people moving freely around the home and choosing where they wished to spend their time. We heard staff offering choices to people who were unable to mobilise independently on where they would like to sit. We read risk assessments that supported people to remain independent and support their lifestyle choices. For example, one person self-administered their inhalers whilst another person decision to carry on smoking was respected and supported.

We looked at care plans to see if they held information that guided staff to deliver care that was personalised and met people's needs. The care plans had information related to all areas of a person's care needs. These included daily living, nutrition, medical history and support required at various times of the day. For example, one person liked to get up early and a second person liked a cup of tea and biscuits in the office before going to bed. We also noted one person's mobility had deteriorated and the care plan had been updated with information on how to support the person. Two relatives we spoke with told us they were involved in all aspects of care planning. One relative said, "I am well informed about my [relative's] care." A second relative stated, "[Family member] is well cared for and we are always involved at each stage of care."

At the time of our inspection the care planning process was under review. The registered provider was in the process of moving all the care plans onto a computer system. The electronic system prompted staff to complete tasks such as weight management. It was able to gather information into easy read graphs to show where there had been a deterioration or improvement in people's health. It highlighted if a client is at high risk, and additional support or medical intervention is required.

The manager told us they now worked with the local hospital and provided care to people who needed support after hospital but before going home. They stated they had spent time at the hospital forming relationships to ensure appropriate pre admission assessments took place before people moved to the Ambassador Care Home. They also mentioned they were very well supported by community health teams

and used technology to make video calls when advice and guidance was required. The manager stated, "Care home support has meant that staff can get advice quickly to keep people's health monitored. Staff can also seek advice from a first responder who is linked to the paramedics should it be required." This showed the registered provider had systems to ensure people received responsive and personalised support when required.

The registered provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. Staff were aware of the communication needs of the people they supported from the information in the person's care plan. For example, we saw one person had limited vision; another person needed prompting to use their hearing aids and another person who due to having mental health problems required a calm atmosphere to receive information.

We looked at activities at the Ambassador Care Home to ensure people were offered appropriate stimulation throughout the day. Evidence was displayed of forthcoming activities, 'music from our lovely district nurses coming soon. Activities such as morning movement, bingo, card games, and reminiscence around Lancashire memories were advertised. We observed people enjoying a musical session with an entertainer. People and staff engaged well with one another and one person, who used to play drums in their younger years, was given a drum to enable her to participate. We observed the residents having their hair done, which they enjoyed and promoted their self-esteem.

On the second day of our visit we noted staff visited the home to support people to go to the pub for a drink. It had been requested by one person that this was a ladies only trip. The manager told us another pub trip would be arranged and be available to everyone. One staff member told us they had recently supported one man to watch football at the local pub which they both had enjoyed. We also noted the home had purchased battery operated therapy cats. The lifelike cats breathe make noises and intermittently move position. The manager told us they had proved very popular and additional cats were purchased to allow everyone the opportunity to benefit from them. This showed the registered provider recognised activities were essential and provided appropriate support to stimulate and maintain people's social health.

The registered provider had a complaints procedure which was on display in the entrance area of the building. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to within a set timescale. Contact details for CQC and the owner had been provided should people wish to refer their concerns to someone outside of the home or an independent organisation. We saw when complaints had been received they had been recorded and the action taken noted in the 'corrective action log'. This showed the registered provider had a system to acknowledge and respond to any issues raised.

People's end of life wishes had been recorded so staff were aware of how to support people in their last days. There was also training on end of life care for all staff. One staff member told us, "The training was good." The registered provider told us this allowed people to remain comfortable in their familiar, homely surroundings, supported by staff known to them. One relative told us their family member was receiving end of life care and was being supported by staff and health professionals to remain independent for as long as possible. About end of life care, a second staff member said, "I enjoy being there to comfort people in their last few days. I think it is important." The manager commented, "We don't want people to go into hospital if they don't have to." This showed the registered provider had developed a culture where people could be supported to have a dignified and comfortable death in familiar surroundings.

Is the service well-led?

Our findings

At the time of our inspection there was no registered manager at Ambassador Care Home. There was a manager employed at the Ambassador Care Home who was in the process of being registered with the Care Quality Commission (CQC). The previous registered manager left their post in March 2017.

A registered manager is a person who has registered with CQC 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.

Although auditing systems were in place, audits had failed to identify the concerns we picked up during the inspection process. We found the registered provider failed to follow systems that enabled them to identify and assess risk to the health, safety and welfare of people being supported. For example, one person's medicine information was wrongly documented at admission and not identified through consultation with the person that the information was wrong. Processes and systems related to the management of as and when medicines and controlled drugs were not consistently followed to reflect stock held on site. There were no actions evidenced to show information collected related to people's fluid intake had been reviewed and actioned where necessary.

This was the second consecutive time the registered provider had failed to meet all the regulatory requirements and were rated requires improvement.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Good governance). Systems and processes to ensure compliance with the regulations were not consistently managed effectively.

After our inspection visit we were made us aware that one person had left the home unsupported and was escorted back by a member of the public. We spoke with the manager who confirmed the incident had taken place. They stated they were unaware they were meant to inform CQC know as part of their regulatory requirements.

We recommend the registered provider support the manager in gaining the required knowledge to lead the service effectively and meet the requirements set out in the Health and Social Care Act 2008 (regulated Activities) Regulations 2014 (Part 3) and Care Quality Commission (Registration) Regulations 2009 (Part 4).

People we spoke with, relatives and health professionals all told us they felt there had been an improvement in the care delivered and the culture of the home since the manager came into post. About the manager one person told us, "She's lovely." We asked a staff member what had changed. They commented, "Having a new manager and learning from more experienced staff."

We observed very positive interactions between the manager and people who lived at the home. The office

is situated in the middle of the home and is used as a walk through to get from one area of the home to another. This gave the manager the opportunity to have oversight of the home but also to have regular interaction with people. One person had their own seat in the office and enjoyed a tactile relationship with the manager, holding hands and rubbing the managers back to offer comfort.

We raised concerns about the management of people's personal and private information in such a public environment and this was addressed by the manager during our inspection.

We spoke to staff members about the manager. One staff member commented, "She encourages us. There's a major difference here now." A second staff member commented, "I feel I can go to [manager]. She will help us, she is really good." All staff we spoke with felt teamwork was good at the home and morale was high. We saw several memos around the home promoting positive practice. We read feedback from a local health professional which read, 'We have noticed the positive changes since you have come into post.' The registered provider told us they attended local forums on best practice. The commented, "If you don't go you don't know about changes in policies and procedures." This showed the manager and staff were working to promote a positive and effective culture at Ambassador Care Home.

We found the service did have clear lines of responsibility and accountability. The manager was supported by a deputy manager who shared the responsibility of managing the home. The registered provider and registered manager from a 'sister' home offered support and guidance. Discussion with the manager and staff on duty confirmed they were clear about their role and between them provided a well-run and consistent service.

The service had procedures to monitor the quality of the service provided. Regular audits had been completed. These included reviewing care plans, infection control, the environment and staffing levels. We noted fire safety log book was up to date and regular fire drills took place. Records showed and discussions with the manager confirmed, where areas for improvement were identified, these were analysed and addressed accordingly.

We spoke with the manager about consultation with people and relatives. They told us relative meetings were scheduled at different times on different days but uptake had been poor. Relatives we spoke with told us they were encouraged to share their views and experiences of the service and make suggestions about how the service was delivered. Care plans showed involvement from people and relatives. The manager also told us the keyworker system, recently introduced, included weekly one to one meetings between staff and the person to review their care and gather their opinions.

The staff had daily handover meetings to share up to date information on people. They also had formal staff meetings. We saw evidence these had occurred and minutes were on display for people to read. One staff member told us, "We have a lot of meetings. We meet with management once a month." This gave the manager the opportunity to share important information and any planned changes and to gain feedback from staff.

The service had on display in the reception area of their premises their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.

Throughout this inspection we saw evidence that the registered provider was working in partnership with other agencies. We received feedback from the local authority and community health services that partnership working was ongoing. The manager stated their plan for the future was to have students from the local colleges on placement and invite children from local nurseries to visit. They wanted to make the

most of their outside space and had planned summer parties. They told us, "I don't want people just living here, I want them here to live."

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>They had not followed the procedures for the safe management of medicines. They had not included relevant information related to people's health and safety in their care records.</p> <p>12(1)(2)(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>The registered provider failed to follow systems that enabled them to identify and assess risk to the health, safety and welfare of people being supported.</p> <p>17(1)(2)(b)</p>